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.

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IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2018

Mr. McKinley (for himself and Mr. Michael F. Doyle of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

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 Representatives of the United States of America in Congress assembled,

2 SECTION 1. SHORT TITLE.

3 This Act may be cited as the “Preventing Overdoses While in Emergency Rooms Act of 2018”.

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SEC. 2. PROGRAM TO SUPPORT EMERGENCY ROOM DISCHARGE AND CARE COORDINATION FOR DRUG OVERDOSE PATIENTS.

(a) In General.—The Secretary of Health and Human Services shall establish a program (in this Act referred to as the “Program”) to develop protocols for discharging patients who have presented with a drug overdose and enhance the integration and coordination of care and treatment options for individuals with substance use disorder after discharge.

(b) Grant Establishment and Participation.—

(1) In General.—In carrying out the Program, the Secretary shall award grants on a competitive basis to not more than 20 eligible health 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 administer medication-assisted treatment; or

(ii) have a demonstrable plan to hire a full-time licensed health care professional who has a waiver 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, in combination, the resulting network of entities with an agreement with the hospital cumulatively are capable of providing services for 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;

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

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

(3) PREFERENCE.—In awarding grants under this section, the Secretary shall give preference to eligible 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 an overdose rate higher than the na-
tional average, based on the most recent data of
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
medication approved by the Food and Drug Admin-
istration in combination with behavioral health serv-
ices to provide an individualized approach to the
treatment of substance use disorders, including
opioid use disorder.

(c) Period of Grant.—A grant awarded to an eligi-
ble 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, the administration of medication-
assisted treatment to a non-fatal overdose pa-
tient in the emergency department, and the
subsequent referral to evidence-based treatment
upon discharge for patients who have experi-
enced a non-fatal 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.

(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 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 abuse 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; and

(D) 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.