

115TH CONGRESS
2D SESSION

H. R. 5176

AN ACT

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,*

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 entities
18 described in paragraph (2).

19 (2) ELIGIBILITY.—

20 (A) IN GENERAL.—To be eligible for a
21 grant under this subsection, an entity shall
22 be—

23 (i) a health care site described in sub-
24 paragraph (B); or

25 (ii) a health care site coordinator de-
26 scribed in subparagraph (C).

1 (B) HEALTH CARE SITES.—To be eligible
2 for a grant under this section, a health care site
3 shall—

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

8 (ii) have an emergency department;

9 (iii)(I) have a licensed health care pro-
10 fessional onsite who has a waiver under
11 section 303(g) of the Controlled Sub-
12 stances Act (21 U.S.C. 823(g)) to dispense
13 or prescribe covered drugs; or

14 (II) have a demonstrable plan to hire
15 a sufficient number of full-time licensed
16 health care professionals who have waivers
17 described in subclause (I) to administer
18 such treatment onsite;

19 (iv) have in place an agreement with
20 a sufficient number and range of entities
21 certified under applicable State and Fed-
22 eral law, such as pursuant to registration
23 or a waiver under section 303(g) of the
24 Controlled Substances Act (21 U.S.C.
25 823(g)) or certification as described in sec-

tion 8.2 of title 42 of the Code of Federal Regulations, to provide treatment for substance use disorder such that the entity or the resulting network of entities with an agreement with the hospital cumulatively are capable of providing all evidence-based services for the treatment of substance use disorder, as medically appropriate for the individual involved, including—

(I) medication-assisted treatment;

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

(III) counseling;

(v) deploy onsite peer recovery specialists to help connect patients with treatment and recovery support services; and

(vi) include the provision of overdose reversal medication in discharge protocols for opioid overdose patients.

(C) HEALTH CARE SITE COORDINATORS.—

To be eligible for a grant under this section, a health care site coordinator shall—

1 (i) be an organization described in
2 section 501(c)(3) of the Internal Revenue
3 Code of 1986 (and exempt from tax under
4 section 501(a) of such Code) or a State,
5 local, or Tribal government;

6 (ii) submit an application to the Sec-
7 retary at such time, in such manner, and
8 containing such information as specified by
9 the Secretary; and

10 (iii) have an agreement with multiple
11 eligible health care sites described in sub-
12 paragraph (B).

13 (3) PREFERENCE.—In awarding grants under
14 this section, the Secretary may give preference to eli-
15 gible entities described in paragraph (2) that meet
16 either or both of the following criteria:

17 (A) The eligible health care site is, or the
18 eligible health care site coordinator has an
19 agreement described in paragraph (2)(C)(iii)
20 with a site that is, a critical access hospital (as
21 defined in section 1861(mm)(1) of the Social
22 Security Act (42 U.S.C. 1395x(mm)(1))), a
23 low-volume hospital (as defined in section
24 1886(d)(12)(C)(i) of such Act (42 U.S.C.
25 1395ww(d)(12)(C)(i))), or a sole community

1 hospital (as defined in section
2 1886(d)(5)(D)(iii) of such Act (42 U.S.C.
3 1395ww(d)(5)(D)(iii))).

4 (B) The eligible health care site or the eli-
5 gible health care site coordinator is located in
6 a geographic area with a drug overdose rate
7 that is higher than the national rate, or in a ge-
8 ographic area with a rate of emergency depart-
9 ment visits for overdoses that is higher than the
10 national rate, as determined by the Secretary
11 based on the most recent data from the Centers
12 for Disease Control and Prevention.

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

1 (c) PERIOD OF GRANT.—A grant awarded to an eligi-
2 ble entity under this section shall be for a period of at
3 least 2 years.

4 (d) GRANT USES.—

5 (1) REQUIRED USES.—A grant awarded under
6 this section to an eligible entity shall be used for
7 both of the following purposes:

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

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

1 (2) ADDITIONAL PERMISSIBLE USES.—A grant
2 awarded under this section to an eligible entity may
3 be used for any of the following purposes:

4 (A) To hire emergency department peer re-
5 covery specialists; counselors; therapists; social
6 workers; or other licensed medical professionals
7 specializing in the treatment of substance use
8 disorder.

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

14 (C) To provide for options for increasing
15 the availability and access of medication-as-
16 sisted treatment and other evidence-based treat-
17 ment for individuals with substance use dis-
18 orders.

19 (D) To offer consultation with and referral
20 to other supportive services that help in treat-
21 ment and recovery.

22 (e) REPORTING REQUIREMENTS.—

23 (1) REPORTS BY GRANTEEES.—Each eligible en-
24 tity awarded a grant under this section shall submit
25 to the Secretary an annual report for each year for

1 which the entity has received such grant that in-
2 cludes information on—

3 (A) the number of individuals treated at
4 the site (or, in the case of an eligible health
5 care site coordinator, at sites covered by the
6 agreement referred to in subsection
7 (b)(2)(C)(iii)) for non-fatal overdoses in the
8 emergency department;

9 (B) the number of individuals administered
10 each medication-assisted treatment at such site
11 or sites in the emergency department;

12 (C) the number of individuals referred by
13 such site or sites to other treatment facilities
14 after a non-fatal overdose, the types of such
15 other facilities, and the number of such individ-
16 uals admitted to such other facilities pursuant
17 to such referrals;

18 (D) the frequency and number of patient
19 readmissions for non-fatal overdoses and sub-
20 stance use disorder;

21 (E) for what the grant funding was used;
22 and

23 (F) the effectiveness of, and any other rel-
24 evant additional data regarding, having an on-
25 site health care professional to administer and

1 begin medication-assisted treatment for sub-
2 stance use disorders.

3 (2) REPORT BY SECRETARY.—Not less than 1
4 year after the conclusion of the Program, the Sec-
5 retary shall submit to Congress a report that in-
6 cludes—

7 (A) findings of the Program;

8 (B) overall patient outcomes under the
9 Program, such as with respect to hospital read-
10 mission;

11 (C) what percentage of patients treated by
12 a site funded through a grant under this section
13 were readmitted to a hospital for non-fatal or
14 fatal overdose;

15 (D) an evaluation determining the effec-
16 tiveness of having a practitioner onsite to ad-
17 minister and begin medication-assisted treat-
18 ment for substance use disorder; and

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

22 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
23 authorized to be appropriated to carry out this Act

1 \$50,000,000 for the period of fiscal years 2019 through
2 2023.

Passed the House of Representatives June 12, 2018.

Attest:

Clerk.

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