

# SENATE BILL NO. 579

June 30, 2021, Introduced by Senators VANDERWALL, BRINKS, IRWIN, POLEHANKI, BULLOCK, CHANG, BAYER, WOJNO, MCCANN, MCMORROW, SANTANA, MOSS, ALEXANDER, ANANICH, GEISS, OUTMAN, THEIS and HOLLIER and referred to the Committee on Health Policy and Human Services.

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
(MCL 333.1101 to 333.25211) by adding section 21528.

## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1       Sec. 21528. (1) Except as otherwise provided in subsection  
2       (2), a hospital that treats 50 or more emergency patients per year  
3       in its emergency department for an opioid-related overdose shall

1 implement an emergency-based medication-assisted treatment program.  
2 If considered appropriate by the department of health and human  
3 services, the department of health and human services may, by rule,  
4 require a hospital that treats fewer than 50 emergency patients per  
5 year in its emergency department for an opioid-related overdose to  
6 implement an emergency-based medication-assisted treatment program.

7 (2) A hospital that is required to implement an MAT program  
8 under subsection (1) may opt out of the requirement by completing a  
9 form developed by the department of health and human services.

10 (3) From available federal funds or other money appropriated  
11 to the department of health and human services, the department of  
12 health and human services shall develop and implement a grant  
13 program to provide grant-based financial support to hospitals for  
14 the purpose of offering MAT programs. The department of health and  
15 human services shall begin to operate the grant program beginning  
16 90 days after the effective date of the amendatory act that added  
17 this section and shall cease the operation of the grant program on  
18 September 30, 2022, unless federal funds or other money  
19 appropriated to the department of health and human services remains  
20 available to provide grants for purposes of this section. The  
21 department may contract with a nongovernmental entity that it  
22 considers appropriate to administer the grant program.

23 (4) As a condition of receiving grant funds from the grant  
24 program, a hospital shall agree to comply with all of the following  
25 in expending the grant funds:

26 (a) Maintain, as part of the hospital's emergency services,  
27 protocols on and the capacity to provide appropriate, evidence-  
28 based interventions for a patient being treated for an opioid-  
29 related overdose or opioid use disorder to reduce the risk of

1 subsequent harm to or the death of the patient following his or her  
2 discharge from the hospital.

3 (b) Maintain protocols on possessing, dispensing,  
4 administering, and prescribing opioid agonist treatment and  
5 maintain personnel who have the capacity to possess, dispense,  
6 administer, and prescribe opioid agonist treatment.

7 (c) If opioid agonist treatment is recommended by a treating  
8 health professional who is treating a patient presented in the  
9 emergency department for care and treatment of an opioid-related  
10 overdose or opioid use disorder, ensure that opioid agonist  
11 treatment is offered to the patient and provided to the patient if  
12 the patient consents.

13 (d) Maintain protocols on possessing, dispensing,  
14 administering, and prescribing opioid antagonists and maintain  
15 personnel who have the capacity to possess, dispense, administer,  
16 and prescribe opioid antagonists.

17 (e) If an opioid antagonist is recommended by a treating  
18 health professional who is treating a patient presented in the  
19 emergency department for care and treatment of an opioid-related  
20 overdose or opioid use disorder, ensure that an opioid antagonist  
21 is prescribed for or dispensed to the patient if the patient  
22 consents.

23 (f) Demonstrate compliance with applicable training and waiver  
24 requirements established by the Substance Abuse and Mental Health  
25 Services Administration of the United States Department of Health  
26 and Human Services and the Drug Enforcement Administration of the  
27 United States Department of Justice on prescribing opioid agonist  
28 treatment.

29 (g) Before discharging an emergency patient who is

1 administered or prescribed an opioid agonist treatment in the  
2 emergency department, refer the emergency patient to a person that  
3 provides substance use disorder services. To the extent possible, a  
4 referral described in this subdivision must ensure that the  
5 transition of care by the treating health professional in the  
6 hospital is accomplished by face-to-face or direct telephone  
7 contact between the emergency patient and the provider of the  
8 substance use disorder services.

9 (5) As used in this section:

10 (a) "Emergency-based medication-assisted treatment program" or  
11 "MAT program" means a program offering opioid agonist treatments  
12 and opioid antagonists within an emergency department.

13 (b) "Emergency department" means an organized emergency  
14 department located in and operated by a hospital.

15 (c) "Grant program" means the grant program described in  
16 subsection (3).

17 (d) "Opioid agonist treatment" means methadone, buprenorphine,  
18 or any other similarly acting and equally safe agonist or partial  
19 agonist drug approved by the United States Food and Drug  
20 Administration as a treatment for opioid use disorder.

21 (e) "Opioid use disorder" means a substance use disorder as  
22 that term is defined in section 100d of the mental health code,  
23 1974 PA 258, MCL 330.1100d, that involves the use of opioids.

24 (f) "Treating health professional" means an individual who is  
25 licensed, registered, or otherwise authorized to engage in a health  
26 profession under article 15 and who is authorized to treat an  
27 emergency patient in an emergency.