

115TH CONGRESS 2D SESSION

H. R. 5197

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.

IN THE HOUSE OF REPRESENTATIVES

March 7, 2018

Mr. Pascrell (for himself, Mr. McKinley, Ms. DeGette, and Mr. Tipton) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

- 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,
 - 3 SECTION 1. SHORT TITLE.
 - 4 This Act may be cited as the "Alternatives to Opioids
 - 5 (ALTO) in the Emergency Department Act".
 - 6 SEC. 2. FINDINGS.
 - 7 The Congress finds as follows:

- 1 (1) Opioids contributed to the deaths of more 2 than 42,000 people in 2016, more than any year on 3 official record. Forty percent of all opioid overdose 4 deaths involve a prescription opioid.
 - (2) The economic burden of prescription opioid misuse in the United States is estimated to be \$78,500,000,000 per year. This includes costs stemming from health care, including addiction treatment, lost productivity, and criminal justice involvement.
 - (3) Over 200 million opioid prescriptions are written in the United States each year, and 2,000,000 Americans have the symptoms of substance use disorder.
 - (4) Approximately 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.
- 17 (5) Emergency departments in several States, 18 including in New Jersey and Colorado, have devel-19 oped innovative programs to more widely utilize non-20 opioid pain treatments to reduce the use of opioids.
- 21 SEC. 3. EMERGENCY DEPARTMENT ALTERNATIVES TO
- 22 OPIOIDS DEMONSTRATION PROGRAM.
- (a) Demonstration Program Grants.—The Sec retary of Health and Human Services acting through the
 Assistant Secretary for Mental Health and Substance Use

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- 1 (in this section referred to as the "Secretary") shall carry
- 2 out a 3-year demonstration program under which the Sec-
- 3 retary shall award grants to eligible hospitals and emer-
- 4 gency departments, including freestanding emergency de-
- 5 partments, to develop, implement, enhance, or study alter-
- 6 native pain management protocols and treatments that
- 7 promote the appropriate limited use of opioids in emer-
- 8 gency departments.
- 9 (b) Eligibility.—To be eligible to receive a grant
- 10 under subsection (a), a hospital or emergency department
- 11 shall submit an application to the Secretary at such time,
- 12 in such manner, and containing such information as the
- 13 Secretary may require.
- 14 (c) Geographic Diversity.—In awarding grants
- 15 under this section, the Secretary shall seek to ensure geo-
- 16 graphical diversity among grant recipients.
- 17 (d) Use of Funds.—In addition to the activities de-
- 18 scribed in subsection (a), grants under this section shall
- 19 be used to—
- 20 (1) target common painful conditions, which
- 21 may include renal colic, sciatica, headaches, mus-
- culoskeletal pain, and extremity fractures;
- 23 (2) train providers and other hospital personnel
- on protocols and use of treatments that promote the

1	appropriate limited use of opioids in the emergency
2	department;
3	(3) collect data, including data required for the
4	reporting requirement established under subsection
5	(f); and
6	(4) provide alternatives to opioids to patients
7	with painful conditions, not including patients who
8	present with pain related to cancer, end-of-life symp-
9	tom palliation, or complex multisystem trauma.
10	(e) Duties of the Secretary.—The Secretary
11	shall offer to each recipient of a grant under subsection
12	(a) technical support through a process that provides
13	for—
14	(1) the provision of information by the Sec-
15	retary on alternative pain management protocols and
16	treatments, which may include—
17	(A) non-opioid medications;
18	(B) protocols and treatments that do not
19	involve a medication;
20	(C) alternative pain management protocols
21	and treatments that are appropriate to use for
22	specific common painful conditions, such as
23	renal colic, back pain, pain from fractures, and
24	other common painful conditions that present
25	to the emergency department;

1	(D) the alternative pain management pro-
2	tocol or treatments, if any, that are appropriate
3	for certain patient populations, such as geri-
4	atric patients, pregnant patients, and pediatric
5	patients; and
6	(E) any other information the Secretary
7	determines necessary; and
8	(2) the provision of information by emergency
9	departments and providers that have successfully
10	implemented alternatives to opioids programs in the
11	emergency department, promoting non-opioid proto-
12	cols and medications while appropriately limiting the
13	use of opioids.
14	(f) REPORT TO THE SECRETARY.—Each recipient of
15	a grant under this section shall submit to the Secretary
16	annual evaluations of the progress of the program funded
17	through the grant. These evaluations shall include—
18	(1) a description of and specific information
19	about the alternative pain management protocols
20	and treatments employed;
21	(2) data on the alternative pain management
22	protocols and treatments employed, including—
23	(A) during a baseline period before the
24	program began, as defined by the Secretary;

1	(B) at various stages of the program, as
2	determined by the Secretary;
3	(C) the conditions for which the alternative
4	pain management protocols and treatments
5	were employed; and
6	(D) data on patients' self-reported pain
7	rating, using a pain scale model provided by the
8	Secretary, before and after the alternative pain
9	management protocol or treatment was pro-
10	vided;
11	(3) data on the opioid prescriptions written, in-
12	cluding—
13	(A) during a baseline period before the
14	program began, as defined by the Secretary;
15	(B) at various stages of the program, as
16	determined by the Secretary;
17	(C) the conditions for which the opioids
18	were prescribed; and
19	(D) data on patients' self-reported pain
20	rating, using a pain scale model provided by the
21	Secretary, before and after the opioid prescrip-
22	tion was provided;
23	(4) the demographic characteristics of patients
24	who were treated with an alternative pain manage-

1	ment protocol, including age, sex, race, ethnicity,
2	and insurance status and type;
3	(5) data on patients who were eventually pre-
4	scribed opioids after alternative pain management
5	protocols and treatments were employed;
6	(6) data on patients who were transitioned to
7	inpatient care following treatment with an alter-
8	native pain management protocol and treatment;
9	and
10	(7) any other information the Secretary deems
11	necessary.
12	(g) Report to Congress.—Not later than 120 days
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 evaluations described in
20	subsection (f), including standardized data; and
21	(3) recommendations for broader implementa-
22	tion of pain management protocols that limit the use
23	of opioids in emergency departments or other areas

of the health care delivery system.

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- 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.

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