

114TH CONGRESS
1ST SESSION

H. R. 2805

To address prescription opioid abuse and heroin use.

IN THE HOUSE OF REPRESENTATIVES

JUNE 17, 2015

Mrs. BROOKS of Indiana (for herself, Mr. KENNEDY, Mr. CARSON of Indiana, Mrs. WALORSKI, Mr. WHITFIELD, and Mr. MESSER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To address prescription opioid abuse and heroin use.

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 2015”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

1 (1) The Controlled Substances Act (21 U.S.C.
2 801 et seq.) declares that many controlled sub-
3 stances have a useful and legitimate medical purpose
4 and are necessary to maintain the health and gen-
5 eral welfare of the people of the United States.

6 (2) Health care professionals, medical experts,
7 researchers, and scientists have found pain to be a
8 major national health problem.

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

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

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

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

1 (7) The low cost and high purity of currently
2 available heroin has contributed to an increase in
3 heroin use across the United States.

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

13 (9) According to the Department of Health and
14 Human Services, heroin use nationwide rose 79 per-
15 cent between 2007 and 2012.

16 (10) Deaths from heroin overdose have signifi-
17 cantly increased in communities across the United
18 States. According to the Centers for Disease Control
19 and Prevention, the number of deaths involving her-
20 oin almost tripled between 2010 and 2013. From
21 2010 to 2013, the number of heroin deaths rose
22 from 3,036 to 8,257.

23 (11) The Edward Byrne Memorial Justice As-
24 sistance Grant Program under part E of title I of
25 the Omnibus Crime Control and Safe Streets Act of

1 1968 (42 U.S.C. 3750 et seq.) is critical to fighting
2 the prescription opioid abuse and heroin use
3 epidemics, and should be reauthorized and fully
4 funded.

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

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

15 (b) MEMBERSHIP.—The task force shall be com-
16 prised of—

17 (1) representatives of—

18 (A) the Department of Health and Human
19 Services, including the Centers for Disease Con-
20 trol and Prevention;

21 (B) the Department of Veterans Affairs;

22 (C) the Department of Defense;

23 (D) the Drug Enforcement Administration;

24 (E) the Office of National Drug Control
25 Policy; and

- 1 (F) the Institute of Medicine; and
- 2 (2) the Director of the National Institutes of
- 3 Health;
- 4 (3) physicians, dentists, and non-physician pre-
- 5 scribers;
- 6 (4) pharmacists;
- 7 (5) experts in the fields of pain research and
- 8 addiction research;
- 9 (6) representatives of—
- 10 (A) pain management professional organi-
- 11 zations;
- 12 (B) the mental health treatment commu-
- 13 nity;
- 14 (C) the addiction treatment community;
- 15 and
- 16 (D) pain advocacy groups;
- 17 (7) a person in recovery from addiction to medi-
- 18 cation for chronic pain;
- 19 (8) a person with chronic pain; and
- 20 (9) other stakeholders, as the Secretary deter-
- 21 mines appropriate.

22 (c) DUTIES.—The task force shall—

- 23 (1) not later than 180 days after the date on
- 24 which the task force is convened, develop best prac-
- 25 tices for pain management and prescription pain

1 medication prescribing practices, taking into consid-
2 eration—

3 (A) existing pain management research;

4 (B) recommendations from relevant con-
5 ferences; and

6 (C) ongoing efforts at the State and local
7 levels and by medical professional organizations
8 to develop improved pain management strate-
9 gies;

10 (2) solicit and take into consideration public
11 comment on the best practices developed under para-
12 graph (1), amending such best practices if appro-
13 priate; and

14 (3) develop a strategy for disseminating infor-
15 mation about the best practices developed under
16 paragraphs (1) and (2) to prescribers, pharmacists,
17 State medical boards, educational institutions that
18 educate prescribers and pharmacists, and other par-
19 ties, as the Secretary determines appropriate.

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

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

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

3 (2) the results of a feasibility study on linking
 4 best practices developed under paragraphs (1) and
 5 (2) of subsection (c) to receiving and renewing reg-
 6 istrations under section 303(f) of the Controlled
 7 Substances Act (21 U.S.C. 823(f)); and

8 (3) recommendations on how to apply such best
 9 practices to improve prescribing practices at medical
 10 facilities, including medical facilities of the Veterans
 11 Health Administration.

12 **SEC. 4. AMENDMENTS TO CONTROLLED SUBSTANCE MONI-**
 13 **TORING PROGRAM.**

14 Section 399O of the Public Health Service Act (42
 15 U.S.C. 280g-3) is amended—

16 (1) in subsection (a)—

17 (A) in paragraph (1)—

18 (i) in subparagraph (A), by striking
 19 “or”;

20 (ii) in subparagraph (B), by striking
 21 the period at the end and inserting “; or”;
 22 and

23 (iii) by adding at the end the fol-
 24 lowing:

1 “(C) to maintain and operate an existing
2 State-controlled substance monitoring pro-
3 gram.”; and

4 (B) in paragraph (3), by inserting “by the
5 Secretary” after “Grants awarded”;

6 (2) by amending subsection (b) to read as fol-
7 lows:

8 “(b) MINIMUM REQUIREMENTS.—The Secretary
9 shall maintain and, as appropriate, supplement or revise
10 (after publishing proposed additions and revisions in the
11 Federal Register and receiving public comments thereon)
12 minimum requirements for criteria to be used by States
13 for purposes of clauses (ii), (v), (vi), and (vii) of subsection
14 (c)(1)(A).”;

15 (3) in subsection (c)—

16 (A) in paragraph (1)(B)—

17 (i) in the matter preceding clause (i),
18 by striking “(a)(1)(B)” and inserting
19 “(a)(1)(B) or (a)(1)(C)”;

20 (ii) in clause (i), by striking “program
21 to be improved” and inserting “program to
22 be improved or maintained”;

23 (iii) by redesignating clauses (iii) and
24 (iv) as clauses (iv) and (v), respectively;

1 (iv) by inserting after clause (ii) the
2 following:

3 “(iii) a plan to apply the latest ad-
4 vances in health information technology in
5 order to incorporate prescription drug
6 monitoring program data directly into the
7 workflow of prescribers and dispensers to
8 ensure timely access to patients’ controlled
9 prescription drug history;”;

10 (v) in clause (iv), as redesignated, by
11 inserting before the semicolon at the end
12 “and at least one health information tech-
13 nology system such as an electronic health
14 records system, a health information ex-
15 change, or an e-prescribing system”; and

16 (vi) in clause (v), as redesignated, by
17 striking “public health” and inserting
18 “public health or public safety”;

19 (B) in paragraph (3)—

20 (i) by striking “If a State that sub-
21 mits” and inserting the following:

22 “(A) IN GENERAL.—If a State that sub-
23 mits”;

24 (ii) by striking the period at the end
25 and inserting “and include timelines for

1 full implementation of such interoper-
2 ability. The State shall also describe the
3 manner in which it will achieve interoper-
4 ability between its monitoring program and
5 health information technology systems, as
6 allowable under State law, and include
7 timelines for implementation of such inter-
8 operability.”; and

9 (iii) by adding at the end the fol-
10 lowing:

11 “(B) MONITORING OF EFFORTS.—The
12 Secretary shall monitor State efforts to achieve
13 interoperability, as described in subparagraph
14 (A).”;

15 (C) in paragraph (5)—

16 (i) by striking “implement or im-
17 prove” and inserting “establish, improve,
18 or maintain”; and

19 (ii) by adding at the end the fol-
20 lowing: “The Secretary shall redistribute
21 any funds that are so returned among the
22 remaining grantees under this section in
23 accordance with the formula described in
24 subsection (a)(2)(B).”;

25 (4) in subsection (d)—

1 (A) in the matter preceding paragraph

2 (1)—

3 (i) by striking “In implementing or
4 improving” and all that follows through
5 “(a)(1)(B)” and inserting “In establishing,
6 improving, or maintaining a controlled sub-
7 stance monitoring program under this sec-
8 tion, a State shall comply, or with respect
9 to a State that applies for a grant under
10 subparagraph (B) or (C) of subsection
11 (a)(1)”;

12 (ii) by striking “public health” and in-
13 serting “public health or public safety”;
14 and

15 (B) by adding at the end the following:

16 “(5) The State shall report to the Secretary
17 on—

18 “(A) as appropriate, interoperability with
19 the controlled substance monitoring programs
20 of Federal departments and agencies;

21 “(B) as appropriate, interoperability with
22 health information technology systems such as
23 electronic health records systems, health infor-
24 mation exchanges, and e-prescribing systems;
25 and

1 “(C) whether or not the State provides
 2 automatic, real-time or daily information about
 3 a patient when a practitioner (or the designee
 4 of a practitioner, where permitted) requests in-
 5 formation about such patient.”;

6 (5) in subsections (e), (f)(1), and (g), by strik-
 7 ing “implementing or improving” each place it ap-
 8 pears and inserting “establishing, improving, or
 9 maintaining”;

10 (6) in subsection (f)—

11 (A) in paragraph (1)—

12 (i) in subparagraph (B), by striking
 13 “misuse of a schedule II, III, or IV sub-
 14 stance” and inserting “misuse of a con-
 15 trolled substance included in schedule II,
 16 III, or IV of section 202(c) of the Con-
 17 trolled Substance Act”; and

18 (ii) in subparagraph (D), by inserting
 19 “a State substance abuse agency,” after “a
 20 State health department,”; and

21 (B) by adding at the end the following:

22 “(3) EVALUATION AND REPORTING.—Subject
 23 to subsection (g), a State receiving a grant under
 24 subsection (a) shall provide the Secretary with ag-
 25 gregate data and other information determined by

1 the Secretary to be necessary to enable the Sec-
2 retary—

3 “(A) to evaluate the success of the State’s
4 program in achieving its purposes; or

5 “(B) to prepare and submit the report to
6 Congress required by subsection (l)(2).

7 “(4) RESEARCH BY OTHER ENTITIES.—A de-
8 partment, program, or administration receiving non-
9 identifiable information under paragraph (1)(D)
10 may make such information available to other enti-
11 ties for research purposes.”;

12 (7) by redesignating subsections (h) through
13 (n) as subsections (j) through (p), respectively;

14 (8) in subsections (c)(1)(A)(iv) and (d)(4), by
15 striking “subsection (h)” each place it appears and
16 inserting “subsection (j)”;

17 (9) by inserting after subsection (g) the fol-
18 lowing:

19 “(h) EDUCATION AND ACCESS TO THE MONITORING
20 SYSTEM.—A State receiving a grant under subsection (a)
21 shall take steps to—

22 “(1) facilitate prescriber and dispenser use of
23 the State’s controlled substance monitoring system;

24 “(2) educate prescribers and dispensers on the
25 benefits of the system both to them and society; and

1 “(3) facilitate linkage to the State substance
2 abuse agency and substance abuse disorder services.

3 “(i) CONSULTATION WITH ATTORNEY GENERAL.—

4 In carrying out this section, the Secretary shall consult
5 with the Attorney General of the United States and other
6 relevant Federal officials to—

7 “(1) ensure maximum coordination of controlled
8 substance monitoring programs and related activi-
9 ties; and

10 “(2) minimize duplicative efforts and funding.”;

11 (10) in subsection (l)(2)(A), as redesignated by
12 paragraph (7)—

13 (A) in clause (ii), by inserting “; estab-
14 lished or strengthened initiatives to ensure link-
15 ages to substance use disorder services;” before
16 “or affected patient access”; and

17 (B) in clause (iii), by inserting “and be-
18 tween controlled substance monitoring pro-
19 grams and health information technology sys-
20 tems,” before “; including an assessment”;

21 (11) by striking subsection (m) (relating to
22 preference), as redesignated by paragraph (7);

23 (12) by redesignating subsections (m) through
24 (o), as redesignated by paragraph (7), as subsections
25 (l) through (o), respectively;

(13) in subsection (m)(1), as redesignated by paragraph (12), by striking “establishment, implementation, or improvement” and inserting “establishment, improvement, or maintenance”;

(14) in subsection (n)—

(A) in paragraph (5)—

(i) by striking “means the ability” and inserting the following: “means—
“(A) the ability”;

(ii) by striking the period at the end and inserting “; or”; and

(iii) by adding at the end the following:

“(B) sharing of State controlled substance monitoring program information with a health information technology system such as an electronic health records system, a health information exchange, or an e-prescribing system.”;

(B) in paragraph (7), by striking “pharmacy” and inserting “pharmacist”; and

(C) in paragraph (8), by striking “and the District of Columbia” and inserting “, the District of Columbia, and any commonwealth or territory of the United States”; and

1 (15) by amending subsection (o), as redesignated by paragraph (12), to read as follows:

2 “(o) AUTHORIZATION OF APPROPRIATIONS.—To
3 carry out this section, there is authorized to be appropriated \$10,000,000 for each of fiscal years from 2016
4 through 2020.”.

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7 **SEC. 5. REAUTHORIZATION OF BYRNE JUSTICE ASSISTANCE GRANT PROGRAM.**

8
9 Section 508 of title I of the Omnibus Crime Control
10 and Safe Streets Act of 1968 (42 U.S.C. 3758) is amended by striking “2006 through 2012” and inserting “2016
11 through 2020”.

12
13 **SEC. 6. AWARENESS CAMPAIGNS.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services shall advance the education and awareness of the public, providers, patients, and other appropriate stakeholders regarding the risk of abuse of prescription opioid drugs if such products are not taken as prescribed.
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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 General, shall establish a national drug awareness campaign.
24
25

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

9 (C) bring greater public awareness to the
10 dangerous effects of fentanyl when mixed with
11 heroin or abused in a similar manner.

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

17 **SEC. 7. NALOXONE DEMONSTRATION GRANTS.**

18 (a) DEFINITIONS.—In this section—

19 (1) the term “eligible entity” means a State, a
20 unit of local government, or a tribal government;

21 (2) the term “first responder” includes fire-
22 fighters, law enforcement officers, paramedics, emer-
23 gency medical technicians, and other individuals (in-
24 cluding employees of legally organized and recog-
25 nized volunteer organizations, whether compensated

1 or not), who, in the course of professional duties, re-
2 spond to fire, medical, hazardous material, or other
3 similar emergencies; and

4 (3) the term “opioid overdose reversal drug”
5 means a drug that, when administered, reverses in
6 whole or part the pharmacological effects of an
7 opioid overdose in the human body.

8 (b) PROGRAM AUTHORIZED.—The Attorney General,
9 in coordination with the Secretary of Health and Human
10 Services and the Director of the Office of National Drug
11 Control Policy, may make grants to eligible entities to cre-
12 ate not more than 8 demonstration programs to allow
13 properly trained first responders to prevent prescription
14 opioid and heroin overdose death by administering an
15 opioid overdose reversal drug to an individual who has ex-
16 perience overdose or who has been determined to have
17 likely experienced overdose.

18 (c) APPLICATION.—

19 (1) IN GENERAL.—To be eligible to receive a
20 grant under this section, an entity shall submit an
21 application to the Attorney General, at such time, in
22 such manner, and accompanied by such information
23 as the Attorney General shall require, and—

24 (A) that meets the criteria for selection
25 under paragraph (2); and

(B) that describes—

(i) the evidence-based methodology and outcome measures that will be used to evaluate the program funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the program;

(ii) how the program could be broadly replicated if demonstrated to be effective;

(iii) how the eligible entity will coordinate with their corresponding State substance abuse agency to identify protocols and resources that are available to victims and families, including information on treatment and recovery resources; and

(iv) how the demonstration program will continue with State, local, or private funding after the expiration of the grant.

(2) CRITERIA FOR SELECTION.—The Attorney General may award grants to eligible entities that demonstrate an institutional need for technical support and lack existing infrastructure in order to implement and train first responders to carry out a demonstration program under paragraph (b).

1 (3) PRIORITY CONSIDERATION.—In awarding
2 grants under this section, the Attorney General shall
3 give priority to an eligible entity located in a State
4 that provides civil liability protection for first re-
5 sponders administering an opioid overdose reversal
6 drug to counteract opioid overdoses by—

7 (A) enacting legislation that provides such
8 civil liability protection; and

9 (B) providing a certification by the attor-
10 ney general of the State that the attorney gen-
11 eral has—

12 (i) reviewed any applicable civil liabil-
13 ity protection law to determine the applica-
14 bility of the law with respect to first re-
15 sponders who may administer an opioid
16 overdose reversal drug to individuals rea-
17 sonably believed to be suffering from
18 opioid overdose; and

19 (ii) concluded that the law described
20 in subparagraph (A) provides adequate
21 civil liability protection applicable to such
22 persons.

23 (d) USE OF FUNDS.—An eligible entity shall use a
24 grant received under this section to—

1 (1) make an opioid overdose reversal drug,
2 which may include naloxone, available to be carried
3 and administered by first responders;

4 (2) train and provide resources for first re-
5 sponders, on carrying and administering such
6 opioid overdose reversal drug for the prevention of
7 prescription opioid and heroin overdose deaths; and

8 (3) establish processes, protocols, and mecha-
9 nisms for referral to treatment.

10 (e) TECHNICAL SUPPORT.—The Attorney General
11 shall provide individualized technical support, as re-
12 quested, to grant recipients under this section to assist
13 with implementation of the demonstration program.

14 (f) GRANT DURATION.—A demonstration project
15 grant shall be for a period of 3 years.

16 (g) EVALUATION.—Following the first grant year, a
17 recipient of a grant awarded under this section shall re-
18 port to the Attorney General on an annual basis —

19 (1) the number of first responders equipped
20 with an opioid overdose reversal drug for the preven-
21 tion of fatal prescription opioid and heroin overdose;

22 (2) the number of prescription opioid and her-
23 oin overdoses reversed by first responders;

24 (3) the number of calls for service related to
25 prescription opioid and heroin overdose; and

1 (4) the extent to which overdose victims and
2 families receive information about treatment services
3 and available data describing treatment admissions.

4 (h) REPORT TO CONGRESS.—The Attorney General
5 shall submit an annual report to the appropriate commit-
6 tees of Congress aggregating the data received from the
7 grant recipients and evaluating the outcomes achieved by
8 the demonstration projects funded under this section.

9 **SEC. 8. OFFSET.**

10 It is the sense of Congress that the amounts ex-
11 pended to carry out this Act and the amendments made
12 by this Act should be offset by a corresponding reduction
13 in Federal non-defense discretionary spending.

○