

Committee Print

[SHOWING THE TEXT OF H.R. 5176 AS FORWARDED BY THE SUBCOMMITTEE
ON HEALTH ON APRIL 25, 2018]

115TH CONGRESS
2D 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 health
15 care sites described in paragraph (2).

16 (2) ELIGIBLE HEALTH CARE SITES.—To be eli-
17 gible for a grant under this section, a health care
18 site shall—

19 (A) submit an application to the Secretary
20 at such time, in such manner, and containing
21 such information as specified by the Secretary;

22 (B) have an emergency department;

23 (C)(i) have a licensed health care profes-
24 sional on site who has a waiver under section
25 303(g) of the Controlled Substances Act (21

1 U.S.C. 823(g)) to dispense or prescribe covered
2 drugs; or

3 (ii) have a demonstrable plan to hire a suf-
4 ficient number of full-time licensed health care
5 professionals who have waivers described in
6 clause (i) to administer such treatment on site;

7 (D) have in place an agreement with a suf-
8 ficient number and range of entities certified
9 under applicable State and Federal law, such as
10 pursuant to registration or a waiver under sec-
11 tion 303(g) of the Controlled Substances Act
12 (21 U.S.C. 823(g)) or certification as described
13 in section 8.2 of title 42 of the Code of Federal
14 Regulations, to provide treatment for substance
15 use disorder such that the entity or the result-
16 ing network of entities with an agreement with
17 the hospital cumulatively are capable of pro-
18 viding all evidence-based services for the treat-
19 ment of substance use disorder, as medically
20 appropriate for the individual involved, includ-
21 ing—

22 (i) medication-assisted treatment;

23 (ii) withdrawal and detoxification
24 services that include patient evaluation,

1 stabilization, and readiness for and entry
2 into treatment; and

3 (iii) counseling;

4 (E) deploy on-site peer recovery specialists
5 to help connect patients with treatment and re-
6 recovery support services; and

7 (F) include the provision of overdose rever-
8 sal medication in discharge protocols for opioid
9 overdose patients.

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

14 (A) The site is a critical access hospital (as
15 defined in section 1861(mm)(1) of the Social
16 Security Act (42 U.S.C. 1395x(mm)(1))), a
17 low-volume hospital (as defined in section
18 1886(d)(12)(C)(i) of such Act (42 U.S.C.
19 1395ww(d)(12)(C)(i))), or a sole community
20 hospital (as defined in section
21 1886(d)(5)(D)(iii) of such Act (42 U.S.C.
22 1395ww(d)(5)(D)(iii))).

23 (B) The site is located in a geographic
24 area with a drug overdose rate higher than the
25 national rate, as determined by the Secretary

1 based on the most recent data from the Centers
2 for Disease Control and Prevention.

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

14 (c) PERIOD OF GRANT.—A grant awarded to an eligi-
15 ble health care site under this section shall be for a period
16 of at least 2 years.

17 (d) GRANT USES.—

18 (1) REQUIRED USES.—A grant awarded under
19 this section to an eligible health care site shall be
20 used for both of the following purposes:

21 (A) To establish policies and procedures
22 that address the provision of overdose reversal
23 medication, prescription and dispensing of
24 medication-assisted treatment to an emergency
25 department patient who has had a non-fatal

1 overdose or who is at risk of a drug overdose,
2 and the subsequent referral to evidence-based
3 treatment upon discharge for patients who have
4 experienced a non-fatal drug overdose or who
5 are at risk of a drug overdose.

6 (B) To develop best practices for treating
7 non-fatal drug overdoses, including with respect
8 to care coordination and integrated care models
9 for long term treatment and recovery options
10 for individuals who have experienced a non-fatal
11 drug overdose.

12 (2) ADDITIONAL PERMISSIBLE USES.—A grant
13 awarded under this section to an eligible health care
14 site may be used for any of the following purposes:

15 (A) To hire emergency department peer re-
16 covery specialists; counselors; therapists; social
17 workers; or other licensed medical professionals
18 specializing in the treatment of substance use
19 disorder.

20 (B) To establish integrated models of care
21 for individuals who have experienced a non-fatal
22 drug overdose which may include patient as-
23 sessment, follow up, and transportation to
24 treatment facilities.

1 (C) To provide for options for increasing
2 the availability and access of medication-as-
3 sisted treatment and other evidence-based treat-
4 ment for individuals with substance use dis-
5 orders.

6 (D) To offer consultation with and referral
7 to other supportive services that help in treat-
8 ment and recovery.

9 (e) REPORTING REQUIREMENTS.—

10 (1) REPORTS BY GRANTEEES.—Each eligible
11 health care site awarded a grant under this section
12 shall submit to the Secretary an annual report for
13 each year for which the site has received such grant
14 that includes information on—

15 (A) the number of individuals treated at
16 the site for non-fatal overdoses in the emer-
17 gency department;

18 (B) the number of individuals administered
19 each medication-assisted treatment at the site
20 in the emergency department;

21 (C) the number of individuals referred by
22 the site to other treatment facilities after a non-
23 fatal overdose, the types of such other facilities,
24 and the number of such individuals admitted to
25 such other facilities pursuant to such referrals;

1 (D) the frequency and number of patient
2 readmissions for non-fatal overdoses and sub-
3 stance use disorder;

4 (E) for what the grant funding was used;
5 and

6 (F) the effectiveness of, and any other rel-
7 evant additional data regarding, having an on-
8 site health care professional to administer and
9 begin medication-assisted treatment for sub-
10 stance use disorders.

11 (2) REPORT BY SECRETARY.—Not less than
12 one year after the conclusion of the Program, the
13 Secretary shall submit to Congress a report that in-
14 cludes—

15 (A) findings of the Program;

16 (B) overall patient outcomes under the
17 Program, such as with respect to hospital read-
18 mission;

19 (C) what percentage of patients treated by
20 a site receiving a grant under this section were
21 readmitted to a hospital for non-fatal or fatal
22 overdose;

23 (D) an evaluation determining the effec-
24 tiveness of having a practitioner onsite to ad-

1 minister and begin medication-assisted treat-
2 ment for substance use disorder; and

3 (E) a compilation of voluntary guidelines
4 and best practices from the reports submitted
5 under paragraph (1).

6 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
7 authorized to be appropriated to carry out this Act
8 \$50,000,000 for the period of fiscal years 2019 through
9 2023.