

115TH CONGRESS
2D SESSION

H. R. 5865

To establish programs related to prevention of prescription opioid misuse,
and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 17, 2018

Mr. CARTWRIGHT introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Ways and Means, and Education and the Workforce, 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 establish programs related to prevention of prescription
opioid misuse, and for other purposes.

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 “Addiction Prevention
5 and Responsible Opioid Practices Act”.

1 **SEC. 2. FEDERAL LICENSURE OF PHARMACEUTICAL REP-**
2 **RESENTATIVES WHO PROMOTE CERTAIN**
3 **OPIOIDS.**

4 Subchapter E of chapter V of the Federal Food,
5 Drug, and Cosmetic Act (21 U.S.C. 360bbb et seq.) is
6 amended by adding at the end the following:

7 **“SEC. 569D. FEDERAL LICENSURE OF PHARMACEUTICAL**
8 **REPRESENTATIVES WHO PROMOTE CERTAIN**
9 **OPIOIDS.**

10 “(a) IN GENERAL.—The Secretary, in consultation
11 with the Attorney General, shall establish a licensure pro-
12 gram for pharmaceutical representatives described in sub-
13 section (b).

14 “(b) LICENSURE PROGRAM.—

15 “(1) REQUIREMENT.—Beginning on January 1,
16 2020, no individual described in paragraph (2) may
17 engage in the marketing or promoting of opioid
18 drugs unless such individual is licensed under this
19 section.

20 “(2) INDIVIDUALS REQUIRED TO OBTAIN LI-
21 CENSURE.—An individual required to obtain a li-
22 cense under this section is any individual who, on
23 behalf of a drug manufacturer, engaged, on more
24 than 15 days in a calendar year, in the marketing
25 or promotion to health care professionals, including
26 educational or sales communications, meetings or

1 paid events, and the provision of goods, gifts, and
2 samples, of any opioid drug (other than methadone)
3 that is listed in schedule II of section 202(c) of the
4 Controlled Substances Act.

5 “(3) LICENSURE PERIOD.—Each license issued
6 under this section shall be valid for 3 years, and
7 may be renewed for additional 3-year periods.

8 “(c) REQUIREMENTS.—An individual required to ob-
9 tain a license under this section shall—

10 “(1) submit to the Secretary, at such time and
11 in such manner as the Secretary may require—

12 “(A) such information as the Secretary
13 may require; and

14 “(B) a registration fee in the amount of
15 \$3,000;

16 “(2) certify that such individual has completed
17 training on ethics, pharmaceutical marketing regula-
18 tions, the ‘CDC Guidelines for Prescribing Opioids
19 for Chronic Pain’, published by the Centers for Dis-
20 ease Control and Prevention in 2016 (or any suc-
21 cessor document) or the ‘FDA Blueprint for Pre-
22 scriber Education for Extended-Release and Long-
23 Acting Opioid Analgesics’, and applicable Federal
24 laws pertaining to drug marketing, labeling, and
25 clinical trials, as the Secretary may require;

1 “(3) certify that such individual will not engage
2 in any illegal, fraudulent, misleading, or other decep-
3 tive marketing of schedule II opioid drugs; and

4 “(4) file with the Secretary annual reports dis-
5 closing the names of providers visited and any drug
6 samples or gifts such individual gives any such pro-
7 vider.

8 “(d) MANUFACTURER REPORTING REQUIRE-
9 MENTS.—The manufacturer who employs or contracts
10 with any individual required to obtain a license under this
11 section shall include in reports required under section
12 1128G of the Social Security Act the name of each such
13 licensed individual that provides payments or other trans-
14 fers of value required to be reported under such section
15 1128G that relates to an opioid drug that is listed in
16 schedule II of the Controlled Substances Act.”.

17 **SEC. 3. WITHDRAWAL OF APPROVAL OF CERTAIN OPIOIDS.**

18 (a) IN GENERAL.—Notwithstanding any other provi-
19 sion of law, any ultra-high-dose opioid shall be considered
20 a drug that presents an imminent hazard to the public
21 health within the meaning of section 505(e) of the Federal
22 Food, Drug, and Cosmetic Act (21 U.S.C. 355(e)), and
23 the Secretary of Health and Human Services shall sus-
24 pend the approval of such drug, in accordance with such
25 section 505(e).

1 (b) DEFINITION.—In this section, the term “ultra-
2 high-dose opioid” means an opioid drug for which the
3 daily dosage provided for in the approved label exceeds
4 the morphine milligram equivalents per day outlined in the
5 report entitled “CDC Guidelines for Prescribing Opioids
6 for Chronic Pain”, published by the Centers for Disease
7 Control and Prevention in 2016 (or any successor docu-
8 ment).

9 **SEC. 4. EXPANDING AVAILABILITY OF INFORMATION IN**
10 **THE ARCOS DATABASE.**

11 Section 307(d) of the Controlled Substances Act (21
12 U.S.C. 827(d)) is amended by adding at the end the fol-
13 lowing:

14 “(3) The Attorney General shall make available to
15 the medical licensing board and board of pharmacy for
16 each State the information in the Automation of Reports
17 and Consolidated Orders System, or any subsequent auto-
18 mated system developed by the Attorney General to mon-
19 itor the sale, delivery, and disposal of controlled sub-
20 stances within such State.”.

1 **SEC. 5. CONTINUING MEDICAL EDUCATION AND PRESCRIP-**
2 **TION DRUG MONITORING PROGRAM REG-**
3 **ISTRATION FOR PRESCRIBERS.**

4 Section 303 of the Controlled Substances Act (21
5 U.S.C. 823) is amended by adding at the end the fol-
6 lowing:

7 “(k)(1) The Attorney General shall not register, or
8 renew the registration of, a practitioner under subsection
9 (f) who is licensed under State law to prescribe controlled
10 substances in schedule II, III, or IV, unless the practi-
11 tioner submits to the Attorney General, for each such reg-
12 istration or renewal request, a written certification that—

13 “(A)(i) the practitioner has, during the 1-year
14 period preceding the registration or renewal request,
15 completed a training program described in para-
16 graph (2); or

17 “(ii) the practitioner, during the applicable reg-
18 istration period, will not prescribe such controlled
19 substances in amounts in excess of a 72-hour supply
20 (for which no refill is available); and

21 “(B) the practitioner has registered with the
22 prescription drug monitoring program of the State
23 in which the practitioner practices, if the State has
24 such program.

25 “(2) A training program described in this paragraph
26 is a training program that—

1 “(A) follows the best practices for pain manage-
2 ment, as described in the ‘Guideline for Prescribing
3 Opioids for Chronic Pain’ as published by the Cen-
4 ters for Disease Control and Prevention in 2016, or
5 any successor thereto, or the ‘FDA Blueprint for
6 Prescriber Education for Extended-Release and
7 Long-Acting Opioid Analgesics’ as published by the
8 Food and Drug Administration in 2017, or any suc-
9 cessor thereto;

10 “(B) includes information on—

11 “(i) recommending non-opioid and non-
12 pharmacological therapy;

13 “(ii) establishing treatment goals and eval-
14 uating patient risks;

15 “(iii) prescribing the lowest dose and few-
16 est number of pills considered effective;

17 “(iv) addictive and overdose risks of
18 opioids;

19 “(v) diagnosing and managing substance
20 use disorders, including linking patients to evi-
21 dence-based treatment;

22 “(vi) identifying narcotics-seeking behav-
23 iors; and

24 “(vii) using prescription drug monitoring
25 programs; and

1 “(C) is approved by the Secretary of Health
2 and Human Services.”.

3 **SEC. 6. REPORT ON PRESCRIBER EDUCATION COURSES**
4 **FOR MEDICAL AND DENTAL STUDENTS.**

5 Each school of medicine, school of osteopathic medi-
6 cine, and school of dentistry participating in a program
7 under title IV of the Higher Education Act of 1965 (20
8 U.S.C. 1070a et seq.), as a condition for such partici-
9 pation, shall submit an annual report to the Secretary of
10 Education and the Secretary of Health and Human Serv-
11 ices on any prescriber education courses focused specifi-
12 cally on pain management and responsible opioid pre-
13 scribing practices that such school requires students to
14 take, and whether such courses are consistent with the
15 most recently published version of the “Guideline for Pre-
16 scribing Opioids for Chronic Pain” of the Centers for Dis-
17 ease Control and Prevention or the “FDA Blueprint for
18 Prescriber Education for Extended-Release and Long-Act-
19 ing Opioid Analgesics”, as published by the Food and
20 Drug Administration in 2017. The Secretary of Education
21 and the Secretary of Health and Human Services shall
22 compile the reports submitted by such schools and submit
23 an annual summary of such reports to Congress.

1 **SEC. 7. REQUIREMENTS UNDER PRESCRIPTION DRUG MON-**
2 **ITORING PROGRAMS.**

3 (a) IN GENERAL.—Beginning 1 year after the date
4 of enactment of this Act, each State that receives funding
5 under any of the programs described in subsection (c)
6 shall—

7 (1) require practitioners, or their designees, in
8 the State to consult the database of the prescription
9 drug monitoring program before writing prescrip-
10 tions for controlled substances (as such term is de-
11 fined in section 102 of the Controlled Substances
12 Act (21 U.S.C. 802)) in schedule II, III, or IV
13 under section 202 of such Act (21 U.S.C. 812);

14 (2) require dispensers of controlled substances
15 in schedule II, III, or IV, or their designees, to input
16 data into the database of the prescription drug mon-
17 itoring program within 24 hours of filling a quali-
18 fying prescription, as required by the Attorney Gen-
19 eral and the Secretary of Health and Human Serv-
20 ices, including patient identifier information, the na-
21 tional drug code of the dispensed drug, date of dis-
22 pensing the drug, quantity and dosage of the drug
23 dispensed, form of payment, Drug Enforcement Ad-
24 ministration registration number of the practitioner,
25 Drug Enforcement Administration registration num-
26 ber of the dispenser;

1 (3) allow practitioners and dispensers to des-
2 ignate other appropriate individuals to act as agents
3 of such practitioners and dispensers for purposes of
4 obtaining and inputting data from the database for
5 purposes of complying with paragraphs (1) and (2),
6 as applicable;

7 (4) provide informational materials for practi-
8 tioners and dispensers to identify and refer patients
9 with possible substance use disorders to professional
10 treatment specialists;

11 (5) establish formal data sharing agreements to
12 foster electronic connectivity with the prescription
13 drug monitoring programs of each State (if such
14 State has such a program) with which the State
15 shares a border, to facilitate the exchange of infor-
16 mation through an established technology architec-
17 ture that ensures common data standards, privacy
18 protection, and secure and streamlined information
19 sharing;

20 (6) notwithstanding section 399O(f)(1)(B) of
21 the Public Health Service Act (42 U.S.C. 280g-
22 3(f)(1)(B)), authorize direct access to the State's
23 database of the prescription drug monitoring pro-
24 gram to all State law enforcement agencies, State
25 boards responsible for the licensure, regulation, or

1 discipline of practitioners, pharmacists, or other per-
2 sons authorized to prescribe, administer, or dispense
3 controlled substances; and

4 (7) in order to enhance accountability in pre-
5 scribing and dispensing patterns, not fewer than 4
6 times per year, proactively provide informational re-
7 ports on aggregate trends and individual outliers,
8 based on information available through the State
9 prescription drug monitoring program to—

10 (A) the State entities and persons de-
11 scribed in paragraph (6); and

12 (B) the Medicaid agency and the depart-
13 ment of public health of the State.

14 (b) TRANSPARENCY IN PRESCRIBING PRACTICES AND
15 INTERVENTION FOR HIGH PRESCRIBERS.—

16 (1) STATE REPORTING REQUIREMENT.—Each
17 State that receives funding under any of the pro-
18 grams described in subsection (c) shall, twice per
19 year, submit to the Secretary of Health and Human
20 Services and the Administrator of the Drug Enforce-
21 ment Administration—

22 (A) a list of all practitioners and dis-
23 pensers who, in the applicable reporting period,
24 have prescribed or dispensed schedule II, III, or
25 IV opioids in the State;

1 (B) the amount of schedule II, III, or IV
2 opioids that were prescribed and dispensed by
3 each individual practitioner and dispenser de-
4 scribed in subparagraph (A); and

5 (C) any additional information that the
6 Secretary and Administrator may require to
7 support surveillance and evaluation of trends in
8 prescribing or dispensing of schedule II, III, or
9 IV opioids, or to identify possible non-medical
10 use and diversion of such substances.

11 (2) ANNUAL REPORT.—Not later than 1 year
12 after the date of enactment of this Act, and annually
13 thereafter, the Secretary of Health and Human
14 Services, in consultation with the Administrator of
15 the Drug Enforcement Administration, the Secretary
16 of Defense, the Secretary of Veterans Affairs, and
17 the Director of the Indian Health Service, shall sub-
18 mit to Congress, and make public, a report identi-
19 fying outliers among the medical specialties and geo-
20 graphic areas with the highest rates of opioid pre-
21 scribing in the Nation, by ZIP code.

22 (3) DEVELOPMENT OF ACTION PLAN.—

23 (A) INITIAL PLAN.—Not later than 1 year
24 after the date of enactment of this Act, the Sec-
25 retary of Health and Human Services, in con-

1 sultation with the Administrator of the Drug
2 Enforcement Administration, the Secretary of
3 Defense, the Secretary of Veterans Affairs, and
4 the Director of the Indian Health Service, shall
5 submit to Congress a plan of action, including
6 warning letters and enforcement mechanisms,
7 for addressing outliers in opioid prescribing
8 practices and ensuring an adequate Federal re-
9 sponse to protect the public health.

10 (B) UPDATED PLAN.—The Secretary of
11 Health and Human Services shall submit to
12 Congress updates to the plan of action de-
13 scribed in subparagraph (A), as such Secretary,
14 in consultation with the heads of agencies de-
15 scribed in such subparagraph, determines ap-
16 propriate.

17 (c) PROGRAMS DESCRIBED.—The programs de-
18 scribed in this subsection are—

19 (1) the Harold Rogers Prescription Drug Moni-
20 toring Program established under the Departments
21 of Commerce, Justice, and State, the Judiciary, and
22 Related Agencies Appropriations Act, 2002 (Public
23 Law 107–77; 115 Stat. 748);

1 (2) the controlled substance monitoring pro-
2 gram under section 3990 of the Public Health Serv-
3 ice Act (42 U.S.C. 280g–3);

4 (3) the Prescription Drug Overdose: Prevention
5 for States program of the Centers for Disease Con-
6 trol and Prevention;

7 (4) the Prescription Drug Overdose: Data-Driv-
8 en Prevention Initiative of Centers for Disease Con-
9 trol and Prevention;

10 (5) the Enhanced State Opioid Overdose Sur-
11 veillance program of the Centers for Disease Control
12 and Prevention;

13 (6) the opioid grant program under section
14 1003 of the 21st Century Cures Act (Public Law
15 114–255); and

16 (7) the State Opioid Response Grant program
17 described under the heading “SUBSTANCE ABUSE
18 TREATMENT” under the heading “SUBSTANCE
19 ABUSE AND MENTAL HEALTH SERVICES ADMINIS-
20 TRATION” of title II of division H of the Consoli-
21 dated Appropriations Act, 2018 (Public Law 115–
22 141).

23 (d) DEFINITIONS.—In this section, the terms “dis-
24 penser” and “practitioner” have the meanings given such

1 terms in section 102 of the Controlled Substances Act (21
2 U.S.C. 802).

3 **SEC. 8. INTEROPERABILITY OF CERTIFIED HEALTH INFOR-**
4 **MATION TECHNOLOGY.**

5 Section 3001(c)(5) of the Public Health Service Act
6 (42 U.S.C. 300jj–11(c)(5)) is amended by adding at the
7 end the following:

8 “(F) INTEROPERABILITY.—Beginning on
9 January 1, 2021, the National Coordinator
10 shall not certify electronic health records as
11 health information technology that is in compli-
12 ance with applicable certification criteria under
13 this paragraph unless such technology is inter-
14 operable with the prescription drug monitoring
15 programs of each State that, at the time of the
16 request for such certification, has such a pro-
17 gram.”.

18 **SEC. 9. STUDIES RELATED TO OVERDOSE DISCHARGE AND**
19 **FOLLOW-UP POLICIES.**

20 (a) STUDY.—Not later than January 1, 2021, the
21 Secretary of Health and Human Services shall—

22 (1) conduct a study on the scope and cir-
23 cumstances of non-fatal opioid overdoses, the policies
24 and procedures that States, health care systems, and
25 first responders have implemented; and

1 (2) in partnership with stakeholder organiza-
2 tions with subject matter expertise, establish guide-
3 lines for hospital procedures following non-fatal
4 opioid overdose and the administration of overdose
5 reversal medication.

6 (b) STUDY AND DEVELOPMENT OF QUALITY MEAS-
7 URES UNDER MEDICARE RELATED TO OPIOID ABUSE
8 AND SUBSTANCE USE DISORDER.—Section 1890A(e) of
9 the Social Security Act (42 U.S.C. 1395aaa–1(e)) is
10 amended—

11 (1) by striking “MEASURES.—The Adminis-
12 trator” and inserting “MEASURES.—

13 “(1) IN GENERAL.—The Administrator”; and

14 (2) by adding at the end the following new
15 paragraph:

16 “(2) STUDY AND DEVELOPMENT OF QUALITY
17 MEASURES RELATED TO OPIOID ABUSE AND SUB-
18 STANCE USE DISORDER.—Beginning not later than
19 1 year after the date of enactment of this para-
20 graph, the Administrator of the Center for Medicare
21 and Medicaid Services shall study and through con-
22 tracts develop, in coordination with appropriate sub-
23 ject matter organizations (such as the entity with a
24 contract under section 1890), for use under this Act,
25 quality measures related to standards of care for

1 treating individuals with non-fatal opioid overdose,
2 discharge procedures, and linkages to appropriate
3 substance use disorder treatment and community
4 support services.”.

5 **SEC. 10. MEDICAID OPIOID DRUG MAPPING TOOL.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services shall create an interactive opioid drug
8 mapping tool, which shall be made publicly available on
9 the internet website of the Centers for Medicare & Med-
10 icaid Services, showing prescribing practices of providers
11 that participate in State Medicaid programs and geo-
12 graphic comparisons, at the State, county, and ZIP code
13 levels, of de-identified opioid prescription claims made
14 under State Medicaid programs under title XIX of the So-
15 cial Security Act (42 U.S.C. 1396 et seq.).

16 (b) COLLECTION OF DATA FROM STATES.—The Sec-
17 retary of Health and Human Services may request from
18 States such data as the Secretary determines necessary
19 to create the opioid mapping tool described in subsection
20 (a).

21 **SEC. 11. NATIONAL ACADEMY OF MEDICINE STUDY.**

22 (a) STUDY.—The Secretary of Health and Human
23 Services shall enter into a contract with the National
24 Academy of Medicine to carry out a study on the addition
25 of coverage under the Medicare program under title XVIII

1 of the Social Security Act of alternative treatment modalities (such as integrative medicine, including acupuncture
2 ties (such as integrative medicine, including acupuncture
3 and exercise therapy, neural stimulation, biofeedback, radiofrequency ablation, and trigger point injections) furnished to Medicare beneficiaries who suffer from acute or
4 diofrequency ablation, and trigger point injections) furnished to Medicare beneficiaries who suffer from acute or
5 nished to Medicare beneficiaries who suffer from acute or
6 chronic lower back pain. Such study shall, pursuant to the
7 contract under this paragraph, include an analysis of—

8 (1) scientific research on the short-term and
9 long-term impact of the addition of such coverage on
10 clinical efficacy for pain management of such beneficiaries;
11 ficiaries;

12 (2) whether the lack of Medicare coverage for
13 alternative treatment modalities impacts the volume
14 of opioids prescribed for beneficiaries; and

15 (3) the cost to the Medicare program of the addition of such coverage to treat pain and mitigate
16 dition of such coverage to treat pain and mitigate
17 the progression of chronic pain, as weighed against
18 the cost of opioid use disorder, overdose, readmission, subsequent surgeries, and utilization and expenditures under parts B and D of such title.
19 sion, subsequent surgeries, and utilization and expenditures under parts B and D of such title.
20 penditures under parts B and D of such title.

21 (b) REPORT.—Not later than 1 year after the date
22 of enactment of this Act, pursuant to the contract under
23 subsection (a), the National Academy of Medicine shall
24 submit to Congress a report on the study under subsection
25 (a).

1 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
 2 out this section, there are authorized to be appropriated
 3 such sums as may be necessary.

4 **SEC. 12. EXCISE TAX ON OPIOID PAIN RELIEVERS.**

5 (a) IN GENERAL.—Subchapter E of chapter 32 of the
 6 Internal Revenue Code of 1986 is amended by adding at
 7 the end the following new section:

8 **“SEC. 4192. OPIOID PAIN RELIEVERS.**

9 “(a) IN GENERAL.—There is hereby imposed on the
 10 manufacturer or producer of any taxable active opioid a
 11 tax equal to the amount determined under subsection (b).

12 “(b) AMOUNT DETERMINED.—The amount deter-
 13 mined under this subsection with respect to a manufac-
 14 turer or producer for a calendar year is 1 cent per milli-
 15 gram of taxable active opioid in the production or manu-
 16 facturing quota determined for such manufacturer or pro-
 17 ducer for the calendar year under section 306 of the Con-
 18 trolled Substances Act (21 U.S.C. 826).

19 “(c) TAXABLE ACTIVE OPIOID.—For purposes of this
 20 section—

21 “(1) IN GENERAL.—The term ‘taxable active
 22 opioid’ means any controlled substance (as defined
 23 in section 102 of the Controlled Substances Act (21
 24 U.S.C. 802), as in effect on the date of the enact-
 25 ment of this section) manufactured in the United

1 States which is opium, an opiate, or any derivative
2 thereof.

3 “(2) EXCLUSIONS.—

4 “(A) OTHER INGREDIENTS.—In the case
5 of a product that includes a taxable active
6 opioid and another ingredient, subsection (a)
7 shall apply only to the portion of such product
8 that is a taxable active opioid.

9 “(B) DRUGS USED IN ADDICTION TREAT-
10 MENT.—The term ‘taxable active opioid’ shall
11 not include any controlled substance (as so de-
12 fined) which is used exclusively for the treat-
13 ment of opioid addiction as part of a medica-
14 tion-assisted treatment.”.

15 (b) CLERICAL AMENDMENTS.—

16 (1) The heading of subchapter E of chapter 32
17 of the Internal Revenue Code of 1986 is amended by
18 striking “**Medical Devices**” and inserting
19 “**Other Medical Products**”.

20 (2) The table of subchapters for chapter 32 of
21 such Code is amended by striking the item relating
22 to subchapter E and inserting the following new
23 item:

“SUBCHAPTER E. OTHER MEDICAL PRODUCTS”.

1 (3) The table of sections for subchapter E of
2 chapter 32 of such Code is amended by adding at
3 the end the following new item:

“Sec. 4192. Opioid pain relievers.”.

4 (c) EFFECTIVE DATE.—The amendments made by
5 this section shall apply to calendar years beginning after
6 the date of the enactment of this Act.

7 **SEC. 13. OPIOID CONSUMER ABUSE REDUCTION PROGRAM.**

8 (a) OPIOID TAKE-BACK PROGRAM.—Section 302 of
9 the Controlled Substances Act (21 U.S.C. 822) is amend-
10 ed by adding at the end the following:

11 “(h)(1) The Attorney General shall establish a na-
12 tional take-back program for the safe and environmentally
13 responsible disposal of controlled substances.

14 “(2) In establishing the take-back program required
15 under paragraph (1), the Attorney General—

16 “(A) shall consult with the Secretary and the
17 Administrator of the Environmental Protection
18 Agency; and

19 “(B) may coordinate with States, law enforce-
20 ment agencies, water resource management agencies,
21 manufacturers, practitioners, pharmacists, public
22 health entities, transportation and incineration serv-
23 ice contractors, and other entities and individuals, as
24 appropriate.

1 “(3) The take-back program established under para-
2 graph (1)—

3 “(A) shall—

4 “(i) ensure appropriate geographic dis-
5 tribution so as to provide—

6 “(I) reasonably convenient and equi-
7 table access to permanent take-back loca-
8 tions, including not less than 1 disposal
9 site for every 25,000 residents and not less
10 than 1 physical disposal site per town, city,
11 county, or other unit of local government,
12 where possible; and

13 “(II) periodic collection events and
14 mail-back programs, including public no-
15 tice of such events and programs, as a sup-
16 plement to the permanent take-back loca-
17 tions described in subclause (I), particu-
18 larly in areas in which the provision of ac-
19 cess to such locations at the level described
20 in that subclause is not possible;

21 “(ii) establish a process for the accurate
22 cataloguing and reporting of the quantities of
23 controlled substances collected; and

1 “(iii) include a public awareness campaign
2 and education of practitioners and pharmacists;
3 and

4 “(B) may work in coordination with State and
5 locally implemented public and private take-back
6 programs.

7 “(4) From time to time, beginning in the second cal-
8 endar year that begins after the date of enactment of this
9 subsection, the Secretary of the Treasury shall transfer
10 from the general fund of the Treasury an amount equal
11 to one-half of the total amount of taxes collected under
12 section 4192 of the Internal Revenue Code of 1986 to the
13 Attorney General to carry out this subsection. Amounts
14 transferred under this subparagraph shall remain avail-
15 able until expended.”.

16 (b) FUNDING OF SUBSTANCE ABUSE PROGRAMS.—
17 From time to time, beginning in the second calendar year
18 that begins after the date of enactment of this Act, the
19 Secretary of the Treasury shall transfer from the general
20 fund of the Treasury an amount equal to one-half of the
21 total amount of taxes collected under section 4192 of the
22 Internal Revenue Code of 1986, as added by this Act, to
23 the Director of the Center for Substance Abuse Treatment
24 of the Substance Abuse and Mental Health Services Ad-
25 ministration for programs of the Center, including the

1 Block Grants for Prevention and Treatment of Substance
2 Abuse program under subpart II of part B of title XIX
3 of the Public Health Service Act (42 U.S.C. 300x-21 et
4 seq.) and Programs of Regional and National Significance.
5 Amounts transferred under this subsection shall remain
6 available until expended.

7 **SEC. 14. GAO STUDY.**

8 Not later than 1 year after the date of enactment
9 of this Act, the Comptroller General of the United States
10 shall conduct a study evaluating the various State laws,
11 commercial insurance methods, and existing research on
12 requirements that place limitations on opioid prescribing
13 practices and provide analysis on best practices to address
14 over-prescribing of opioids, while ensuring that individuals
15 who need such opioids can access them safely. Such study
16 shall provide recommendations, including with respect
17 to—

18 (1) requiring non-opioid pain treatments to be
19 front line therapies;

20 (2) limiting first-time opioid prescriptions to a
21 patient for acute pain to a 72-hour supply; and

22 (3) pain management treatment contracts be-
23 tween practitioners and patients that establish in-
24 formed consent regarding the expectations, risks,
25 long-term effects, and benefits of the course of

1 opioid treatment, treatment goals, the potential for
2 opioid misuse, abuse, or diversion, and requirements
3 and responsibilities of patients, such as submitting
4 to a urine drug screening.

○