

HOUSE SUBSTITUTE FOR
SENATE BILL NO. 579

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



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

4 (3) Subject to available funding, the department of health and
5 human services shall develop and implement a grant program to
6 provide grant-based financial support to hospitals for the purpose
7 of offering MAT programs. The department of health and human
8 services shall begin to operate the grant program beginning 90 days
9 after the effective date of the amendatory act that added this
10 section and shall cease the operation of the grant program on
11 September 30, 2023, unless federal funds appropriated to the
12 department of health and human services remain available to provide
13 grants for purposes of this section. The department of health and
14 human services may contract with a nongovernmental entity that it
15 considers appropriate to administer the grant program.

16 (4) As a condition of receiving grant funds from the grant
17 program, a hospital shall agree to comply with all of the following
18 requirements in expending the grant funds:

19 (a) Maintain, as part of the hospital's emergency services,
20 protocols on and the capacity to provide appropriate, evidence-
21 based interventions for a patient being treated for an opioid-
22 related overdose or opioid use disorder to reduce the risk of
23 subsequent harm to or the death of the patient following his or her
24 discharge from the hospital.

25 (b) Maintain protocols on possessing, dispensing,
26 administering, and prescribing opioid agonist treatment and
27 maintain personnel who have the capacity to possess, dispense,
28 administer, and prescribe opioid agonist treatment.

29 (c) If opioid agonist treatment is recommended by a treating



1 health professional who is treating a patient presented in the
2 emergency department for care and treatment of an opioid-related
3 overdose or opioid use disorder, ensure that opioid agonist
4 treatment is offered to the patient and provided to the patient if
5 the patient consents.

6 (d) Maintain protocols on possessing, dispensing,
7 administering, and prescribing opioid antagonists and maintain
8 personnel who have the capacity to possess, dispense, administer,
9 and prescribe opioid antagonists.

10 (e) If an opioid antagonist is recommended by a treating
11 health professional who is treating a patient presented in the
12 emergency department for care and treatment of an opioid-related
13 overdose or opioid use disorder, ensure that an opioid antagonist
14 is prescribed for or dispensed to the patient if the patient
15 consents.

16 (f) Demonstrate compliance with applicable training and waiver
17 requirements established by the Substance Abuse and Mental Health
18 Services Administration of the United States Department of Health
19 and Human Services and the Drug Enforcement Administration of the
20 United States Department of Justice on prescribing opioid agonist
21 treatment.

22 (g) Before discharging an emergency patient who is
23 administered or prescribed an opioid agonist treatment in the
24 emergency department, refer the emergency patient to a person that
25 provides substance use disorder services, which may include any
26 opioid agonist or opioid antagonist approved by the United States
27 Food and Drug Administration. To the extent possible, a referral
28 described in this subdivision must ensure that the transition of
29 care by the treating health professional in the hospital is



1 accomplished by face-to-face or direct telephone contact between
2 the emergency patient and the provider of the substance use
3 disorder services.

4 (5) As used in this section:

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

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

10 (c) "Grant program" means the grant program described in
11 subsection (3).

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

16 (e) "Opioid use disorder" means a substance use disorder as
17 that term is defined in section 100d of the mental health code,
18 1974 PA 258, MCL 330.1100d, that involves the use of opioids.

19 (f) "Treating health professional" means an individual who is
20 licensed, registered, or otherwise authorized to engage in a health
21 profession under article 15 and who is authorized to treat an
22 emergency patient in an emergency.