

## MEDICATION-ASSISTED TREATMENT PROGRAMS FOR OPIOID-RELATED OVERDOSES

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**Senate Bill 579 (H-1) as reported from House committee**  
**Sponsor: Sen. Curtis S. VanderWall**  
**House Committee: Health Policy**  
**Senate Committee: Health Policy and Human Services**  
**Complete to 6-30-22**

Analysis available at  
<http://www.legislature.mi.gov>

### SUMMARY:

Senate Bill 579 would amend the Public Health Code to require certain hospitals to implement *emergency-based medication-assisted treatment (MAT) programs* for the treatment of opioid-related overdoses. It also would require the Department of Health and Human Services (DHHS) to develop a grant program to support those programs. The bill is almost identical to House Bill 5163 (H-1) as passed by the House of Representatives.

*Emergency-based medication-assisted treatment program* would mean a program offering *opioid agonist treatments* and *opioid antagonists* in an emergency department.

*Opioid agonist treatment* would mean methadone, buprenorphine, or any other similarly acting and equally safe agonist or partial agonist drug approved by the U.S. Food and Drug Administration (FDA) as a treatment for opioid use disorder.

*Opioid antagonist* is defined in the code as naloxone hydrochloride or any other similarly acting and equally safe drug approved by the FDA for the treatment of drug overdose.

Generally under the bill, a hospital that treats 50 or more emergency patients per year in its emergency department for opioid-related overdose would have to implement an emergency-based MAT program. DHHS could expand this requirement by rule to also apply to hospitals that treat fewer than 50 such patients per year.

However, a hospital that is required to implement a MAT program could opt out of that requirement by completing a form developed by DHHS.

### **Grant program**

Subject to available funding, DHHS would have to develop and implement a grant program to provide grant-based financial support to hospitals for the purpose of offering MAT programs. DHHS would have to begin to operate the grant program beginning 90 days after the bill takes effect and cease operation on September 30, 2023, unless federal funds appropriated to DHHS remained available to provide these grants. DHHS could contract with a nongovernmental entity that it considers appropriate to administer the grant program.

### **Requirements for expending grant funds**

As a condition of receiving grant funds from the program, a hospital would have to comply with all of the following requirements when expending the grant funds:

- Maintain, as part of the hospital's emergency services, protocols on and the capacity to provide appropriate, evidence-based interventions for a patient being treated for an

opioid-related overdose or opioid use disorder to reduce the risk of subsequent harm to or the death of a patient following his or her discharge from the hospital.

- Maintain protocols on possessing, dispensing, administering, and prescribing opioid agonist treatment or an opioid antagonist and maintain personnel who have the capacity to possess, dispense, administer, and prescribe opioid agonist treatment or opioid antagonists, as applicable.
- If opioid agonist treatment or an opioid antagonist is recommended by the treating health care professional, ensure that the applicable treatment is offered to the patient and provided to the patient if the patient consents.
- Demonstrate compliance with applicable training and waiver requirements on prescribing opioid agonist treatment established by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services and the Drug Enforcement Administration of the U.S. Department of Justice.
- Before discharging an emergency patient who is administered or prescribed an opioid agonist treatment in the emergency department, refer the emergency patient to a person that provides substance use disorder (SUD) services, which could include any FDA-approved opioid agonist or opioid antagonist. As much as possible, this referral would have to include a transition of care accomplished by face-to-face or direct telephone contact between the emergency patient and the provider of SUD services.

MCL 333.21528

#### **FISCAL IMPACT:**

While no specific appropriations were added for this specific grant program within the FY 2021-22 DHHS budget, DHHS indicates that they have allocated \$7.1 million of the current federal opioid response activities line item for this grant program. Likewise, any administrative costs are also presumably covered through current DHHS appropriations.

The fiscal impact on local units of government is unknown but would depend on whether that local unit of government operates a hospital, whether that hospital decides to complete an opt-out form as permitted under the bill, or whether the hospital applies for and is or is not awarded a financial grant.

#### **POSITIONS:**

The following entities indicated support for the bill (6-30-22):

- Blue Cross Blue Shield of Michigan
- Genemarkers

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.