

Suspend the Rules and Pass the Bill, H.R. 5197, With an Amendment

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

115TH CONGRESS
2^D SESSION

H. R. 5197

To direct the Secretary of Health and Human Services to conduct a demonstration program to test alternative pain management protocols to limit the use of opioids in emergency departments.

IN THE HOUSE OF REPRESENTATIVES

MARCH 7, 2018

Mr. PASCRELL (for himself, Mr. MCKINLEY, Ms. DEGETTE, and Mr. TIPTON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to conduct a demonstration program to test alternative pain management protocols to limit the use of opioids in emergency departments.

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 “Alternatives to Opioids
5 in the Emergency Department Act” or the “ALTO Act”.

1 **SEC. 2. EMERGENCY DEPARTMENT ALTERNATIVES TO**
2 **OPIOIDS DEMONSTRATION PROGRAM.**

3 (a) DEMONSTRATION PROGRAM GRANTS.—The Sec-
4 retary of Health and Human Services (in this section re-
5 ferred to as the “Secretary”) shall carry out a demonstra-
6 tion program under which the Secretary shall award
7 grants to hospitals and emergency departments, including
8 freestanding emergency departments, to develop, imple-
9 ment, enhance, or study alternative pain management pro-
10 tocols and treatments that limit the use and prescription
11 of opioids in emergency departments.

12 (b) ELIGIBILITY.—To be eligible to receive a grant
13 under subsection (a), a hospital or emergency department
14 shall submit an application to the Secretary at such time,
15 in such manner, and containing such information as the
16 Secretary may require.

17 (c) GEOGRAPHIC DIVERSITY.—In awarding grants
18 under this section, the Secretary shall seek to ensure geo-
19 graphical diversity among grant recipients.

20 (d) USE OF FUNDS.—Grants under subsection (a)
21 shall be used to—

22 (1) target common painful conditions, such as
23 renal colic, sciatica, headaches, musculoskeletal pain,
24 and extremity fractures;

25 (2) train providers and other hospital personnel
26 on protocols and the use of treatments that limit the

1 use and prescription of opioids in the emergency de-
2 partment; and

3 (3) provide alternatives to opioids to patients
4 with painful conditions, not including patients who
5 present with pain related to cancer, end-of-life symp-
6 tom palliation, or complex multisystem trauma.

7 (e) CONSULTATION.—The Secretary shall implement
8 a process for recipients of grants under subsection (a) to
9 consult (in a manner that allows for sharing of evidence-
10 based best practices) with each other and with persons
11 having robust knowledge, including emergency depart-
12 ments and physicians that have successfully deployed al-
13 ternative pain management protocols, such as non-drug
14 approaches studied through the National Center for Com-
15 plimentary and Integrative Health including acupuncture
16 that limit the use of opioids. The Secretary shall offer to
17 each recipient of a grant under subsection (a) technical
18 support as necessary.

19 (f) REPORT TO THE SECRETARY.—Each recipient of
20 a grant under this section shall submit to the Secretary
21 (during the period of such grant) annual reports on the
22 progress of the program funded through the grant. These
23 reports shall include, in accordance with State and Fed-
24 eral statutes and regulations regarding disclosure of pa-
25 tient information—

1 (1) a description of and specific information
2 about the alternative pain management protocols
3 employed;

4 (2) data on the alternative pain management
5 protocols and treatments employed, including—

6 (A) during a baseline period before the
7 program began, as defined by the Secretary;

8 (B) at various stages of the program, as
9 determined by the Secretary; and

10 (C) the conditions for which the alternative
11 pain management protocols and treatments
12 were employed;

13 (3) the success of each specific alternative pain
14 management protocol;

15 (4) data on the opioid prescriptions written, in-
16 cluding—

17 (A) during a baseline period before the
18 program began, as defined by the Secretary;

19 (B) at various stages of the program, as
20 determined by the Secretary; and

21 (C) the conditions for which the opioids
22 were prescribed;

23 (5) the demographic characteristics of patients
24 who were treated with an alternative pain manage-

1 ment protocol, including age, sex, race, ethnicity,
2 and insurance status and type;

3 (6) data on patients who were eventually pre-
4 scribed opioids after alternative pain management
5 protocols and treatments were employed; and

6 (7) any other information the Secretary deems
7 necessary.

8 (g) REPORT TO CONGRESS.—Not later than one year
9 after completion of the demonstration program under this
10 section, the Secretary shall submit a report to the Con-
11 gress on the results of the demonstration program and in-
12 clude in the report—

13 (1) the number of applications received and the
14 number funded;

15 (2) a summary of the reports described in sub-
16 section (f), including standardized data; and

17 (3) recommendations for broader implementa-
18 tion of pain management protocols that limit the use
19 and prescription of opioids in emergency depart-
20 ments or other areas of the health care delivery sys-
21 tem.

22 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry
23 out this section, there is authorized to be appropriated
24 \$10,000,000 for each of fiscal years 2019 through 2021.