

Suspend the Rules and Pass the Bill, H.R. 5176, With an Amendment

(The amendment strikes all after the enacting clause and inserts a new text)

115TH CONGRESS
2^D SESSION

H. R. 5176

To require the Secretary of Health and Human Services to provide coordinated care to patients who have experienced a non-fatal overdose after emergency room discharge, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2018

Mr. MCKINLEY (for himself and Mr. MICHAEL F. DOYLE of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Secretary of Health and Human Services to provide coordinated care to patients who have experienced a non-fatal overdose after emergency room discharge, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Preventing Overdoses
5 While in Emergency Rooms Act of 2018”.

1 **SEC. 2. PROGRAM TO SUPPORT EMERGENCY ROOM DIS-**
2 **CHARGE AND CARE COORDINATION FOR**
3 **DRUG OVERDOSE PATIENTS.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services shall establish a program (in this Act re-
6 ferred to as the “Program”) to develop protocols for dis-
7 charging patients who have presented with a drug over-
8 dose and enhance the integration and coordination of care
9 and treatment options for individuals with substance use
10 disorder after discharge.

11 (b) GRANT ESTABLISHMENT AND PARTICIPATION.—

12 (1) IN GENERAL.—In carrying out the Pro-
13 gram, the Secretary shall award grants on a com-
14 petitive basis to not more than 20 eligible entities
15 described in paragraph (2).

16 (2) ELIGIBILITY.—

17 (A) IN GENERAL.—To be eligible for a
18 grant under this subsection, an entity shall
19 be—

20 (i) a health care site described in sub-
21 paragraph (B); or

22 (ii) a health care site coordinator de-
23 scribed in subparagraph (C).

24 (B) HEALTH CARE SITES.—To be eligible
25 for a grant under this section, a health care site
26 shall—

1 (i) submit an application to the Sec-
2 retary at such time, in such manner, and
3 containing such information as specified by
4 the Secretary;

5 (ii) have an emergency department;

6 (iii)(I) have a licensed health care pro-
7 fessional onsite who has a waiver under
8 section 303(g) of the Controlled Sub-
9 stances Act (21 U.S.C. 823(g)) to dispense
10 or prescribe covered drugs; or

11 (II) have a demonstrable plan to hire
12 a sufficient number of full-time licensed
13 health care professionals who have waivers
14 described in subclause (I) to administer
15 such treatment onsite;

16 (iv) have in place an agreement with
17 a sufficient number and range of entities
18 certified under applicable State and Fed-
19 eral law, such as pursuant to registration
20 or a waiver under section 303(g) of the
21 Controlled Substances Act (21 U.S.C.
22 823(g)) or certification as described in sec-
23 tion 8.2 of title 42 of the Code of Federal
24 Regulations, to provide treatment for sub-
25 stance use disorder such that the entity or

1 the resulting network of entities with an
2 agreement with the hospital cumulatively
3 are capable of providing all evidence-based
4 services for the treatment of substance use
5 disorder, as medically appropriate for the
6 individual involved, including—

7 (I) medication-assisted treat-
8 ment;

9 (II) withdrawal and detoxifica-
10 tion services that include patient eval-
11 uation, stabilization, and readiness for
12 and entry into treatment; and

13 (III) counseling;

14 (v) deploy onsite peer recovery special-
15 ists to help connect patients with treat-
16 ment and recovery support services; and

17 (vi) include the provision of overdose
18 reversal medication in discharge protocols
19 for opioid overdose patients.

20 (C) HEALTH CARE SITE COORDINATORS.—

21 To be eligible for a grant under this section, a
22 health care site coordinator shall—

23 (i) be an organization described in
24 section 501(c)(3) of the Internal Revenue
25 Code of 1986 (and exempt from tax under

1 section 501(a) of such Code) or a State,
2 local, or Tribal government;

3 (ii) submit an application to the Sec-
4 retary at such time, in such manner, and
5 containing such information as specified by
6 the Secretary; and

7 (iii) have an agreement with multiple
8 eligible health care sites described in sub-
9 paragraph (B).

10 (3) PREFERENCE.—In awarding grants under
11 this section, the Secretary may give preference to eli-
12 gible entities described in paragraph (2) that meet
13 either or both of the following criteria:

14 (A) The eligible health care site is, or the
15 eligible health care site coordinator has an
16 agreement described in paragraph (2)(C)(iii)
17 with a site that is, a critical access hospital (as
18 defined in section 1861(mm)(1) of the Social
19 Security Act (42 U.S.C. 1395x(mm)(1))), a
20 low-volume hospital (as defined in section
21 1886(d)(12)(C)(i) of such Act (42 U.S.C.
22 1395ww(d)(12)(C)(i))), or a sole community
23 hospital (as defined in section
24 1886(d)(5)(D)(iii) of such Act (42 U.S.C.
25 1395ww(d)(5)(D)(iii))).

1 (B) The eligible health care site or the eli-
2 gible health care site coordinator is located in
3 a geographic area with a drug overdose rate
4 that is higher than the national rate, or in a ge-
5 ographic area with a rate of emergency depart-
6 ment visits for overdoses that is higher than the
7 national rate, as determined by the Secretary
8 based on the most recent data from the Centers
9 for Disease Control and Prevention.

10 (4) MEDICATION-ASSISTED TREATMENT DE-
11 FINED.—For purposes of this section, the term
12 “medication-assisted treatment” means the use of a
13 drug approved under section 505 of the Federal
14 Food, Drug, and Cosmetic Act (21 U.S.C. 355) or
15 a biological product licensed under section 351 of
16 the Public Health Service Act (42 U.S.C. 262), in
17 combination with behavioral health services, to pro-
18 vide an individualized approach to the treatment of
19 substance use disorders, including opioid use dis-
20 orders.

21 (c) PERIOD OF GRANT.—A grant awarded to an eligi-
22 ble entity under this section shall be for a period of at
23 least 2 years.

24 (d) GRANT USES.—

1 (1) REQUIRED USES.—A grant awarded under
2 this section to an eligible entity shall be used for
3 both of the following purposes:

4 (A) To establish policies and procedures
5 that address the provision of overdose reversal
6 medication, prescription and dispensing of
7 medication-assisted treatment to an emergency
8 department patient who has had a non-fatal
9 overdose or who is at risk of a drug overdose,
10 and the subsequent referral to evidence-based
11 treatment upon discharge for patients who have
12 experienced a non-fatal drug overdose or who
13 are at risk of a drug overdose.

14 (B) To develop best practices for treating
15 non-fatal drug overdoses, including with respect
16 to care coordination and integrated care models
17 for long term treatment and recovery options
18 for individuals who have experienced a non-fatal
19 drug overdose.

20 (2) ADDITIONAL PERMISSIBLE USES.—A grant
21 awarded under this section to an eligible entity may
22 be used for any of the following purposes:

23 (A) To hire emergency department peer re-
24 covery specialists; counselors; therapists; social
25 workers; or other licensed medical professionals

1 specializing in the treatment of substance use
2 disorder.

3 (B) To establish integrated models of care
4 for individuals who have experienced a non-fatal
5 drug overdose which may include patient as-
6 sessment, follow up, and transportation to
7 treatment facilities.

8 (C) To provide for options for increasing
9 the availability and access of medication-as-
10 sisted treatment and other evidence-based treat-
11 ment for individuals with substance use dis-
12 orders.

13 (D) To offer consultation with and referral
14 to other supportive services that help in treat-
15 ment and recovery.

16 (e) REPORTING REQUIREMENTS.—

17 (1) REPORTS BY GRANTEEES.—Each eligible en-
18 tity awarded a grant under this section shall submit
19 to the Secretary an annual report for each year for
20 which the entity has received such grant that in-
21 cludes information on—

22 (A) the number of individuals treated at
23 the site (or, in the case of an eligible health
24 care site coordinator, at sites covered by the
25 agreement referred to in subsection

1 (b)(2)(C)(iii)) for non-fatal overdoses in the
2 emergency department;

3 (B) the number of individuals administered
4 each medication-assisted treatment at such site
5 or sites in the emergency department;

6 (C) the number of individuals referred by
7 such site or sites to other treatment facilities
8 after a non-fatal overdose, the types of such
9 other facilities, and the number of such individ-
10 uals admitted to such other facilities pursuant
11 to such referrals;

12 (D) the frequency and number of patient
13 readmissions for non-fatal overdoses and sub-
14 stance use disorder;

15 (E) for what the grant funding was used;
16 and

17 (F) the effectiveness of, and any other rel-
18 evant additional data regarding, having an on-
19 site health care professional to administer and
20 begin medication-assisted treatment for sub-
21 stance use disorders.

22 (2) REPORT BY SECRETARY.—Not less than
23 one year after the conclusion of the Program, the
24 Secretary shall submit to Congress a report that in-
25 cludes—

1 (A) findings of the Program;

2 (B) overall patient outcomes under the
3 Program, such as with respect to hospital read-
4 mission;

5 (C) what percentage of patients treated by
6 a site funded through a grant under this section
7 were readmitted to a hospital for non-fatal or
8 fatal overdose;

9 (D) an evaluation determining the effec-
10 tiveness of having a practitioner onsite to ad-
11 minister and begin medication-assisted treat-
12 ment for substance use disorder; and

13 (E) a compilation of voluntary guidelines
14 and best practices from the reports submitted
15 under paragraph (1).

16 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this Act
18 \$50,000,000 for the period of fiscal years 2019 through
19 2023.