

**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).

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

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

7                   (B) have an emergency department;

8                   (C)(i) have a licensed health care profes-  
9                   sional on site who has a waiver under section  
10                  303(g) of the Controlled Substances Act (21  
11                  U.S.C. 823(g)) to dispense or prescribe covered  
12                  drugs; or

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

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

1           ing network of entities with an agreement with  
2           the hospital cumulatively are capable of pro-  
3           viding all evidence-based services for the treat-  
4           ment of substance use disorder, as medically  
5           appropriate for the individual involved, includ-  
6           ing—

7                   (i) medication-assisted treatment;

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

12                   (iii) counseling;

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

16          (F) include the provision of overdose rever-  
17          sal medication in discharge protocols for opioid  
18          overdose patients.

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

23                   (A) The site is a critical access hospital (as  
24          defined in section 1861(mm)(1) of the Social  
25          Security Act (42 U.S.C. 1395x(mm)(1))), a

1 low-volume hospital (as defined in section  
2 1886(d)(12)(C)(i) of such Act (42 U.S.C.  
3 1395ww(d)(12)(C)(i))), or a sole community  
4 hospital (as defined in section  
5 1886(d)(5)(D)(iii) of such Act (42 U.S.C.  
6 1395ww(d)(5)(D)(iii))).

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

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

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

1 (d) GRANT USES.—

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

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

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

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

24 (A) To hire emergency department peer re-  
25 covery specialists; counselors; therapists; social

1 workers; or other licensed medical professionals  
2 specializing in the treatment of substance use  
3 disorder.

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

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

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

17 (e) REPORTING REQUIREMENTS.—

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

23 (A) the number of individuals treated at  
24 the site for non-fatal overdoses in the emer-  
25 gency department;

1 (B) the number of individuals administered  
2 each medication-assisted treatment at the site  
3 in the emergency department;

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

9 (D) the frequency and number of patient  
10 readmissions for non-fatal overdoses and sub-  
11 stance use disorder;

12 (E) for what the grant funding was used;  
13 and

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

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

23 (A) findings of the Program;

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

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

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

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

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

