

Preventing Overdoses While in Emergency Departments Act

In March 2018, the Centers for Disease Control and Protection (CDC) [reported](#) that emergency department (ED) visits for opioid overdoses rose 30 percent from July 2016 through September 2017. These increases occurred in cities and towns of all sizes across the United States. During the same period, the Midwest saw opioid overdoses increase by 70 percent, and large cities in 16 states saw their opioid overdose rates increase by 54 percent.

Since individuals who have overdosed are more likely to do so again, the CDC recognized that actions can be taken in EDs to try to prevent future overdoses and help patients access treatment resources. As Dr. Debra Houry, director of the CDC's National Center for Injury Prevention and Control [wrote](#) recently:

EDs are a critical entry point for prevention of overdose, with opportunities to improve opioid prescribing, respond to overdoses with overdose education and naloxone distribution, engage in motivational interviewing of patients, initiate treatment for opioid use disorder, and improve surveillance efforts in collaboration with health departments ... EDs and physicians who engage in these efforts can save patient lives and reduce health care costs.

The ***Preventing Overdoses While in Emergency Departments Act*** will seize on this opportunity to help prevent repeated opioid overdoses. The legislation would:

- Require the development of protocols for discharging patients who are treated for a drug overdose and enhance the integration and coordination of care and treatment options for individuals with a substance use disorder after they are discharged.
- Provide competitive grants for EDs—especially those in areas with high overdose rates or in rural areas—to:
 - Establish policies and procedures for the provision of overdose reversal medication, the administration of medication-assisted treatment in the ED, and the referral to evidence-based treatment upon discharge from the ED.
 - Develop best practices for treating non-fatal drug overdoses.
 - Hire recovery coaches, counselors, social workers and other professionals specializing in the treatment of substance abuse disorder.
 - Establish integrated models of care, which may include patient assessment, follow-up, and transportation to treatment facilities.
 - Increase the availability and access of medication-assisted treatment and other evidence based treatment for individuals with substance use disorders.