

115TH CONGRESS
2D SESSION

S. 2516

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 SENATE OF THE UNITED STATES

MARCH 7, 2018

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

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.

5 (2) The economic burden of prescription opioid
6 misuse in the United States is estimated to be
7 \$78,500,000,000 per year. This includes costs stem-
8 ming from health care, including addiction treat-
9 ment, lost productivity, and criminal justice involve-
10 ment.

11 (3) Over 200 million opioid prescriptions are
12 written in the United States each year, and
13 2,000,000 Americans have the symptoms of sub-
14 stance use disorder.

15 (4) Approximately 21 to 29 percent of patients
16 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.**

23 (a) DEMONSTRATION PROGRAM GRANTS.—The Sec-
24 retary of Health and Human Services acting through the
25 Assistant Secretary for Mental Health and Substance Use

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-
22 culoskeletal pain, and extremity fractures;

23 (2) train providers and other hospital personnel
24 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
24 of the health care delivery system.

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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