

113TH CONGRESS  
2D SESSION

# S. 2504

To address prescription opioid and heroin abuse.

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IN THE SENATE OF THE UNITED STATES

JUNE 19, 2014

Ms. AYOTTE (for herself and Mr. DONNELLY) introduced the following bill;  
which was read twice and referred to the Committee on Health, Edu-  
cation, Labor, and Pensions

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## A BILL

To address prescription opioid and heroin 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 “Heroin and Prescrip-  
5 tion Opioid Abuse Prevention, Education, and Enforce-  
6 ment Act of 2014”.

7 **SEC. 2. FINDINGS.**

8 (1) The Controlled Substances Act (21 U.S.C.  
9 801 et seq.) declares that many controlled sub-  
10 stances have a useful and legitimate medical purpose

1 and are necessary to maintain the health and gen-  
2 eral welfare of the people of the United States.

3 (2) Health care professionals, medical experts,  
4 researchers, and scientists have found pain to be a  
5 major national health problem.

6 (3) The responsible treatment of pain is a high  
7 priority for our Nation and the needs of individuals  
8 with pain must be taken into careful consideration  
9 when taking steps to prevent prescription drug mis-  
10 use and abuse.

11 (4) When no longer needed or wanted for legiti-  
12 mate pain management or health treatment, pre-  
13 scription opioids are susceptible to diversion. Pre-  
14 scription opioids also may be abused by individuals  
15 who were not prescribed such drugs or misused by  
16 individuals not taking such drugs as directed.

17 (5) Approximately 4 out of 5 new heroin users  
18 report that they became addicted to prescription  
19 opioids before they used heroin for the first time.

20 (6) According to the National Institute on Drug  
21 Abuse, heroin attaches to the same brain cell recep-  
22 tors as prescription opioids.

23 (7) The low cost and high purity of currently  
24 available heroin has contributed to an increase in  
25 heroin use.

1           (8) More people are using heroin, and are using  
2 heroin at a younger age. The National Survey on  
3 Drug Use and Health reports that new heroin users  
4 numbered 142,000 in 2010, and increased to  
5 178,000 in 2011. In 2011, the average age at first  
6 use among heroin abusers between 12 and 49 years  
7 was 22.1 years. In 2009, the average age at first use  
8 among heroin abusers between 12 and 49 years was  
9 25.5 years.

10           (9) According to the Department of Health and  
11 Human Services, heroin use rose 79 percent nation-  
12 wide between 2007 and 2012.

13           (10) Deaths from heroin overdose have signifi-  
14 cantly increased in communities across the United  
15 States. According to the Centers for Disease Control  
16 and Prevention, the number of deaths involving her-  
17 oin increased by 110 percent from 2006 to 2011.  
18 From 2010 to 2011, the number of heroin deaths  
19 rose from 3,036 to 4,397.

20           (11) The Edward Byrne Memorial Justice As-  
21 sistance Grant Program is critical to fighting the  
22 prescription opioid abuse and heroin use epidemics,  
23 and should be reauthorized and fully funded.

1 **SEC. 3. DEVELOPMENT OF BEST PRESCRIBING PRACTICES.**

2 (a) INTER-AGENCY TASK FORCE.—Not later than  
3 120 days after the date of enactment of this Act, the Sec-  
4 retary of Health and Human Services (referred to in this  
5 section as the “Secretary”), in cooperation with the Sec-  
6 retary of Veterans Affairs, the Secretary of Defense, and  
7 the Administrator of the Drug Enforcement Administra-  
8 tion, shall convene a Pain Management Best Practices  
9 Inter-Agency Task Force (referred to in this section as  
10 the “task force”).

11 (b) MEMBERSHIP.—The task force shall be com-  
12 prised of—

13 (1) representatives of—

14 (A) the Department of Health and Human  
15 Services;

16 (B) the Department of Veterans Affairs;

17 (C) the Department of Defense;

18 (D) the Drug Enforcement Administration;

19 and

20 (E) the Institute of Medicine;

21 (2) the Director of the National Institutes of  
22 Health;

23 (3) physicians and non-physician prescribers;

24 (4) pharmacists;

25 (5) experts in the fields of pain research and  
26 addiction research;

1 (6) representatives of—

2 (A) pain management professional organi-  
3 zations;

4 (B) the mental health treatment commu-  
5 nity; and

6 (C) pain advocacy groups; and

7 (7) other stakeholders, as the Secretary deter-  
8 mines appropriate.

9 (c) DUTIES.—The task force shall—

10 (1) not later than 180 days after the date on  
11 which the task force is convened, develop best prac-  
12 tices for pain management and prescription pain  
13 medication prescribing practices, taking into consid-  
14 eration—

15 (A) existing pain management research;

16 (B) recommendations from relevant con-  
17 ferences; and

18 (C) ongoing efforts at the State and local  
19 levels and by medical professional organizations  
20 to develop improved pain management strate-  
21 gies;

22 (2) solicit and take into consideration public  
23 comment on the practices developed under para-  
24 graph (1), amending such best practices if appro-  
25 priate; and

1           (3) develop a strategy for disseminating infor-  
2           mation about the best practices developed under  
3           paragraphs (1) and (2) to prescribers, pharmacists,  
4           State medical boards, and other parties, as the Sec-  
5           retary determines appropriate.

6           (d) LIMITATION.—The task force shall not have rule-  
7           making authority.

8           (e) REPORT.—Not later than 270 days after the date  
9           on which the task force is convened under subsection (a),  
10          the task force shall submit to Congress a report that in-  
11          cludes—

12           (1) the strategy for disseminating best practices  
13           developed under subsection (c);

14           (2) the results of a feasibility study on linking  
15           best practices developed under paragraphs (1) and  
16           (2) of subsection (c) to receiving and renewing reg-  
17           istrations under section 303(f) of the Controlled  
18           Substances Act (21 U.S.C. 823(f)); and

19           (3) recommendations on how to apply such best  
20           practices to improve prescribing practices at medical  
21           facilities of the Veterans Health Administration.

22   **SEC. 4. HAROLD ROGERS PRESCRIPTION DRUG MONI-**  
23                                   **TORING PROGRAM.**

24           (a) AUTHORIZATION OF APPROPRIATIONS.—To carry  
25          out the Harold Rogers Prescription Drug Monitoring Pro-

1 gram established under the Departments of Commerce,  
2 Justice, and State, the Judiciary, and Related Agencies  
3 Appropriations Act, 2002 (Public Law 107–77; 115 Stat.  
4 748), there is authorized to be appropriated \$9,000,000  
5 for each of fiscal years 2015 through 2019.

6 (b) GAO REPORT.—Not later than October 1, 2016,  
7 the Comptroller General of the United States shall submit  
8 to Congress a report on the effectiveness of the Harold  
9 Rogers Prescription Drug Monitoring Program in reduc-  
10 ing prescription drug abuse, and, to the extent practicable,  
11 any corresponding increase or decrease in the use of her-  
12 oin.

13 **SEC. 5. REAUTHORIZATION OF BYRNE JUSTICE ASSIST-**  
14 **ANCE GRANT PROGRAM.**

15 Section 508 of title I of the Omnibus Crime Control  
16 and Safe Streets Act of 1968 (42 U.S.C. 3758) is amend-  
17 ed by striking “2006 through 2012” and inserting “2015  
18 through 2019”.

19 **SEC. 6. OFFICE OF NATIONAL DRUG CONTROL POLICY.**

20 (a) UPDATE OF PLAN TO ACCOUNT FOR INCREASED  
21 HEROIN USE.—Not later than 180 days after the date  
22 of enactment of this Act, the Director of the Office of Na-  
23 tional Drug Control Policy shall revise the 2011 Prescrip-  
24 tion Drug Abuse Prevention Plan to reassess the approach  
25 under such plan to addressing prescription drug abuse in

1 light of an increase in heroin use, and to outline actions  
2 or programs that can be carried out to reduce and prevent  
3 such abuse.

4 (b) GAO RECOMMENDATIONS FOR INTER-AGENCY  
5 COORDINATION.—The Director shall ensure that the Of-  
6 fice of National Drug Control Policy takes into account  
7 the report of the Government Accountability Office enti-  
8 tled “Office of National Drug Control Policy: Office Could  
9 Better Identify Opportunities to Increase Program Co-  
10 ordination” issued on March 26, 2013 (GAO–13–333),  
11 and identifies opportunities to enhance interagency coordi-  
12 nation as part of the Prescription Drug Abuse Prevention  
13 Plan, as revised under subsection (a).

14 **SEC. 7. AWARENESS CAMPAIGNS.**

15 (a) IN GENERAL.—The Secretary of Health and  
16 Human Services shall advance the education and aware-  
17 ness of providers, patients, and other appropriate stake-  
18 holders regarding the risk of abuse of prescription opioid  
19 drugs if such products are not taken as prescribed.

20 (b) DRUG-FREE MEDIA CAMPAIGN.—

21 (1) IN GENERAL.—The Office of National Drug  
22 Control Policy, in coordination with the Secretary of  
23 Health and Human Services and the Attorney Gen-  
24 eral, shall establish a national drug awareness cam-  
25 paign.



1           (2) REQUIREMENTS.—The national drug aware-  
2           ness campaign under paragraph (1) shall—

3                   (A) take into account the association be-  
4                   tween prescription opioid abuse and heroin use;  
5                   and

6                   (B) emphasize the similarities between her-  
7                   oin and prescription opioids and the effects of  
8                   heroin and prescription opioids on the human  
9                   body.

10           (3) AVAILABLE FUNDS.—Funds for the na-  
11           tional drug awareness campaign may be derived  
12           from amounts appropriated to the Office of National  
13           Drug Control Policy and otherwise available for obli-  
14           gation and expenditure.

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