

114TH CONGRESS
1ST SESSION

H. R. 3677

To reduce opioid misuse and abuse.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 1, 2015

Mr. FOSTER (for himself, Ms. EDWARDS, Ms. ESTY, and Mr. SEAN PATRICK MALONEY of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reduce opioid misuse and abuse.

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 “Opioid Abuse Preven-
5 tion and Treatment Act of 2015”.

6 **SEC. 2. PILOT PROJECT.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services (referred to in this Act as the “Sec-
9 retary”) shall award grants to one or more States to carry
10 out a 1-year pilot project to develop a standardized peer
11 review process and methodology to review and evaluate

1 prescribing and pharmacy dispensing patterns, through a
2 review of prescription drug monitoring programs (referred
3 to in this section as “PDMP”) in the States receiving such
4 grants.

5 (b) **METHODOLOGY.**—The recipients of a grant under
6 this section shall develop a systematic, standardized meth-
7 odology to identify and investigate questionable or inap-
8 propriate prescribing and dispensing patterns of sub-
9 stances on schedule II or III under section 202 of the Con-
10 trolled Substances Act (21 U.S.C. 812). Such peer review
11 methodology and prescribing and dispensing patterns shall
12 be shared with the appropriate State regulators and health
13 profession boards.

14 (c) **REQUIREMENTS.**—A State receiving a grant
15 under this section—

16 (1) with respect to controlled substances for
17 which a prescriber is required to be registered with
18 by the Drug Enforcement Administration in order to
19 prescribe such controlled substances, shall make the
20 information with respect to such controlled sub-
21 stances from the PDMP available to State regu-
22 lators and licensing boards; and

23 (2) with respect to any other controlled sub-
24 stances, may make the information with respect to

1 such controlled substances from the PDMP available
2 to State regulators and licensing boards.

3 (d) SUBGRANTEES.—A quality improvement organi-
4 zation with which the Secretary has entered into a con-
5 tract under part B of title XI of the Social Security Act
6 (42 U.S.C. 1320c et seq.) may serve as the subgrantee
7 under this subsection to develop peer review processes as
8 described in subsection (a).

9 **SEC. 3. PRESCRIPTION DRUG, HEROIN, AND OTHER CON-**
10 **TROLLED SUBSTANCE ABUSE PREVENTION.**

11 Part P of title III of the Public Health Service Act
12 (42 U.S.C. 280g) is amended by adding at the end the
13 following:

14 **“SEC. 399V-6. PRESCRIPTION DRUG, HEROIN, AND OTHER**
15 **CONTROLLED SUBSTANCE ABUSE PREVEN-**
16 **TION.**

17 “(a) TRAINING GRANTS.—

18 “(1) IN GENERAL.—The Secretary shall award
19 5-year grants to eligible entities to facilitate training
20 in order to increase the capacity of health care pro-
21 viders to conduct patient screening, brief interven-
22 tions, and referral to treatment as needed, such as
23 in health care settings to prevent the abuse of pre-
24 scription drugs, heroin, and other controlled sub-
25 stances. The grant program under this section may

1 be coordinated with the Screening Brief Intervention
2 and Referral to Treatment grant program of the
3 Substance Abuse and Mental Health Services Ad-
4 ministration, or other appropriate programs.

5 “(2) ELIGIBLE ENTITIES.—In this subsection,
6 the term ‘eligible entity’ includes—

7 “(A) States;

8 “(B) physician organizations;

9 “(C) continuing education entities, such as
10 health profession boards or health accrediting
11 bodies;

12 “(D) peer recovery organizations; and

13 “(E) other appropriate health or profes-
14 sional education organizations or institutions.

15 “(b) EXPANSION OF PRESCRIBING AUTHORITY.—
16 The Secretary, acting through the Administrator of the
17 Health Resources and Services Administration, shall
18 award grants to States for the purpose of evaluating the
19 prospect of the health professions board of such States
20 reviewing and expanding prescribing authorities of pro-
21 viders, such as advance practice nurses and physician’s as-
22 sistants, with respect to prescribing drugs for the treat-
23 ment of the abuse of prescription drugs, heroin, or other
24 controlled substances.”.

1 **SEC. 4. PRESCRIPTION DRUG ABUSE TRAINING AND**
2 **SCREENING PROGRAMS.**

3 (a) CONTINUING EDUCATION GRANTS.—The Sec-
4 retary shall award grants to States to develop continuing
5 education criteria and review processes that allow State
6 health profession boards or State agencies to certify ap-
7 propriate education and training for informed and safe
8 prescribing of opioids and other drugs listed on schedule
9 II or III under section 202 of the Controlled Substances
10 Act (21 U.S.C. 812).

11 (b) SCREENING PROGRAM.—The Attorney General
12 shall request that a practitioner registered under section
13 303(f) of the Controlled Substances Act (21 U.S.C.
14 823(f)) conduct patient screening for potential drug mis-
15 use or abuse before prescribing a drug listed on schedule
16 II or III under section 202 of the Controlled Substances
17 Act (21 U.S.C. 812), according to standards established
18 by the applicable State licensing body.

19 **SEC. 5. FDA REVIEW OF NALOXONE.**

20 The Secretary, acting through the Commissioner of
21 Food and Drugs, shall conduct a review of naloxone to
22 consider whether naloxone should cease to be subject to
23 section 503(b) of the Federal Food, Drug, and Cosmetic
24 Act (21 U.S.C. 353(b)) and be available as an over-the-
25 counter drug, in order to increase access to such drug.

1 **SEC. 6. PRESCRIPTION DRUG DISPOSAL.**

2 The Secretary shall convene or coordinate with an ex-
3 isting entity an interagency working group—

4 (1) to encourage States and local governments
5 to increase opportunities for disposal of opiates, such
6 as frequent “take-back programs” and fixed medi-
7 cine disposal sites at law enforcement public build-
8 ings; and

9 (2) to reduce opportunities for abuse of opiates,
10 such as establishing opioid dispensing limits at hos-
11 pital emergency departments.

12 **SEC. 7. GAO REPORT.**

13 The Comptroller General of the United States shall—

14 (1) review opioid abuse programs, heroin abuse
15 programs, and policies in Federal agencies and best
16 practices with respect to opioid and heroin abuse
17 and overdose programs of the States; and

18 (2) not later than 18 months after the date of
19 enactment of this Act, issue a report to Congress on
20 its findings and recommendations on ways to reduce
21 opioid and heroin abuse and overdoses.

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