AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 5176
OFFERED BY MR. BURGESS OF TEXAS

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.
2 This Act may be cited as the “Preventing Overdoses
3 While in Emergency Rooms Act of 2018”.
4 SEC. 2. PROGRAM TO SUPPORT EMERGENCY ROOM DIS-
5 CHARGE AND CARE COORDINATION FOR
6 DRUG OVERDOSE PATIENTS.
7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services shall establish a program (in this Act re-
9 ferred to as the “Program”) to develop protocols for dis-
10 charging patients who have presented with a drug over-
11 dose and enhance the integration and coordination of care
12 and treatment options for individuals with substance use
13 disorder after discharge.
14 (b) GRANT ESTABLISHMENT AND PARTICIPATION.—
15 (1) IN GENERAL.—In carrying out the Pro-
16 gram, the Secretary shall award grants on a com-
17 petitive basis to not more than 20 eligible health
18 care sites described in paragraph (2).
(2) ELIGIBLE HEALTH CARE SITES.—To be eligible for a grant under this section, a health care site shall—

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

(B) have an emergency department;

(C)(i) have a licensed health care professional on site who has a waiver under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to dispense or prescribe covered drugs; or

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

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

(i) medication-assisted treatment;

(ii) withdrawal and detoxification
services that include patient evaluation,
stabilization, and readiness for and entry
into treatment; and

(iii) counseling;

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

(F) include the provision of overdose revers-
sal medication in discharge protocols for opioid
overdose patients.

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

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

(B) The site is located in a geographic area with a drug overdose rate higher than the national rate, as determined by the Secretary based on the most recent data from the Centers for Disease Control and Prevention.

(4) Medication-assisted treatment defined.—For purposes of this section, the term “medication-assisted treatment” means the use of a drug approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or a biological product licensed under section 351 of the Public Health Service Act (42 U.S.C. 262), in combination with behavioral health services, to provide an individualized approach to the treatment of substance use disorders, including opioid use disorders.

(e) Period of Grant.—A grant awarded to an eligible health care site under this section shall be for a period of at least 2 years.
(d) Grant Uses.—

(1) Required uses.—A grant awarded under this section to an eligible health care site shall be used for both of the following purposes:

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

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

(2) Additional permissible uses.—A grant awarded under this section to an eligible health care site may be used for any of the following purposes:

(A) To hire emergency department peer recovery specialists; counselors; therapists; social
workers; or other licensed medical professionals specializing in the treatment of substance use disorder.

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

(C) To provide for options for increasing the availability and access of medication-assisted treatment and other evidence-based treatment for individuals with substance use disorders.

(D) To offer consultation with and referral to other supportive services that help in treatment and recovery.

(e) REPORTING REQUIREMENTS.—

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

(A) the number of individuals treated at the site for non-fatal overdoses in the emergency department;
(B) the number of individuals administered each medication-assisted treatment at the site in the emergency department;

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

(D) the frequency and number of patient readmissions for non-fatal overdoses and substance use disorder;

(E) for what the grant funding was used;

and

(F) the effectiveness of, and any other relevant additional data regarding, having an on-site health care professional to administer and begin medication-assisted treatment for substance use disorders.

(2) REPORT BY SECRETARY.—Not less than one year after the conclusion of the Program, the Secretary shall submit to Congress a report that includes—

(A) findings of the Program;
(B) overall patient outcomes under the Program, such as with respect to hospital readmission;

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

(D) an evaluation determining the effectiveness of having a practitioner onsite to administer and begin medication-assisted treatment for substance use disorder; and

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

(f) Authorization of Appropriations.—There is authorized to be appropriated to carry out this Act $50,000,000 for the period of fiscal years 2019 through 2023.