

115TH CONGRESS  
2D SESSION

# H. R. 5197

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## AN ACT

To direct the Secretary of Health and Human Services to conduct a demonstration program to test alternative pain management protocols to limit the use of opioids in emergency departments.

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 “Alternatives to Opioids  
3 in the Emergency Department Act” or the “ALTO Act”.

4 **SEC. 2. EMERGENCY DEPARTMENT ALTERNATIVES TO**  
5 **OPIOIDS DEMONSTRATION PROGRAM.**

6       (a) **DEMONSTRATION PROGRAM GRANTS.**—The Sec-  
7 retary of Health and Human Services (in this section re-  
8 ferred to as the “Secretary”) shall carry out a demonstra-  
9 tion program under which the Secretary shall award  
10 grants to hospitals and emergency departments, including  
11 freestanding emergency departments, to develop, imple-  
12 ment, enhance, or study alternative pain management pro-  
13 tocols and treatments that limit the use and prescription  
14 of opioids in emergency departments.

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

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

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

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

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

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

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

24          (f) REPORT TO THE SECRETARY.—Each recipient of  
25          a grant under this section shall submit to the Secretary

1 (during the period of such grant) annual reports on the  
2 progress of the program funded through the grant. These  
3 reports shall include, in accordance with State and Fed-  
4 eral statutes and regulations regarding disclosure of pa-  
5 tient information—

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

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

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

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

15 (C) the conditions for which the alternative  
16 pain management protocols and treatments  
17 were employed;

18 (3) the success of each specific alternative pain  
19 management protocol;

20 (4) data on the opioid prescriptions written, in-  
21 cluding—

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

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

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

3 (5) the demographic characteristics of patients  
4 who were treated with an alternative pain manage-  
5 ment protocol, including age, sex, race, ethnicity,  
6 and insurance status and type;

7 (6) data on patients who were eventually pre-  
8 scribed opioids after alternative pain management  
9 protocols and treatments were employed; and

10 (7) any other information the Secretary deems  
11 necessary.

12 (g) REPORT TO CONGRESS.—Not later than 1 year  
13 after completion of the demonstration program under this  
14 section, the Secretary shall submit a report to the Con-  
15 gress on the results of the demonstration program and in-  
16 clude in the report—

17 (1) the number of applications received and the  
18 number funded;

19 (2) a summary of the reports described in sub-  
20 section (f), including standardized data; and

21 (3) recommendations for broader implementa-  
22 tion of pain management protocols that limit the use  
23 and prescription of opioids in emergency depart-  
24 ments or other areas of the health care delivery sys-  
25 tem.

1       (h) AUTHORIZATION OF APPROPRIATIONS.—To carry  
2 out this section, there is authorized to be appropriated  
3 \$10,000,000 for each of fiscal years 2019 through 2021.

Passed the House of Representatives June 12, 2018.

Attest:

*Clerk.*



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