

115TH CONGRESS
2D SESSION

S. 2610

To require the Secretary of Health and Human Services to provide coordinated care to patients who have experienced a non-fatal overdose after emergency department discharge, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 22, 2018

Mrs. CAPITO (for herself and Mr. MURPHY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 department 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Preventing Overdoses
5 While in Emergency Departments Act of 2018”.

1 **SEC. 2. PROGRAM TO SUPPORT EMERGENCY DEPARTMENT**
2 **DISCHARGE AND CARE COORDINATION FOR**
3 **DRUG OVERDOSE PATIENTS.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services shall establish a program (referred to in
6 this Act as the “Program”) to develop protocols for dis-
7 charging patients who have presented with a drug over-
8 dose and enhance the integration and coordination of care
9 and treatment options for individuals with substance use
10 disorder after discharge.

11 (b) GRANT ESTABLISHMENT AND PARTICIPATION.—

12 (1) IN GENERAL.—In carrying out the Pro-
13 gram, the Secretary shall award grants on a com-
14 petitive basis to not more than 20 eligible health
15 care sites described in paragraph (2).

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

19 (A) submit an application to the Secretary
20 at such time, in such manner, and containing
21 such information as specified by the Secretary;

22 (B) have an emergency department;

23 (C)(i) have a licensed health care profes-
24 sional on site who has a waiver under section
25 303(g) of the Controlled Substances Act (21

1 U.S.C. 823(g)) to administer medication-as-
2 sisted treatment; or

3 (ii) have a demonstrable plan to hire a full-
4 time licensed health care professional who has
5 a waiver described in clause (i) to administer
6 such treatment on site;

7 (D) have in place an agreement with a suf-
8 ficient number and range of entities certified
9 under applicable State and Federal law, such as
10 pursuant to registration or a waiver under sec-
11 tion 303(g) of the Controlled Substances Act
12 (21 U.S.C. 823(g)) or certification as described
13 in section 8.2 of title 42 of the Code of Federal
14 Regulations, to provide treatment for substance
15 use disorder such that, in combination, the re-
16 sulting network of entities with an agreement
17 with the hospital cumulatively are capable of
18 providing services for all evidence-based services
19 for the treatment of substance use disorder, as
20 medically appropriate for the individual in-
21 volved, including—

22 (i) medication-assisted treatment;

23 (ii) withdrawal and detoxification
24 services that include patient evaluation,

1 stabilization, and readiness for, and entry
 2 into, treatment; and

3 (iii) counseling;

4 (E) deploy on-site recovery coaches to help
 5 connect patients with treatment and recovery
 6 support programs; and

7 (F) include the provision of overdose rever-
 8 sal medication in discharge protocols for opioid
 9 overdose patients.

10 (3) PREFERENCE.—In awarding grants under
 11 this section, the Secretary shall give preference to el-
 12 igible health care sites that meet either or both of
 13 the following criteria:

14 (A) The site is a critical access hospital (as
 15 defined in section 1861(mm)(1) of the Social
 16 Security Act (42 U.S.C. 1395x(mm)(1))), a low
 17 volume hospital (as defined in section
 18 1886(d)(12)(C)(i) of such Act (42 U.S.C.
 19 1395ww(d)(12)(C)(i))), or a sole community
 20 hospital (as defined in section
 21 1886(d)(5)(D)(iii) of such Act (42 U.S.C.
 22 1395ww(d)(5)(D)(iii))).

23 (B) The site is located in a geographic
 24 area with an overdose rate higher than the na-

1 tional average, based on the most recent data of
2 the Centers for Disease Control and Prevention.

3 (4) MEDICATION-ASSISTED TREATMENT DE-
4 FINED.—For purposes of this section, the term
5 “medication-assisted treatment” means the use of
6 medication approved by the Food and Drug Admin-
7 istration in combination with behavioral health serv-
8 ices to provide an individualized approach to the
9 treatment of substance use disorders, including
10 opioid use disorder.

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

14 (d) GRANT USES.—

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

18 (A) To establish policies and procedures
19 that address the provision of overdose reversal
20 medication, the administration of medication-
21 assisted treatment to a non-fatal overdose pa-
22 tient in the emergency department, and the
23 subsequent referral to evidence-based treatment
24 upon discharge for patients who have experi-
25 enced a non-fatal drug overdose.

1 (B) To develop best practices for treating
2 non-fatal drug overdoses, including with respect
3 to care coordination and integrated care models
4 for long-term treatment and recovery options
5 for individuals who have experienced a non-fatal
6 drug overdose.

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

10 (A) To hire emergency department recov-
11 ery coaches, counselors, therapists, social work-
12 ers, or other licensed medical professionals spe-
13 cializing in the treatment of substance use dis-
14 order.

15 (B) To establish integrated models of care
16 for individuals who have experienced a non-fatal
17 drug overdose which may include patient as-
18 sessment, followup, and transportation to treat-
19 ment facilities.

20 (C) To provide for options for increasing
21 the availability and access of medication-as-
22 sisted treatment and other evidence-based treat-
23 ment for individuals with substance use dis-
24 orders.

25 (e) REPORTING REQUIREMENTS.—

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

6 (A) the number of individuals treated at
7 the site for non-fatal overdoses in the emer-
8 gency department;

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

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

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

20 (E) how the grant funding was used; and

21 (F) the effectiveness of, and any other rel-
22 evant additional data regarding, having an on-
23 site health care professional to administer and
24 begin medication-assisted treatment for sub-
25 stance use disorders.

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

5 (A) findings of the Program;

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

9 (C) what percentage of patients treated by
10 a site receiving a grant under this section were
11 readmitted to a hospital for non-fatal or fatal
12 overdose; and

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

16 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this Act
18 \$50,000,000 for the period of fiscal years 2019 through
19 2023.

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