AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 5197
OFFERED BY M___.

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Alternatives to Opioids in the Emergency Department Act” or the “ALTO Act”.

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

(a) DEMONSTRATION PROGRAM GRANTS.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall carry out a demonstration program under which the Secretary shall award grants to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that promote the appropriate limited use of opioids in emergency departments.

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

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

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

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

(2) train providers and other hospital personnel
on protocols and the use of treatments that limit the
use and prescription of opioids in the emergency de-
partment; and

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

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

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

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

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

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

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

(C) the conditions for which the alternative
pain management protocols and treatments
were employed;
(3) the success of each specific alternative pain management protocol;

(4) data on the opioid prescriptions written, including—

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

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

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

(5) the demographic characteristics of patients who were treated with an alternative pain management protocol, including age, sex, race, ethnicity, and insurance status and type;

(6) data on patients who were eventually prescribed opioids after alternative pain management protocols and treatments were employed; and

(7) any other information the Secretary deems necessary.

(g) REPORT TO CONGRESS.—Not later than one year after completion of the demonstration program under this section, the Secretary shall submit a report to the Congress on the results of the demonstration program and include in the report—
(1) the number of applications received and the number funded;

(2) a summary of the reports described in subsection (f), including standardized data; and

(3) recommendations for broader implementation of pain management protocols that limit the use and prescription of opioids in emergency departments or other areas of the health care delivery system.

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