

have joined with the National Education Association to designate March 2, the anniversary of the birth of Theodor Geisel (commonly known as “Dr. Seuss”), as a day to celebrate reading: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates March 2, 2016, as “Read Across America Day”;

(2) honors Theodor Geisel (commonly known as “Dr. Seuss”) for his success in encouraging children to discover the joy of reading;

(3) celebrates the 19th anniversary of Read Across America Day;

(4) encourages parents to read with their children for at least 30 minutes on Read Across America Day in honor of the commitment of the Senate to building a country of readers; and

(5) encourages the people of the United States to observe Read Across America Day with appropriate ceremonies and activities.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 3386. Mr. COCHRAN submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table.

SA 3387. Mr. THUNE (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3388. Mr. MARKEY (for himself and Ms. AYOTTE) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3389. Mr. WYDEN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3390. Mr. DAINES submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3391. Mr. DAINES (for himself and Mr. PETERS) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3392. Mr. BLUNT (for himself and Ms. STABENOW) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3393. Mr. MERKLEY (for himself, Mr. PAUL, Mr. REID, Mr. BENNET, Mr. WYDEN, Mrs. MURRAY, and Ms. WARREN) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3394. Mr. LEAHY submitted an amendment intended to be proposed by him to the

bill S. 524, supra; which was ordered to lie on the table.

SA 3395. Mr. WYDEN (for himself, Mr. SCHUMER, and Mrs. MURRAY) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra.

SA 3396. Mr. WICKER (for himself, Mr. BROWN, and Mr. COCHRAN) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3397. Mr. HATCH (for himself and Mr. WHITEHOUSE) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3398. Mr. UDALL submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3399. Ms. HEITKAMP submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3400. Mr. CORNYN (for himself and Mr. KIRK) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3401. Mr. CORNYN (for himself and Mr. KIRK) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3402. Mr. WYDEN submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3403. Mr. THUNE (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3404. Mr. THUNE (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3405. Mr. THUNE (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3406. Mr. THUNE (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3407. Mr. MCCAIN submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3408. Mr. MCCAIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3409. Ms. COLLINS (for herself and Mr. LANKFORD) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3410. Mr. REID submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3411. Mr. TESTER submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3412. Mr. MERKLEY submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3413. Mr. SCHATZ (for himself, Mr. HATCH, Mr. TESTER, Mr. COCHRAN, and Ms. COLLINS) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3414. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3415. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3416. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

#### TEXT OF AMENDMENTS

**SA 3386.** Mr. COCHRAN submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title II, add the following:

**SEC. 205. ATTORNEY GENERAL COORDINATION WITH NATIONAL GUARD.**

The Attorney General shall coordinate with the Chief of the National Guard Bureau to maximize the utilization and support of existing training facilities and programs of the National Guard, including counterdrug training centers, in carrying out this title, including by giving priority to entities seeking grants made under this title that utilize the National Guard training facilities and programs.

**SA 3387.** Mr. THUNE (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:  
**SEC. 7. GAO REPORT ON GRANTS TO INDIAN TRIBES.**

(1) DEFINITIONS.—In this section:

(A) INDIAN TRIBE.—The term “Indian tribe” has the meaning given the term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(2) TRIBAL ORGANIZATION.—The term “tribal organization” has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(b) REPORT.—Not later than 250 days after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report—

(1) listing each Federal grant relating to mental health or substance abuse available to an Indian tribe or a tribal organization;

(2) describing the number of Indian tribes and tribal organizations receiving a grant described in paragraph (1);

(3) listing each Indian tribe and tribal organization that received a grant described in paragraph (1) during the period beginning on October 1, 2011, and ending on the date of enactment of this Act;

(4) identifying areas in which Federal agencies can increase coordination and collaboration to improve the ability of an Indian tribe or tribal organization to receive a grant described in paragraph (1); and

(5) identifying barriers that Indian tribes or tribal organizations frequently encounter when seeking a grant described in paragraph (1).

**SA 3388.** Mr. MARKEY (for himself and Ms. AYOTTE) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

**TITLE VIII—OPIOID OVERDOSE REDUCTION ACT**

**SEC. 801. SHORT TITLE.**

This title may be cited as the “Opioid Overdose Reduction Act of 2016”.

**SEC. 802. FINDINGS AND PURPOSE.**

(a) FINDINGS.—Congress finds the following:

(1) Overdoses from opioids have increased dramatically in the United States.

(2) Deaths from drug overdose, largely from prescription pain relievers, have tripled among men and increased fivefold among women over the past decade.

(3) Nationwide, drug overdoses now claim more lives than car accidents.

(4) Overdose deaths from heroin and other opioids can be prevented if the person who overdosed is timely administered an opioid overdose drug.

(5) Medical personnel as well as non-medical personnel can be trained to administer opioid overdose drugs safely and effectively.

(6) On April 13, 2014, the Food and Drug Administration approved a prescription opioid overdose drug hand-held auto-injector for use by family members and caregivers to treat a person known or suspected to have had an opioid overdose.

(7) Several States, including Massachusetts, have established programs allowing for the administration of opioid overdose drugs by non-medical personnel, and those programs have saved lives.

(8) The willingness of medical and non-medical personnel to administer opioid overdose drugs may be deterred by potential civil liability, and the willingness of physicians to prescribe opioid overdose drugs to persons other than a patient may also be deterred by potential civil liability.

(b) PURPOSE.—The purpose of this title is to save the lives of people who intentionally or inadvertently overdose on heroin or other opioids by providing certain protections from civil liability with respect to the emergency administration of opioid overdose drugs.

**SEC. 803. DEFINITIONS.**

In this title—

(1) the term “health care professional” means a person licensed by a State to prescribe prescription drugs;

(2) the term “opioid overdose drug” means a drug that, when administered, reverses in whole or part the pharmacological effects of an opioid overdose in the human body; and

(3) the term “opioid overdose program” means a program operated by a local health department, community-based organization, substance abuse treatment organization, law enforcement agency, fire department, other first responder department, or voluntary association or a program funded by a Federal, State, or local government that works to prevent opioid overdoses by in part providing opioid overdose drugs and education to individuals at risk of experiencing an opioid overdose or to an individual in a position to assist another individual at risk of experiencing an opioid overdose.

**SEC. 804. PREEMPTION AND ELECTION OF STATE NONAPPLICABILITY.**

(a) PREEMPTION.—Except as provided in subsection (b), this title preempts the law of a State to the extent that such law is inconsistent with this title, except that this title shall not preempt any State law that provides additional protection from liability relating to the administration of opioid overdose drugs or that shields from liability any person who provides or administers opioid overdose drugs.

(b) ELECTION OF STATE REGARDING NON-APPLICABILITY.—Sections 805, 806, and 807 shall not apply to any civil action in a State court against a person who administers opioid overdose drugs if—

(1) all parties to the civil action are citizens of the State in which such action is brought; and

(2) the State enacts legislation in accordance with State requirements for enacting legislation—

(A) citing the authority of this subsection;

(B) declaring the election of the State that such sections 805, 806, and 807 shall not apply,

as of a date certain, to any civil actions covered by this title; and

(C) containing no other provisions.

**SEC. 805. LIMITATION ON CIVIL LIABILITY FOR HEALTH CARE PROFESSIONALS WHO PROVIDE OPIOID OVERDOSE DRUGS.**

(a) LIMITATION ON LIABILITY.—

(1) IN GENERAL.—Notwithstanding any other provision of law, a health care professional who prescribes or provides an opioid overdose drug to an individual at risk of experiencing an opioid overdose, or who prescribed or provided an opioid overdose drug to a family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid overdose, shall not be liable for harm caused by the use of the opioid overdose drug if the individual to whom such drug is prescribed or provided has been educated in accordance with paragraph (2) about opioid overdose prevention and treatment by the health care professional or as part of an opioid overdose program.

(2) EDUCATION REQUIREMENTS.—For purposes of paragraph (1), an individual who has been educated in accordance with this paragraph shall have been trained on—

(A) when to administer the opioid overdose drug;

(B) how to administer the opioid overdose drug; and

(C) the steps that need to be taken after administration of the opioid overdose drug.

(b) EXCEPTION.—Subsection (a) shall not apply to a health care professional if the harm was caused by the gross negligence or reckless misconduct of the health care professional.

**SEC. 806. LIMITATION ON CIVIL LIABILITY FOR INDIVIDUALS WORKING FOR OR VOLUNTEERING AT A STATE OR LOCAL AGENCY OPIOID OVERDOSE PROGRAM.**

(a) IN GENERAL.—Notwithstanding any other provision of law, except as provided in subsection (b), no individual who provides an opioid overdose drug shall be liable for harm caused by the emergency administration of an opioid overdose drug by another individual if the individual who provides such drug—

(1) works for or volunteers at an opioid overdose program; and

(2) provides the opioid overdose drug as part of the opioid overdose program to an individual authorized by the program to receive an opioid overdose drug.

(b) EXCEPTION.—Subsection (a) shall not apply if the harm was caused by the gross negligence or reckless misconduct of the individual who provides the drug.

**SEC. 807. LIMITATION ON CIVIL LIABILITY FOR INDIVIDUALS WHO ADMINISTER OPIOID OVERDOSE DRUGS.**

(a) IN GENERAL.—Notwithstanding any other provision of law, except as provided in subsection (b), no individual shall be liable for harm caused by the emergency administration of an opioid overdose drug to an individual who has or reasonably appears to have suffered an overdose from heroin or other opioid, if—

(1) the individual who administers the opioid overdose drug—

(A) obtained the drug from a health care professional or as part of an opioid overdose program; or

(B) is doing so pursuant to a prescription for an opioid overdose drug under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or is licensed under section 351 of the Public Health Service Act (42 U.S.C. 262); and

(2) was educated in accordance with section 805(a)(2) by the health care professional or an opioid overdose program.

(b) EXCEPTION.—Subsection (a) shall not apply to an individual if the harm was

caused by the gross negligence or reckless misconduct of the individual who administers the drug.

**SA 3389.** Mr. WYDEN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . PROGRAMS TO PREVENT PRESCRIPTION DRUG ABUSE UNDER THE MEDICARE PROGRAM.**

(a) DRUG MANAGEMENT PROGRAM FOR AT-RISK BENEFICIARIES.—

(1) IN GENERAL.—Section 1860D-4(c) of the Social Security Act (42 U.S.C. 1395w-104(c)) is amended by adding at the end the following:

“(5) DRUG MANAGEMENT PROGRAM FOR AT-RISK BENEFICIARIES.—

“(A) AUTHORITY TO ESTABLISH.—A PDP sponsor may establish a drug management program for at-risk beneficiaries under which, subject to subparagraph (B), the PDP sponsor may, in the case of an at-risk beneficiary for prescription drug abuse who is an enrollee in a prescription drug plan of such PDP sponsor, limit such beneficiary’s access to coverage for frequently abused drugs under such plan to frequently abused drugs that are prescribed for such beneficiary by a prescriber (or prescribers) selected under subparagraph (D), and dispensed for such beneficiary by a pharmacy (or pharmacies) selected under such subparagraph.

“(B) REQUIREMENT FOR NOTICES.—

“(i) IN GENERAL.—A PDP sponsor may not limit the access of an at-risk beneficiary for prescription drug abuse to coverage for frequently abused drugs under a prescription drug plan until such sponsor—

“(I) provides to the beneficiary an initial notice described in clause (ii) and a second notice described in clause (iii); and

“(II) verifies with the providers of the beneficiary that the beneficiary is an at-risk beneficiary for prescription drug abuse, as described in subparagraph (C)(iv).

“(ii) INITIAL NOTICE.—An initial written notice described in this clause is a notice that provides to the beneficiary—

“(I) notice that the PDP sponsor has identified the beneficiary as potentially being an at-risk beneficiary for prescription drug abuse;

“(II) information, when possible, describing State and Federal public health resources that are designed to address prescription drug abuse to which the beneficiary may have access, including substance use disorder treatment services, addiction treatment services, mental health services, and other counseling services;

“(III) a request for the beneficiary to submit to the PDP sponsor preferences for which prescribers and pharmacies the beneficiary would prefer the PDP sponsor to select under subparagraph (D) in the case that the beneficiary is identified as an at-risk beneficiary for prescription drug abuse as described in clause (iii)(I);

“(IV) an explanation of the meaning and consequences of the identification of the beneficiary as potentially being an at-risk beneficiary for prescription drug abuse, including an explanation of the drug management program established by the PDP sponsor pursuant to subparagraph (A);

“(V) clear instructions that explain how the beneficiary can contact the PDP sponsor in order to submit to the PDP sponsor the preferences described in subclause (IV) and any other communications relating to the

drug management program for at-risk beneficiaries established by the PDP sponsor;

“(VI) contact information for other organizations that can provide the beneficiary with information regarding drug management program for at-risk beneficiaries (similar to the information provided by the Secretary in other standardized notices to part D eligible individuals enrolled in prescription drug plans under this part); and

“(VII) notice that the beneficiary has a right to an appeal pursuant to subparagraph (E).

“(iii) SECOND NOTICE.—A second written notice described in this clause is a notice that provides to the beneficiary notice—

“(I) that the PDP sponsor has identified the beneficiary as an at-risk beneficiary for prescription drug abuse;

“(II) that such beneficiary has been sent, or informed of, such identification in the initial notice and is now subject to the requirements of the drug management program for at-risk beneficiaries established by such PDP sponsor for such plan;

“(III) of the prescriber and pharmacy selected for such individual under subparagraph (D);

“(IV) of, and information about, the right of the beneficiary to a reconsideration and an appeal under subsection (h) of such identification and the prescribers and pharmacies selected;

“(V) that the beneficiary can, in the case that the beneficiary has not previously submitted to the PDP sponsor preferences for which prescribers and pharmacies the beneficiary would prefer the PDP sponsor select under subparagraph (D), submit such preferences to the PDP sponsor; and

“(VI) that includes clear instructions that explain how the beneficiary can contact the PDP sponsor in order to submit to the PDP sponsor the preferences described in subclause (V).

“(iv) TIMING OF NOTICES.—

“(I) IN GENERAL.—Subject to subclause (II), a second written notice described in clause (iii) shall be provided to the beneficiary on a date that is not less than 30 days after an initial notice described in clause (ii) is provided to the beneficiary.

“(II) EXCEPTION.—In the case that the PDP sponsor, in conjunction with the Secretary, determines that concerns identified through rulemaking by the Secretary regarding the health or safety of the beneficiary or regarding significant drug diversion activities require the PDP sponsor to provide a second notice described in clause (iii) to the beneficiary on a date that is earlier than the date described in subclause (II), the PDP sponsor may provide such second notice on such earlier date.

“(III) FORM OF NOTICE.—The written notices under clauses (ii) and (iii) shall be in a format determined appropriate by the Secretary, taking into account beneficiary preferences.

“(C) AT-RISK BENEFICIARY FOR PRESCRIPTION DRUG ABUSE.—

“(i) IN GENERAL.—For purposes of this paragraph, the term ‘at-risk beneficiary for prescription drug abuse’ means a part D eligible individual who is not an exempted individual described in clause (ii) and—

“(I) who is identified through criteria developed by the Secretary in consultation with PDP sponsors and other stakeholders described in subsection section \_\_\_\_ (g)(2)(A) of the Comprehensive Addiction and Recovery Act of 2016 based on clinical factors indicating misuse or abuse of prescription drugs described in subparagraph (G), including dosage, quantity, duration of use, number of and reasonable access to prescribers, and number of and reasonable access to pharmacies used to obtain such drug; or

“(II) with respect to whom the PDP sponsor of a prescription drug plan, upon enrolling such individual in such plan, received notice from the Secretary that such individual was identified under this paragraph to be an at-risk beneficiary for prescription drug abuse under a prescription drug plan in which such individual was previously enrolled and such identification has not been terminated under subparagraph (F).

“(ii) EXEMPTED INDIVIDUAL DESCRIBED.—An exempted individual described in this clause is an individual who—

“(I) receives hospice care under this title;

“(II) resides in a long-term care facility, a facility described in section 1905(d), or other facility under contract with a single pharmacy; or

“(III) the Secretary elects to treat as an exempted individual for purposes of clause (i).

“(iii) PROGRAM SIZE.—The Secretary shall establish policies, including the criteria developed under clause (i)(I) and the exemptions under clause (ii)(III), to ensure that the population of enrollees in a drug management program for at-risk beneficiaries operated by a prescription drug plan can be effectively managed by such plans.

“(iv) CLINICAL CONTACT.—With respect to each at-risk beneficiary for prescription drug abuse enrolled in a prescription drug plan offered by a PDP sponsor, the PDP sponsor shall contact the beneficiary’s providers who have prescribed frequently abused drugs regarding whether prescribed medications are appropriate for such beneficiary’s medical conditions.

“(D) SELECTION OF PRESCRIBERS.—

“(i) IN GENERAL.—With respect to each at-risk beneficiary for prescription drug abuse enrolled in a prescription drug plan offered by such sponsor, a PDP sponsor shall, based on the preferences submitted to the PDP sponsor by the beneficiary pursuant to clauses (ii)(III) and (iii)(V) of subparagraph (B) if applicable, select—

“(I) one, or, if the PDP sponsor reasonably determines it necessary to provide the beneficiary with reasonable access under clause (ii), more than one, individual who is authorized to prescribe frequently abused drugs (referred to in this paragraph as a ‘prescriber’) who may write prescriptions for such drugs for such beneficiary; and

“(II) one, or, if the PDP sponsor reasonably determines it necessary to provide the beneficiary with reasonable access under clause (ii), more than one, pharmacy that may dispense such drugs to such beneficiary.

“(ii) REASONABLE ACCESS.—In making the selection under this subparagraph, a PDP sponsor shall ensure, taking into account geographic location, beneficiary preference, impact on cost-sharing, and reasonable travel time, that the beneficiary continues to have reasonable access to drugs described in subparagraph (G), including—

“(I) for individuals with multiple residences; and

“(II) in the case of natural disasters and similar emergency situations.

“(iii) BENEFICIARY PREFERENCES.—

“(I) IN GENERAL.—If an at-risk beneficiary for prescription drug abuse submits preferences for which in-network prescribers and pharmacies the beneficiary would prefer the PDP sponsor select in response to a notice under subparagraph (B), the PDP sponsor shall—

“(aa) review such preferences;

“(bb) select or change the selection of a prescriber or pharmacy for the beneficiary based on such preferences; and

“(cc) inform the beneficiary of such selection or change of selection.

“(II) EXCEPTION.—In the case that the PDP sponsor determines that a change to the selection of a prescriber or pharmacy under item (bb) by the PDP sponsor is contributing or would contribute to prescription drug abuse or drug diversion by the beneficiary, the PDP sponsor may change the selection of a prescriber or pharmacy for the beneficiary. If the PDP sponsor changes the selection pursuant to the preceding sentence, the PDP sponsor shall provide the beneficiary with—

“(aa) at least 30 days written notice of the change of selection; and

“(bb) a rationale for the change.

“(III) TIMING.—An at-risk beneficiary for prescription drug abuse may choose to express their prescriber and pharmacy preference and communicate such preference to their PDP sponsor at any date while enrolled in the program, including after a second notice under subparagraph (B)(iii) has been provided.

“(iv) CONFIRMATION.—Before selecting a prescriber or pharmacy under this subparagraph, a PDP sponsor must notify the prescriber and pharmacy that the beneficiary involved has been identified for inclusion in the drug management program for at-risk beneficiaries and that the prescriber and pharmacy has been selected as the beneficiary’s designated prescriber and pharmacy.

“(E) APPEALS.—The identification of an individual as an at-risk beneficiary for prescription drug abuse under this paragraph, a coverage determination made under a drug management program for at-risk beneficiaries, and the selection of a prescriber or pharmacy under subparagraph (D) with respect to such individual shall be subject to an expedited reconsideration and appeal pursuant to subsection (h).

“(F) TERMINATION OF IDENTIFICATION.—

“(i) IN GENERAL.—The Secretary shall develop standards for the termination of identification of an individual as an at-risk beneficiary for prescription drug abuse under this paragraph. Under such standards such identification shall terminate as of the earlier of—

“(I) the date the individual demonstrates that the individual is no longer likely, in the absence of the restrictions under this paragraph, to be an at-risk beneficiary for prescription drug abuse described in subparagraph (C)(i); or

“(II) the end of such maximum period of identification as the Secretary may specify.

“(ii) RULE OF CONSTRUCTION.—Nothing in clause (i) shall be construed as preventing a plan from identifying an individual as an at-risk beneficiary for prescription drug abuse under subparagraph (C)(i) after such termination on the basis of additional information on drug use occurring after the date of notice of such termination.

“(G) FREQUENTLY ABUSED DRUG.—For purposes of this subsection, the term ‘frequently abused drug’ means a drug that is determined by the Secretary to be frequently abused or diverted and that is—

“(i) a Controlled Drug Substance in Schedule CII; or

“(ii) within the same class or category of drugs as a Controlled Drug Substance in Schedule CII, as determined through notice and comment rulemaking.

“(H) DATA DISCLOSURE.—

“(i) DATA ON DECISION TO IMPOSE LIMITATION.—In the case of an at-risk beneficiary for prescription drug abuse (or an individual who is a potentially at-risk beneficiary for prescription drug abuse) whose access to coverage for frequently abused drugs under a prescription drug plan has been limited by a PDP sponsor under this paragraph, the Secretary shall establish rules and procedures to require such PDP sponsor to disclose data, including necessary individually identifiable

health information, about the decision to impose such limitations and the limitations imposed by the PDP sponsor under this part.

“(ii) DATA TO REDUCE FRAUD, ABUSE, AND WASTE.—The Secretary shall establish rules and procedures to require PDP sponsors operating a drug management program for at-risk beneficiaries under this paragraph to provide the Secretary with such data as the Secretary determines appropriate for purposes of identifying patterns of prescription drug utilization for plan enrollees that are outside normal patterns and that may indicate fraudulent, medically unnecessary, or unsafe use.

“(I) SHARING OF INFORMATION FOR SUBSEQUENT PLAN ENROLLMENTS.—The Secretary shall establish procedures under which PDP sponsors who offer prescription drug plans shall share information with respect to individuals who are at-risk beneficiaries for prescription drug abuse (or individuals who are potentially at-risk beneficiaries for prescription drug abuse) and enrolled in a prescription drug plan and who subsequently disenroll from such plan and enroll in another prescription drug plan offered by another PDP sponsor.

“(J) PRIVACY ISSUES.—Prior to the implementation of the rules and procedures under this paragraph, the Secretary shall clarify privacy requirements, including requirements under the regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note), related to the sharing of data under subparagraphs (H) and (I) by PDP sponsors. Such clarification shall provide that the sharing of such data shall be considered to be protected health information in accordance with the requirements of the regulations promulgated pursuant to such section 264(c).

“(K) EDUCATION.—The Secretary shall provide education to enrollees in prescription drug plans of PDP sponsors and providers regarding the drug management program for at-risk beneficiaries described in this paragraph, including education—

“(i) provided through the improper payment outreach and education program described in section 1874A(h); and

“(ii) through current education efforts (such as State health insurance assistance programs described in subsection (a)(1)(A) of section 119 of the Medicare Improvements for Patients and Providers Act of 2008 (42 U.S.C. 1395b–3 note)) and materials directed toward such enrollees.

“(L) CMS COMPLIANCE REVIEW.—The Secretary shall ensure that existing plan sponsor compliance reviews and audit processes include the drug management programs for at-risk beneficiaries under this paragraph, including appeals processes under such programs.”

(2) INFORMATION FOR CONSUMERS.—Section 1860D–4(a)(1)(B) of the Social Security Act (42 U.S.C. 1395w–104(a)(1)(B)) is amended by adding at the end the following:

“(v) The drug management program for at-risk beneficiaries under subsection (c)(5).”

(3) DUAL ELIGIBLES.—Section 1860D–1(b)(3)(D) of the Social Security Act (42 U.S.C. 1395w–101(b)(3)(D)) is amended by inserting “, subject to such limits as the Secretary may establish for individuals identified pursuant to section 1860D–4(c)(5)” after “the Secretary”.

(b) UTILIZATION MANAGEMENT PROGRAMS.—Section 1860D–4(c) of the Social Security Act (42 U.S.C. 1395w–104(c)), as amended by subsection (a)(1), is amended—

(1) in paragraph (1), by inserting after subparagraph (D) the following new subparagraph:

“(E) A utilization management tool to prevent drug abuse (as described in paragraph (5)(A)).”; and

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

“(6) UTILIZATION MANAGEMENT TOOL TO PREVENT DRUG ABUSE.—

“(A) IN GENERAL.—A tool described in this paragraph is any of the following:

“(i) A utilization tool designed to prevent the abuse of frequently abused drugs by individuals and to prevent the diversion of such drugs at pharmacies.

“(ii) Retrospective utilization review to identify—

“(I) individuals that receive frequently abused drugs at a frequency or in amounts that are not clinically appropriate; and

“(II) providers of services or suppliers that may facilitate the abuse or diversion of frequently abused drugs by beneficiaries.

“(iii) Consultation with the contractor described in subparagraph (B) to verify if an individual enrolling in a prescription drug plan offered by a PDP sponsor has been previously identified by another PDP sponsor as an individual described in clause (ii)(I).

“(B) REPORTING.—A PDP sponsor offering a prescription drug plan in a State shall submit to the Secretary and the Medicare drug integrity contractor with which the Secretary has entered into a contract under section 1893 with respect to such State a report, on a monthly basis, containing information on—

“(i) any provider of services or supplier described in subparagraph (A)(ii)(II) that is identified by such plan sponsor during the 30-day period before such report is submitted; and

“(ii) the name and prescription records of individuals described in paragraph (5)(C).

“(C) CMS COMPLIANCE REVIEW.—The Secretary shall ensure that plan sponsor annual compliance reviews and program audits include a certification that utilization management tools under this paragraph are in compliance with the requirements for such tools.”

(c) TREATMENT OF CERTAIN COMPLAINTS FOR PURPOSES OF QUALITY OR PERFORMANCE ASSESSMENT.—Section 1860D–42 of the Social Security Act (42 U.S.C. 1395w–152) is amended by adding at the end the following new subsection:

“(d) TREATMENT OF CERTAIN COMPLAINTS FOR PURPOSES OF QUALITY OR PERFORMANCE ASSESSMENT.—In conducting a quality or performance assessment of a PDP sponsor, the Secretary shall develop or utilize existing screening methods for reviewing and considering complaints that are received from enrollees in a prescription drug plan offered by such PDP sponsor and that are complaints regarding the lack of access by the individual to prescription drugs due to a drug management program for at-risk beneficiaries.”

(d) SENSE OF CONGRESS REGARDING USE OF TECHNOLOGY TOOLS TO COMBAT FRAUD.—It is the sense of Congress that MA organizations and PDP sponsors should consider using e-prescribing and other health information technology tools to support combating fraud under MA-PD plans and prescription drug plans under parts C and D of the Medicare Program.

(e) GAO STUDY AND REPORT.—

(1) STUDY.—The Comptroller General of the United States shall conduct a study on the implementation of the amendments made by this section, including the effectiveness of the at-risk beneficiaries for prescription drug abuse drug management programs authorized by section 1860D–4(c)(5) of the Social Security Act (42 U.S.C. 1395w–10(c)(5)), as added by subsection (a)(1). Such study shall include an analysis of—

(A) the impediments, if any, that impair the ability of individuals described in subparagraph (C) of such section 1860D-4(c)(5) to access clinically appropriate levels of prescription drugs;

(B) the effectiveness of the reasonable access protections under subparagraph (D)(ii) of such section 1860D-4(c)(5), including the impact on beneficiary access and health;

(C) how best to define the term “designated pharmacy”, including whether the definition of such term should include an entity that is comprised of a number of locations that are under common ownership and that electronically share a real-time, online database and whether such a definition would help to protect and improve beneficiary access;

(D) the types of—

(i) individuals who, in the implementation of such section, are determined to be individuals described in such subparagraph; and

(ii) prescribers and pharmacies that are selected under subparagraph (D) of such section;

(E) the extent of prescription drug abuse beyond Controlled Drug Substances in Schedule CII in parts C and D of the Medicare program; and

(F) other areas determined appropriate by the Comptroller General.

(2) REPORT.—Not later than July 1, 2019, the Comptroller General of the United States shall submit to the appropriate committees of jurisdiction of Congress a report on the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines to be appropriate.

(f) REPORT BY SECRETARY.—

(1) IN GENERAL.—Not later than 12 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to the appropriate committees of jurisdiction of Congress a report on ways to improve upon the appeals process for Medicare beneficiaries with respect to prescription drug coverage under part D of title XVIII of the Social Security Act. Such report shall include an analysis comparing appeals processes under parts C and D of such title XVIII.

(2) FEEDBACK.—In development of the report described in paragraph (1), the Secretary of Health and Human Services shall solicit feedback on the current appeals process from stakeholders, such as beneficiaries, consumer advocates, plan sponsors, pharmacy benefit managers, pharmacists, providers, independent review entity evaluators, and pharmaceutical manufacturers.

(g) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in subsection (d)(2), the amendments made by this section shall apply to prescription drug plans for plan years beginning on or after January 1, 2018.

(2) STAKEHOLDER MEETINGS PRIOR TO EFFECTIVE DATE.—

(A) IN GENERAL.—Not later than January 1, 2017, the Secretary of Health and Human Services shall convene stakeholders, including individuals entitled to benefits under part A of title XVIII of the Social Security Act or enrolled under part B of such title of such Act, advocacy groups representing such individuals, clinicians, plan sponsors, pharmacists, retail pharmacies, entities delegated by plan sponsors, and biopharmaceutical manufacturers for input regarding the topics described in subparagraph (B). The input described in the preceding sentence shall be provided to the Secretary in sufficient time in order for the Secretary to take such input into account in promulgating the regulations pursuant to subparagraph (C).

(B) TOPICS DESCRIBED.—The topics described in this subparagraph are the topics of—

(i) the impact on cost-sharing and ensuring accessibility to prescription drugs for enrollees in prescription drug plans of PDP sponsors who are at-risk beneficiaries for prescription drug abuse (as defined in paragraph (5)(C) of section 1860D-4(c) of the Social Security Act (42 U.S.C. 1395w-10(c)));

(ii) the use of an expedited appeals process under which such an enrollee may appeal an identification of such enrollee as an at-risk beneficiary for prescription drug abuse under such paragraph (similar to the processes established under the Medicare Advantage program under part C of title XVIII of the Social Security Act);

(iii) the types of enrollees that should be treated as exempted individuals, as described in clause (ii) of such paragraph;

(iv) the manner in which terms and definitions in paragraph (5) of such section 1860D-4(c) should be applied, such as the use of clinical appropriateness in determining whether an enrollee is an at-risk beneficiary for prescription drug abuse as defined in subparagraph (C) of such paragraph (5);

(v) the information to be included in the notices described in subparagraph (B) of such section and the standardization of such notices;

(vi) with respect to a PDP sponsor that establishes a drug management program for at-risk beneficiaries under such paragraph (5), the responsibilities of such PDP sponsor with respect to the implementation of such program;

(vii) notices for plan enrollees at the point of sale that would explain why an at-risk beneficiary has been prohibited from receiving a prescription at a location outside of the designated pharmacy;

(viii) evidence-based prescribing guidelines for opiates; and

(ix) the sharing of claims data under parts A and B with PDP sponsors.

(C) RULEMAKING.—The Secretary of Health and Human Services shall, taking into account the input gathered pursuant to subparagraph (A) and after providing notice and an opportunity to comment, promulgate regulations to carry out the provisions of, and amendments made by subsections (a) and (b).

**SEC. 1128B. INCREASED ANTI-KICKBACKS PENALTIES.**

Paragraphs (1) and (2) of section 1128B(b) of the Social Security Act (42 U.S.C. 1320a-7b(b)) are each amended by inserting “(or, beginning January 1, 2017, \$50,000)” after “\$25,000”.

**SEC. 1115A. CENTER FOR MEDICARE AND MEDICAID INNOVATION TESTING OF OPIOID ABUSE TREATMENT PROGRAM MODEL FOR PART D PRESCRIPTION DRUG PLAN ENROLLEES.**

Section 1115A of the Social Security Act (42 U.S.C. 1315a) is amended—

(1) in subsection (b)(2)(A), by adding at the end the following new sentence: “The models selected under this subparagraph shall include the model described in subsection (h).”; and

(2) by adding at the end the following new subsection:

“(h) OPIOID ABUSE TREATMENT PROGRAM MODEL.—

“(1) IN GENERAL.—The Secretary shall test a model requiring prescription drug plans under part D of title XVIII to have in place, directly or through appropriate arrangements, an opioid abuse treatment program for applicable enrollees in lieu of the medication therapy management program under section 1860D-4(c)(2) with respect to such applicable enrollees.

“(2) START DATE.—The model under this subsection shall start in plan year 2018.

“(3) SELECTION.—The Secretary shall select a limited number of Medicare part D regions in which to the model, giving priority to regions based on the number of total opioid prescriptions in the region.

“(4) REQUIREMENTS FOR PROGRAM.—Under an opioid abuse treatment program, the PDP sponsor offering the plan shall—

“(A) establish a care team that includes at least—

“(i) a pharmacist;

“(ii) a physician; and

“(iii) an individual licensed in a State with expertise in behavioral health (as determined by the Secretary), which may be the physician described in clause (ii); and

“(B) develop, in consultation with the applicable enrollee and with input from the prescriber to the extent necessary and practicable, a care plan for the applicable enrollee that is intended to treat the applicable enrollee’s pain and limit any unnecessary opioid prescriptions when possible.

“(5) PAYMENT.—

“(A) IN GENERAL.—Under the model under this subsection, the Secretary shall make a monthly payment to the PDP sponsor offering the prescription drug plan for each applicable enrollee who receives services under the opioid abuse treatment program.

“(B) SHARED SAVINGS.—Under the model under this subsection, the Secretary shall (using a methodology determined appropriate by the Secretary) make payments (in addition to the payments under subparagraph (A)) to the PDP sponsor offering the prescription drug plan if the Secretary determines that total spending under parts A, B, and D of title XVIII (and including the payments under subparagraph (A)) for applicable enrollees who receive services under the opioid abuse treatment program is less than a historical benchmark of total spending under such parts A, B, and D for such enrollees or similar enrollees. Such benchmark shall be adjusted at the Secretary’s discretion for changes in law or regulation, unforeseen circumstances, or advances in medical practice.

“(6) QUALITY.—Under the model under this subsection, the Secretary shall measure the quality of care furnished by opioid abuse treatment programs, including elements related to access to care, the unnecessary use of opioids, pain management, and the delivery of behavioral health services.

“(7) APPLICABLE ENROLLEE.—In this subsection, the term ‘applicable enrollee’ means an individual who is, with respect to a prescription drug plan—

“(A) enrolled with the plan; and

“(B) an at-risk beneficiary for prescription drug abuse (as defined in section 1860D-4(c)(5)(C)).

“(8) MODEL NOT APPLICABLE TO MA-PD PLANS.—The model under this subsection shall not apply to MA-PD plans or enrollees of such plans.

“(9) CLARIFICATION OF APPLICATION.—For purposes of the preceding provisions of this section (including paragraphs (3) and (4) of subsection (b) and subsections (d) and (f)), the model under this subsection shall be deemed to be a model under subsection (b).”.

**SA 3390.** Mr. DAINES submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 8, after line 25, insert the following:

(19) Veterans with post-traumatic stress disorder are also at a high risk of substance abuse. According to the Department of Veterans Affairs, more than 20 percent of veterans with post-traumatic stress disorder also have a substance abuse disorder.

**SA 3391.** Mr. DAINES (for himself and Mr. PETERS) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 66, strike line 5 and insert the following: disorder, service-connected post-traumatic stress disorder, military sexual trauma, or a service-connected traumatic brain injury, as determined on a case-by-case basis.”.

**SA 3392.** Mr. BLUNT (for himself and Ms. STABENOW) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:  
**SEC. 705. EXPANSION OF THE EXCELLENCE IN MENTAL HEALTH ACT.**

Section 223(d)(3) of the Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note) is amended by striking “8” and inserting “24”.

**SA 3393.** Mr. MERKLEY (for himself, Mr. PAUL, Mr. REID, Mr. BENNET, Mr. WYDEN, Mrs. MURRAY, and Ms. WARREN) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**TITLE \_\_\_\_\_—MARIJUANA BUSINESSES  
ACCESS TO BANKING**

**SEC. 01. SHORT TITLE.**

This title may be cited as the “Marijuana Businesses Access to Banking Act of 2016”.

**SEC. 02. SAFE HARBOR FOR DEPOSITORY INSTITUTIONS.**

A Federal banking regulator may not—

(1) terminate or limit the deposit insurance or share insurance of a depository institution under the Federal Deposit Insurance Act (12 U.S.C. 1811 et seq.) or the Federal Credit Union Act (12 U.S.C. 1751 et seq.) solely because the depository institution provides or has provided financial services to a marijuana-related legitimate business;

(2) prohibit, penalize, or otherwise discourage a depository institution from providing financial services to a marijuana-related legitimate business;

(3) recommend, incentivize, or encourage a depository institution not to offer financial services to an individual, or to downgrade or cancel the financial services offered to an individual solely because—

(A) the individual is a manufacturer or producer, or is the owner or operator of a marijuana-related legitimate business;

(B) the individual later becomes an owner or operator of a marijuana-related legitimate business; or

(C) the depository institution was not aware that the individual is the owner or operator of a marijuana-related legitimate business; and

(4) take any adverse or corrective supervisory action on a loan to an owner or operator of—

(A) a marijuana-related legitimate business solely because the business owner or operator is a marijuana-related business; or

(B) real estate or equipment that is leased to a marijuana-related legitimate business solely because the owner or operator of the real estate or equipment leased the equipment or real estate to a marijuana-related legitimate business.

**SEC. 03. PROTECTIONS UNDER FEDERAL LAW.**

(a) IN GENERAL.—In a State or political subdivision that allows the cultivation, production, manufacturing, transportation, display, dispensing, distribution, sale, or purchase of marijuana pursuant to a law (including regulations) of the State or political subdivision, a depository institution and the officers, director, and employees of the depository institution that provides financial services to a marijuana-related legitimate business may not be held liable pursuant to any Federal law (including regulations)—

(1) solely for providing the financial services pursuant to the law (including regulations) of the State or political subdivision; or

(2) for further investing any income derived from the financial services.

(b) FORFEITURE.—A depository institution that has a legal interest in the collateral for a loan made to an owner or operator of a marijuana-related legitimate business, or to an owner or operator of real estate or equipment that is leased to a marijuana-related legitimate business, shall not be subject to criminal, civil, or administrative forfeiture of that legal interest pursuant to any Federal law for providing the loan.

**SEC. 04. RULE OF CONSTRUCTION.**

Nothing in this title shall require a depository institution to provide financial services to a marijuana-related legitimate business.

**SEC. 05. REQUIREMENTS FOR FILING SUSPICIOUS ACTIVITY REPORTS.**

Section 5318(g) of title 31, United States Code, is amended by adding at the end the following:

“(5) REQUIREMENTS FOR MARIJUANA-RELATED BUSINESSES.—A financial institution or any director, officer, employee, or agent of a financial institution that reports a suspicious transaction pursuant to a marijuana-related legitimate business (as defined in section 6 of the Marijuana Businesses Access to Banking Act of 2016) shall comply with appropriate guidance issued by the Financial Crimes Enforcement Network. The Secretary shall ensure that the guidance is consistent with the purpose and intent of the Marijuana Businesses Access to Banking Act of 2016 and does not inhibit the provision of financial services to a marijuana-related legitimate business in a State or political subdivision of a State that has allowed the cultivation, production, manufacturing, transportation, display, dispensing, distribution, sale, or purchase of marijuana pursuant to law or regulation of the State or political subdivision.”.

**SEC. 06. DEFINITIONS.**

In this title:

(1) DEPOSITORY INSTITUTION.—The term “depository institution” means—

(A) a depository institution as defined in section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. 1813(c));

(B) a Federal credit union as defined in section 101 of the Federal Credit Union Act (12 U.S.C. 1752); or

(C) a State credit union as defined in section 101 of the Federal Credit Union Act (12 U.S.C. 1752).

(2) FEDERAL BANKING REGULATOR.—The term “Federal banking regulator” means each of the Board of Governors of the Federal Reserve System, the Bureau of Consumer Financial Protection, the Federal Deposit Insurance Corporation, the Office of the Comptroller of the Currency, the National Credit Union Administration, or any Federal agency or department that regulates banking or financial services, as determined by the Secretary of the Treasury.

(3) FINANCIAL SERVICE.—The term “financial service” means a financial product or service as defined in section 1002 of the Dodd-Frank Wall Street Reform and Consumer Protection Act (12 U.S.C. 5481).

(4) MANUFACTURER.—The term “manufacturer” means a person who manufactures, compounds, converts, processes, prepares, or packages marijuana or marijuana products.

(5) MARIJUANA-RELATED LEGITIMATE BUSINESS.—The term “marijuana-related legitimate business” means a manufacturer, producer, or any person that—

(A) participates in any business or organized activity that involves handling marijuana or marijuana products, including cultivating, producing, manufacturing, selling, transporting, displaying, dispensing, distributing, or purchasing marijuana or marijuana products; and

(B) engages in such activity pursuant to a law established by a State or a political subdivision of a State.

(6) MARIJUANA.—The term “marijuana” has the meaning given the term “marijuana” in section 102 of the Controlled Substances Act (21 U.S.C. 802).

(7) MARIJUANA PRODUCT.—The term “marijuana product” means any article which contains marijuana, including an article which is a concentrate, an edible, a tincture, a marijuana-infused product, or a topical.

(8) PRODUCER.—The term “producer” means a person who plants, cultivates, harvests, or in any way facilitates the natural growth of marijuana.

(9) STATE.—The term “State” means each of the several States, the District of Columbia, Puerto Rico, and any territory or possession of the United States.

**SA 3394.** Mr. LEAHY submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. 03. OPIOID ADDICTION TREATMENT.**

Section 303(g)(2)(B)(ii) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(B)(ii)) is amended by adding at the end the following: “Not later than 2 years after the date of enactment of the Comprehensive Addiction and Recovery Act of 2016, the federally regulated opioid addiction treatment infrastructure shall be organized according to the hub and spoke model, so that the following goals are met without causing undue burden on physician practices:

“(I) Opioid addicted individuals who are patients in a federally regulated opioid addiction treatment program should be educated about all treatment options and strategies.

“(II) Each patient shall be offered an individualized assessment, followed by a treatment plan developed with the patient’s involvement.

“(III) Patient compliance and progress should be monitored to protect against medication diversion and to guide changes to the treatment plan as needed.

“(IV) All practitioners participating in a federally regulated opioid addiction treatment program shall offer, either directly or by referral, the treatments that are most appropriate for the patient.

“(V) Substance Abuse and Mental Health Services shall ensure training on all available treatments as well as treatments that may become available in the future.”

**SA 3395.** Mr. WYDEN (for himself, Mr. SCHUMER, and Mrs. MURRAY) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ INCREASED ANTI-KICKBACKS PENALTIES.**

Paragraphs (1) and (2) of section 1128B(b) of the Social Security Act (42 U.S.C. 1320a-7b(b)) are each amended by inserting “(or, beginning January 1, 2017, \$50,000)” after “\$25,000”.

**SEC. \_\_\_\_ CENTER FOR MEDICARE AND MEDICAID INNOVATION TESTING OF OPIOID ABUSE TREATMENT PROGRAM MODEL FOR PART D PRESCRIPTION DRUG PLAN ENROLLEES.**

Section 1115A of the Social Security Act (42 U.S.C. 1315a) is amended—

(1) in subsection (b)(2)(A), by adding at the end the following new sentence: “The models selected under this subparagraph shall include the model described in subsection (h).”; and

(2) by adding at the end the following new subsection:

“(h) OPIOID ABUSE TREATMENT PROGRAM MODEL.—

“(1) IN GENERAL.—The Secretary shall test a model requiring prescription drug plans under part D of title XVIII to have in place, directly or through appropriate arrangements, an opioid abuse treatment program for applicable enrollees in lieu of the medication therapy management program under section 1860D-4(c)(2) with respect to such applicable enrollees.

“(2) START DATE.—The model under this subsection shall start in plan year 2018.

“(3) SELECTION.—The Secretary shall select a limited number of Medicare part D regions in which to the model, giving priority to regions based on the number of total opioid prescriptions in the region.

“(4) REQUIREMENTS FOR PROGRAM.—Under an opioid abuse treatment program, the PDP sponsor offering the plan shall—

“(A) establish a care team that includes at least—

“(i) a pharmacist;

“(ii) a physician; and

“(iii) an individual licensed in a State with expertise in behavioral health (as deter-

mined by the Secretary), which may be the physician described in clause (ii); and

“(B) develop, in consultation with the applicable enrollee and with input from the prescriber to the extent necessary and practicable, a care plan for the applicable enrollee that is intended to treat the applicable enrollee’s pain and limit any unnecessary opioid prescriptions when possible.

“(5) PAYMENT.—

“(A) IN GENERAL.—Under the model under this subsection, the Secretary shall make a monthly payment to the PDP sponsor offering the prescription drug plan for each applicable enrollee who receives services under the opioid abuse treatment program.

“(B) SHARED SAVINGS.—Under the model under this subsection, the Secretary shall (using a methodology determined appropriate by the Secretary) make payments (in addition to the payments under subparagraph (A)) to the PDP sponsor offering the prescription drug plan if the Secretary determines that total spending under parts A, B, and D of title XVIII (and including the payments under subparagraph (A)) for applicable enrollees who receive services under the opioid abuse treatment program is less than a historical benchmark of total spending under such parts A, B, and D for such enrollees or similar enrollees. Such benchmark shall be adjusted at the Secretary’s discretion for changes in law or regulation, unforeseen circumstances, or advances in medical practice.

“(6) QUALITY.—Under the model under this subsection, the Secretary shall measure the quality of care furnished by opioid abuse treatment programs, including elements related to access to care, the unnecessary use of opioids, pain management, and the delivery of behavioral health services.

“(7) APPLICABLE ENROLLEE.—In this subsection, the term ‘applicable enrollee’ means an individual who is, with respect to a prescription drug plan—

“(A) enrolled with the plan; and

“(B) an at-risk beneficiary for prescription drug abuse (as defined in section 1860D-4(c)(5)(C)).

“(8) MODEL NOT APPLICABLE TO MA-PD PLANS.—The model under this subsection shall not apply to MA-PD plans or enrollees of such plans.

“(9) CLARIFICATION OF APPLICATION.—For purposes of the preceding provisions of this section (including paragraphs (3) and (4) of subsection (b) and subsections (d) and (f)), the model under this subsection shall be deemed to be a model under subsection (b).”

**SA 3396.** Mr. WICKER (for himself, Mr. BROWN, and Mr. COCHRAN) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ MEDICARE DIRECT PAYMENT TO PHARMACIES FOR CERTAIN COMPOUNDED DRUGS THAT ARE PREPARED BY THE PHARMACIES FOR A SPECIFIC BENEFICIARY FOR USE THROUGH AN IMPLANTED INFUSION PUMP.**

(a) IN GENERAL.—The first sentence of section 1842(b)(6) of the Social Security Act (42 U.S.C. 1395u(b)(6)) is amended—

(1) by striking “and” before “(H)”; and

(2) by inserting before the period at the end the following: “, and (I) in the case of covered compounded drugs that are prepared by a pharmacy for a specific individual, are dispensed, directly or indirectly, to the individual, are necessary for the effective use of, or therapeutic benefit from, an implanted infusion pump (regardless who refills the pump), and are billed directly by the pharmacy, payment shall be made to the pharmacy”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to drugs dispensed on or after the date of the enactment of this Act.

**SA 3397.** Mr. HATCH (for himself and Mr. WHITEHOUSE) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

**TITLE VIII—ENSURING PATIENT ACCESS AND EFFECTIVE DRUG ENFORCEMENT ACT**

**SEC. 801. SHORT TITLE.**

This title may be cited as the “Ensuring Patient Access and Effective Drug Enforcement Act of 2016”.

**SEC. 802. REGISTRATION PROCESS UNDER CONTROLLED SUBSTANCES ACT.**

(a) DEFINITIONS.—

(1) FACTORS AS MAY BE RELEVANT TO AND CONSISTENT WITH THE PUBLIC HEALTH AND SAFETY.—Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended by adding at the end the following:

“(j) In this section, the phrase ‘factors as may be relevant to and consistent with the public health and safety’ means factors that are relevant to and consistent with the findings contained in section 101.”.

(2) IMMINENT DANGER TO THE PUBLIC HEALTH OR SAFETY.—Section 304(d) of the Controlled Substances Act (21 U.S.C. 824(d)) is amended—

(A) by striking “(d) The Attorney General” and inserting “(d)(1) The Attorney General”; and

(B) by adding at the end the following:

“(2) In this subsection, the phrase ‘imminent danger to the public health or safety’ means that, due to the failure of the registrant to maintain effective controls against diversion or otherwise comply with the obligations of a registrant under this title or title III, there is a substantial likelihood of an immediate threat that death, serious bodily harm, or abuse of a controlled substance will occur in the absence of an immediate suspension of the registration.”.

(b) OPPORTUNITY TO SUBMIT CORRECTIVE ACTION PLAN PRIOR TO REVOCATION OR SUSPENSION.—Subsection (c) of section 304 of the Controlled Substances Act (21 U.S.C. 824) is amended—

(1) by striking the last three sentences;

(2) by striking “(c) Before” and inserting “(c)(1) Before”; and

(3) by adding at the end the following:

“(2) An order to show cause under paragraph (1) shall—

“(A) contain a statement of the basis for the denial, revocation, or suspension, including specific citations to any laws or regulations alleged to be violated by the applicant or registrant;

“(B) direct the applicant or registrant to appear before the Attorney General at a time and place stated in the order, but not less than 30 days after the date of receipt of the order; and

“(C) notify the applicant or registrant of the opportunity to submit a corrective action plan on or before the date of appearance.

“(3) Upon review of any corrective action plan submitted by an applicant or registrant pursuant to paragraph (2), the Attorney General shall determine whether denial, revocation, or suspension proceedings should be discontinued, or deferred for the purposes of modification, amendment, or clarification to such plan.

“(4) Proceedings to deny, revoke, or suspend shall be conducted pursuant to this section in accordance with subchapter II of chapter 5 of title 5, United States Code. Such proceedings shall be independent of, and not in lieu of, criminal prosecutions or other proceedings under this title or any other law of the United States.

“(5) The requirements of this subsection shall not apply to the issuance of an immediate suspension order under subsection (d).”

#### SEC. 803. REPORT TO CONGRESS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, the Administrator of the Substance Abuse and Mental Health Services Administration, the Director of the Agency for Healthcare Research and Quality, and the Director of the Centers for Disease Control and Prevention, in coordination with the Administrator of the Drug Enforcement Administration and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit a report to the Committee on the Judiciary of the House of Representatives, the Committee on Energy and Commerce of the House of Representatives, the Committee on the Judiciary of the Senate, and the Committee on Health, Education, Labor, and Pensions of the Senate identifying—

(1) obstacles to legitimate patient access to controlled substances;

(2) issues with diversion of controlled substances;

(3) how collaboration between Federal, State, local, and tribal law enforcement agencies and the pharmaceutical industry can benefit patients and prevent diversion and abuse of controlled substances;

(4) the availability of medical education, training opportunities, and comprehensive clinical guidance for pain management and opioid prescribing, and any gaps that should be addressed;

(5) beneficial enhancements to State prescription drug monitoring programs, including enhancements to require comprehensive prescriber input and to expand access to the programs for appropriate authorized users; and

(6) steps to improve reporting requirements so that the public and Congress have more information regarding prescription opioids, such as the volume and formulation of prescription opioids prescribed annually, the dispensing of such prescription opioids, and outliers and trends within large data sets.

(b) CONSULTATION.—The report under subsection (a) shall incorporate feedback and recommendations from the following:

(1) Patient groups.

(2) Pharmacies.

(3) Drug manufacturers.

(4) Common or contract carriers and warehousemen.

(5) Hospitals, physicians, and other health care providers.

(6) State attorneys general.

(7) Federal, State, local, and tribal law enforcement agencies.

(8) Health insurance providers and entities that provide pharmacy benefit management services on behalf of a health insurance provider.

(9) Wholesale drug distributors.

(10) Veterinarians.

(11) Professional medical societies and boards.

(12) State and local public health authorities.

(13) Health services research organizations.

**SA 3398.** Mr. UDALL submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

#### SEC. \_\_\_\_ . PRESCRIPTION DRUG ABUSE TRAINING AND SCREENING PROGRAMS.

A practitioner who registers or renews a registration under section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)) shall, at the time of registering, certify to the Attorney General that such practitioner has completed continuing medical education or nursing continuing education, as applicable—

(1) in the case of a practitioner registering for the first time, with respect to prescription drug abuse; and

(2) in the case of a practitioner renewing a registration, with respect to medical understanding of the proper use of all drugs listed in the schedules under section 202 of the Controlled Substances Act (21 U.S.C. 812).

**SA 3399.** Ms. HEITKAMP submitted an amendment intended to be proposed by her to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title VI, add the following:

#### SEC. 602. COORDINATION OF PRESCRIPTION DRUG MONITORING PROGRAMS WITH THE INDIAN HEALTH SERVICE.

(a) DEFINITION OF ELIGIBLE ENTITY.—In this section, the term “eligible entity” means—

(1) a State; or

(2) an Indian tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)).

(b) GRANTS FOR COORDINATION PILOT PROGRAMS.—

(1) IN GENERAL.—The Attorney General, subject to the availability of appropriations, may award grants to eligible entities under the Harold Rogers Prescription Drug Monitoring Program established under the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2002 (Public Law 107-77; 115 Stat. 748) to carry out a pilot program described in paragraph (2).

(2) REQUIREMENTS.—An eligible entity awarded a grant under paragraph (1) to carry out a pilot program shall coordinate with 1 or more service units of the Indian Health Service in the State or on the applicable Indian land and meaningfully consult and engage in a timely manner with Indian tribes served by the service units to improve the connection, coordination, and interoper-

ability of each applicable Indian health program (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)) with the prescription drug monitoring program of the applicable State.

(c) GAO STUDY.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall study and submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report identifying barriers to, and potential solutions to improve, coordination between—

(1) each applicable Indian health program (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)); and

(2) prescription drug monitoring programs in the United States.

**SA 3400.** Mr. CORNYN (for himself and Mr. KIRK) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

#### SEC. \_\_\_\_ . HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM.

Section 707 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1706) is amended—

(1) in subsection (o)—

(A) in paragraph (1), by inserting “, heroin, opioid, and synthetic drugs” after “methamphetamine”; and

(B) in paragraph (2)—

(i) in subparagraph (A), by inserting “, heroin, opioid, and synthetic drug” after “methamphetamine”;

(ii) in subparagraph (B), by inserting “, heroin, opioids, synthetic drugs,” after “methamphetamine”; and

(iii) in subparagraph (C), by inserting “, heroin, opioids, synthetic drugs,” after “methamphetamine”;

(2) in subsection (p)(5), by striking “fiscal year 2011” and inserting “fiscal years 2016 through 2020”; and

(3) by adding at the end the following:

“(r) HEROIN AND OPIOID RESPONSE STRATEGY IMPLEMENTATION.—Using discretionary funds made available under this section, the Director, in consultation with the official in charge of each high intensity drug trafficking area, is authorized to implement a heroin and opioid response strategy in high intensity drug trafficking areas on a nationwide basis by—

“(1) coordinating multi-disciplinary efforts to address the threat of heroin and opioids;

“(2) increasing data sharing among public safety and public health officials concerning heroin and opioid abuse trends and related crime; and

“(3) enabling collaborative deployment of intervention, enforcement, and prevention resources to address heroin and opioid addiction and heroin and opioid trafficking.”

**SA 3401.** Mr. CORNYN (for himself and Mr. KIRK) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr.



COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. . . . HEROIN RESPONSE STRATEGY.**

Section 707 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1706) is amended—

(1) in subsection (o)—

(A) in paragraph (1), by inserting “, heroin, opioid, and synthetic drugs” after “methamphetamine”; and

(B) in paragraph (2)—

(i) in subparagraph (A), by inserting “, heroin, opioid, and synthetic drug” after “methamphetamine”; and

(ii) in subparagraph (B), by inserting “, heroin, opioids, synthetic drugs,” after “methamphetamine”; and

(iii) in subparagraph (C), by inserting “, heroin, opioids, synthetic drugs,” after “methamphetamine”; and

(2) by adding at the end the following:

“(r) HEROIN AND OPIOID RESPONSE STRATEGY IMPLEMENTATION.—Using discretionary funds made available under this section, the Director, in consultation with the official in charge of each high intensity drug trafficking area, is authorized to implement a heroin and opioid response strategy in high intensity drug trafficking areas on a nationwide basis by—

“(1) coordinating multi-disciplinary efforts to address the threat of heroin and opioids;

“(2) increasing data sharing among public safety and public health officials concerning heroin and opioid abuse trends and related crime; and

“(3) enabling collaborative deployment of intervention, enforcement, and prevention resources to address heroin and opioid addiction and heroin and opioid trafficking.”.

**SA 3402.** Mr. WYDEN submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

**SEC. 705. MEDICAID COVERAGE PROTECTION FOR PREGNANT AND POST-PARTUM WOMEN WHILE RECEIVING INPATIENT TREATMENT FOR A SUBSTANCE USE DISORDER.**

(a) MEDICAID STATE PLAN.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended by adding at the end the following new sentence: “In the case of a woman who is eligible for medical assistance on the basis of being pregnant (including through the end of the month in which the 60-day period beginning on the last day of her pregnancy ends), who is a patient in an institution for mental diseases for purposes of receiving treatment for a substance use disorder, and who was enrolled for medical assistance under the State plan immediately before becoming a patient in an institution for mental diseases or who becomes eligible to enroll for such medical assistance while such a patient, the exclusion from the definition of ‘medical assistance’ set forth in the subdivision (B) following paragraph (29) of the first sentence shall not be construed as

prohibiting Federal financial participation for medical assistance for items or services that are provided to the woman outside of the institution.”.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendment made by subsection (a) shall take effect on the date of enactment of this Act.

(2) RULE FOR CHANGES REQUIRING STATE LEGISLATION.—In the case of a State plan under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendment made by subsection (a), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

**SA 3403.** Mr. THUNE (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 2997(a)(2)(A) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 103 of the bill, insert after “1997” the following: “, or is an Indian tribe”.

In section 2997(a)(2)(B) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 103 of the bill, in the matter preceding clause (i), insert “or tribal” after “local”.

In section 2997(a)(3)(A) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 103 of the bill, insert “or tribal” after “local”.

In section 2997(a)(3)(B) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 103 of the bill, insert “or tribal” after “local”.

In section 2997 of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 103 of the bill, redesignate subsections (e), (f), and (g) as subsections (f), (g), and (h), respectively, and insert after subsection (d) the following:

“(e) GEOGRAPHIC DISTRIBUTION.—The Attorney General shall ensure that, to the extent practicable, the geographical distribution of grants under this section is equitable and includes a grant to an eligible entity in—

“(1) each State;

“(2) rural, suburban, and urban areas; and

“(3) tribal jurisdictions.

**SA 3404.** Mr. THUNE (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to

the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 201(a)(1), strike “Indian tribe,” and insert the following: “Indian tribe (as defined in section 901(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3791(a)))”.

In section 201(b)(2), strike “between State criminal justice systems and State substance abuse systems” and insert “between State or tribal criminal justice systems and State or tribal substance abuse systems”.

In section 201(c)(2)(A), insert “, or in the case of an Indian tribe, Federal or tribal agencies,” after “local government agencies”.

In section 201(c)(2)(B), insert “if feasible,” before “demonstrate”.

In section 201(c)(2)(C), insert “, or in the case of an Indian tribe, a tribal criminal justice planning agency” after “agency”.

**SA 3405.** Mr. THUNE (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 201(h)(1), insert after “between the agencies,” the following: “or between the agencies and tribal governments.”.

In section 201(h), insert after paragraph (1) the following:

(2) a State, unit of local government, or nonprofit organization that submits an application that proposes to use grant funds to facilitate or enhance planning and collaboration with Indian tribes; and

**SA 3406.** Mr. THUNE (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 2999(b) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 204, in the matter preceding paragraph (1), strike “State law enforcement agencies” and insert “State, tribal, or local law enforcement agencies, or Indian tribes served by the Bureau of Indian Affairs.”.

**SA 3407.** Mr. MCCAIN submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:  
**SEC. 705. REFUGEES AND UNACCOMPANIED ALIEN CHILDREN.**

(a) **EQUITABLE TREATMENT OF UNACCOMPANIED ALIEN CHILDREN.**—

(1) **IN GENERAL.**—Section 235(a)(2) of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (8 U.S.C. 1232(a)) is amended—

(A) by striking the paragraph heading and inserting “**RULES FOR UNACCOMPANIED ALIEN CHILDREN.**”;

(B) in subparagraph (A), by striking “who is a national or habitual resident of a country that is contiguous with the United States”;

(C) in subparagraph (C)—

(i) by striking the subparagraph heading and inserting “**AGREEMENTS WITH FOREIGN COUNTRIES.**”;

(ii) by striking “countries contiguous to the United States” and inserting “Canada, El Salvador, Guatemala, Honduras, Mexico, and any other foreign country that the Secretary determines appropriate”.

(2) **APPLICABILITY.**—The amendments made by subsection (a) shall apply to any unaccompanied alien child who was apprehended on or after October 1, 2015.

(b) **EXPEDITED REMOVAL AUTHORITY FOR UNACCOMPANIED ALIEN CHILDREN FROM CERTAIN COUNTRIES.**—Section 235(a)(5)(D) of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (8 U.S.C. 1232(a)(5)(D)) is amended—

(1) by striking the subparagraph heading and inserting “**EXPEDITED REMOVAL FOR UNACCOMPANIED ALIEN CHILDREN.**”;

(2) in the matter preceding clause (i)—

(A) by inserting “described in paragraph (2)(A) who is” after “Any unaccompanied alien child”;

(B) by striking “, except for an unaccompanied alien child from a contiguous country subject to exceptions under subsection (a)(2).”;

(3) by amending clause (i) to read as follows:

“(i) placed in an expedited removal proceeding in accordance with section 235 of the Immigration and Nationality Act (8 U.S.C. 1225).”

(c) **INCREASING THE NUMBER OF REFUGEE ADMISSIONS FROM CERTAIN COUNTRIES.**—Notwithstanding any other provision of law, the President, in determining the number of refugees who may be admitted under section 207(a) for fiscal years 2016 and 2017, shall authorize the admission, in each such fiscal year, of—

(1) up to 5,000 refugees from El Salvador;

(2) up to 5,000 refugees from Guatemala; and

(3) up to 5,000 refugees from Honduras.

**SA 3408.** Mr. MCCAIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of the amendment, add the following:

**SEC. 705. UNLAWFULLY HINDERING IMMIGRATION, BORDER, AND CUSTOMS CONTROLS.**

(a) **SHORT TITLE.**—This section may be cited as the “Transnational Criminal Organization Illicit Spotter Prevention and Elimination Act”.

(b) **ENHANCED PENALTIES.**—

(1) **IN GENERAL.**—Chapter 9 of title II of the Immigration and Nationality Act (8 U.S.C. 1351 et seq.) is amended by adding at the end the following:

**“SEC. 295. UNLAWFULLY HINDERING IMMIGRATION, BORDER, AND CUSTOMS CONTROLS.**

“(a) **ILLCIT SPOTTING.**—Any person who knowingly transmits, by any means, to another person the location, movement, or activities of any Federal, State, local, or tribal law enforcement agency with the intent to further a Federal crime relating to United States immigration, customs, controlled substances, agriculture, monetary instruments, or other border controls shall be fined under title 18, imprisoned not more than 10 years, or both.

“(b) **DESTRUCTION OF UNITED STATES BORDER CONTROLS.**—Any person who knowingly and without lawful authorization destroys, alters, or damages any fence, barrier, sensor, camera, or other physical or electronic device deployed by the Federal Government to control the border or a port of entry or otherwise seeks to construct, excavate, or make any structure intended to defeat, circumvent, or evade any such fence, barrier, sensor camera, or other physical or electronic device deployed by the Federal Government to control the border or a port of entry—

“(1) shall be fined under title 18, imprisoned not more than 10 years, or both; and

“(2) if, at the time of the offense, the person uses or carries a firearm or who, in furtherance of any such crime, possesses a firearm, that person shall be fined under title 18, imprisoned not more than 20 years, or both.

“(c) **CONSPIRACY AND ATTEMPT.**—Any person who attempts or conspires to violate subsection (a) or (b) shall be punished in the same manner as a person who completes a violation of such subsection.”

(2) **CLERICAL AMENDMENT.**—The table of contents in the first section of the Immigration and Nationality Act is amended by inserting after the item relating to section 294 the following:

“Sec. 295. Unlawfully hindering immigration, border, and customs controls.”

(c) **PROHIBITING CARRYING OR USE OF A FIREARM DURING AND IN RELATION TO AN ALIEN SMUGGLING CRIME.**—Section 924(c) of title 18, United States Code, is amended—

(1) in paragraph (1)—

(A) in subparagraph (A), by inserting “, alien smuggling crime,” after “crime of violence” each place that term appears; and

(B) in subparagraph (D)(ii), by inserting “, alien smuggling crime,” after “crime of violence”;

(2) by adding at the end the following:

“(6) For purposes of this subsection, the term ‘alien smuggling crime’ means any felony punishable under section 274(a), 277, or 278 of the Immigration and Nationality Act (8 U.S.C. 1324(a), 1327, and 1328).”

(d) **STATUTE OF LIMITATIONS.**—Section 3298 of title 18, United States Code, is amended by inserting “, 295, 296, or 297” after “274(a)”.

**SA 3409.** Ms. COLLINS (for herself and Mr. LANKFORD) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . EVALUATION OF THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) SURVEY; MORATORIUM ON THE USE OF PAIN MANAGEMENT MEASURES TO ASSESS HOSPITAL PERFORMANCE SCORES UNDER THE MEDICARE VBP PROGRAM IN ORDER TO ALLOW TIME FOR EVALUATION.**

(a) **EVALUATION.**—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall conduct an evaluation of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, including items on such survey related to pain management. Such evaluation shall include an analysis of—

(1) any implications of using such survey under the Medicare hospital value-based purchasing program under section 1886(o) of the Social Security Act (42 U.S.C. 1395ww) on opioid prescribing practices;

(2) how best to revise such survey and any effect that such revisions may have on quality of care; and

(3) other areas determined appropriate by the Secretary.

(b) **INPUT.**—As part of conducting the evaluation under subsection (a), the Secretary shall convene a group that includes the Interagency Pain Research Coordinating Committee, hospital representatives, physicians and other health care providers, experts in the fields of pain research and addiction research, and representatives of the addiction community, pain management professional organizations, and pain advocacy groups to provide the Secretary with input on the items to be evaluated.

(c) **REPORT.**—Not later than March 1, 2017, the Secretary shall submit to Congress a report on the evaluation conducted under subsection (a), together with recommendations for such legislation and administrative action as the Secretary determines to be appropriate.

(d) **MORATORIUM ON THE USE OF PAIN MANAGEMENT MEASURES TO ASSESS HOSPITAL PERFORMANCE SCORES UNDER THE MEDICARE VBP PROGRAM IN ORDER TO ALLOW TIME FOR EVALUATION.**—Section 1886(o)(5) of the Social Security Act (42 U.S.C. 1395ww(o)(5)) is amended—

(1) in the first sentence of subparagraph (A), by striking “subparagraph (B)” and inserting “subparagraphs (B) and (C)”;

(2) by adding at the end the following new subparagraph:

“(C) **MORATORIUM ON USE MEASURES OF PAIN MANAGEMENT TO ASSESS HOSPITAL PERFORMANCE SCORES.**—

“(i) **IN GENERAL.**—With respect to payments for discharges occurring during fiscal year 2017, the performance of a hospital on measures of pain management during the performance period for such fiscal year shall not be used in assessing the hospital performance score of the hospital for such performance period.

“(ii) **NO AFFECT ON REPORTING OF SELECTED MEASURES.**—Nothing in the clause (i) shall affect the requirement for a hospital to report measures selected under paragraph (2), including any measures related to pain management.”

**SA 3410.** Mr. REID submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title I, add the following:  
**SEC. \_\_\_\_ . SUPPORT FOR STATE RESPONSE TO SUBSTANCE ABUSE PUBLIC HEALTH CRISIS AND URGENT MENTAL HEALTH NEEDS.**

(a) IN GENERAL.—There are authorized to be appropriated, and are appropriated, out of monies in the Treasury not otherwise obligated, \$750,000,000 for each of fiscal years 2016 and 2017, to the Secretary of Health and Human Services (referred to in this section as the “Secretary”) to award grants to States to address the substance abuse public health crisis or to respond to urgent mental health needs within the State. In awarding grants under this section, the Secretary may give preference to States with an incidence or prevalence of substance use disorders that is substantial relative to other States or to States that identify mental health needs within their communities that are urgent relative to such needs of other States. Funds appropriated under this subsection shall remain available until expended.

(b) USE OF FUNDS.—Grants awarded to a State under subsection (a) shall be used for one or more of the following public health-related activities:

(1) Improving State prescription drug monitoring programs.

(2) Implementing prevention activities, and evaluating such activities to identify effective strategies to prevent substance abuse.

(3) Training for health care practitioners, such as best practices for prescribing opioids, pain management, recognizing potential cases of substance abuse, referral of patients to treatment programs, and overdose prevention.

(4) Supporting access to health care services provided by Federally certified opioid treatment programs or other appropriate health care providers to treat substance use disorders or mental health needs.

(5) Other public health-related activities, as the State determines appropriate, related to addressing the substance abuse public health crisis or responding to urgent mental health needs within the State.

**SA 3411.** Mr. TESTER submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 101(c)(1), strike subparagraphs (H) and (I) and insert the following:

(H) the National Institutes of Health;

(I) the Office of National Drug Control Policy; and

(J) the Indian Health Service;

In section 101(d)(1)(C), strike “State and” and insert “State, tribal, and”.

In section 101(f)(2), strike the period at the end and insert “and the Indian Health Service.”.

In section 2997(a) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) (as amended by section 103), strike paragraph (2) and insert the following:

(2) the term “eligible entity” means an organization that—

(A)(i) on or before the date of submitting an application for a grant under this section, receives or has received a grant under the Drug-Free Communities Act of 1997; and

(ii) has documented, using local or tribal data, rates of abuse of opioids or methamphetamines at levels that are—

(I) significantly higher than the national average as determined by the Secretary (including appropriate consideration of the results of the Monitoring the Future Survey published by the National Institute on Drug Abuse and the National Survey on Drug Use and Health published by the Substance Abuse and Mental Health Services Administration); or

(II) higher than the national average, as determined by the Secretary (including appropriate consideration of the results of the surveys described in subclause (I), over a sustained period of time; or

(B) is a tribal organization (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603));

In section 201(b)(1)(B)(vii), strike “and veterans treatment courts” and insert “veterans treatment courts, and tribal courts”.

In section 201(b)(2), insert “and tribal” after “State criminal”.

In section 201(c)(2)(A), strike “State and” and insert “State, tribal, and”.

In section 201(c)(2)(D), strike “and” at the end.

In section 201(c)(2)(E), strike the period at the end and insert “; and”.

At the end of section 201(c)(2), add the following:

(F) demonstrate consultation with affected Indian tribes.

At the end of section 201, add the following:

(k) TRIBAL SET-ASIDE.—Not less than 5 percent of the amounts made available to carry out this section for a fiscal year shall be made available to Indian tribes and tribal organizations (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).

At the end of section 203, add the following:

(c) TRIBAL SET-ASIDE.—Not less than 5 percent of the amounts made available to carry out this section for a fiscal year shall be made available to Indian tribes and tribal organizations (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).

In section 2999(b) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) (as added by section 204), in the matter preceding paragraph (1), insert “and tribal” after “State”.

In section 302(e)(1), strike “and” at the end.

In section 302(e)(2)(B), strike the period at the end and insert “; and”.

At the end of section 302(e), add the following:

(3) consults with affected Indian tribes.

At the end of section 302, add the following:

(i) TRIBAL SET-ASIDE.—Not less than 5 percent of the amounts made available to carry out this section for a fiscal year shall be made available to Indian tribes and tribal organizations (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).

In section 2999B(a)(1)(D) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) (as added by section 303), strike “or” at the end.

In section 2999B(a)(1)(E) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) (as added by section 303), strike the period at the end and insert “; or”.

At the end of section 2999B(a)(1) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) (as added by section 303), add the following:

(F) a Bureau of Indian Education-funded school.

In section 2999D(a) of the Omnibus Crime Control and Safe Streets Act of 1968 (42

U.S.C. 3797cc et seq.) (as added by section 401), strike the period at the end and insert “or tribal organization.”.

In section 2999D(b)(5) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) (as added by section 401), insert “Tribal Colleges and Universities (as defined in section 316(b) of the Higher Education Act of 1965 (20 U.S.C. 1059c(b)))” after “universities.”.

In section 402(b)(2)(B)(i), insert “Indian affairs,” after “employment.”.

In subsection (r)(3)(B) of section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) (as amended by section 501(b)(2)), insert “Indian tribes and tribal organizations,” after “agencies.”.

In section 2999E of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) (as added by section 702), strike the period at the end and insert “, of which not less than 5 percent shall be made available to Indian tribes and tribal organizations (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).”.

**SA 3412.** Mr. MERKLEY submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . IMPROVING MEDICARE COVERAGE FOR BENEFICIARIES WITH DRUG AND ALCOHOL ADDICTIONS.**

(a) ENSURING COVERAGE OF OPIOID DETOXIFICATION UNDER MEDICARE PART A.—

(1) IN GENERAL.—Section 1812 of the Social Security Act (42 U.S.C. 1395d) is amended by adding at the end the following new subsection:

“(h) Coverage for opioid detoxification (as defined by the Secretary) shall be available under this part in a similar manner as the coverage for alcohol detoxification is available under this part.”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to discharges occurring on or after October 1, 2016.

(b) INCLUSION OF METHADONE AS A COVERED PART D DRUG.—

(1) IN GENERAL.—Section 1860D–2(e)(1) of the Social Security Act (42 U.S.C. 1395w–102(e)(1)) is amended—

(A) in subparagraph (A), by striking “or” at the end;

(B) in subparagraph (B), by striking the comma at the end and inserting “; or”; and

(C) by inserting after subparagraph (B) the following new subparagraph:

“(C) methadone for the treatment of opioid dependence.”.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall apply to plan year 2017 and subsequent plan years.

(c) PERMITTING SUBSTANCE ABUSE COUNSELORS TO FURNISH ALCOHOL AND DRUG ABUSE THERAPY SERVICES UNDER MEDICARE PART B.—

(1) IN GENERAL.—Section 1842(b)(18)(C) of the Social Security Act (42 U.S.C. 1395u(b)(18)(C)) is amended by adding at the end the following new clause:

“(vii) A substance abuse counselor (as defined by the Secretary) with respect to the furnishing of alcohol and drug abuse therapy services (as defined by the Secretary) that

such counselor is authorized to furnish under State law.”.

(2) **EFFECTIVE DATE.**—The amendment made by paragraph (1) shall apply to items and services furnished on or after January 1, 2017.

**SA 3413.** Mr. SCHATZ (for himself, Mr. HATCH, Mr. TESTER, Mr. COCHRAN, and Ms. COLLINS) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title I of the bill, add the following:

**SEC. 104. ENHANCING BASIC AND APPLIED RESEARCH ON PAIN TO DISCOVER THERAPIES, INCLUDING ALTERNATIVES TO OPIOIDS, FOR EFFECTIVE PAIN MANAGEMENT.**

(a) **IN GENERAL.**—Out of any money appropriated to the National Institutes of Health (referred to in this section as the “NIH”) not otherwise obligated, the Director of the NIH may intensify and coordinate fundamental, translational, and clinical research of the NIH with respect to—

- (1) the understanding of pain;
- (2) the discovery and development of therapies for chronic pain; and
- (3) the development of alternatives to opioids for effective pain treatments.

(b) **PRIORITY AND DIRECTION.**—The prioritization and direction of the Federally funded portfolio of pain research studies shall consider recommendations made by the Interagency Pain Research Coordinating Committee in concert with the Pain Management Best Practices Inter-Agency Task Force, and in accordance with the National Pain Strategy, the Federal Pain Research Strategy, and the NIH-Wide Strategic Plan for Fiscal Years 2016-2020, the latter which calls for the relative burdens of individual diseases and medical disorders to be regarded as crucial considerations in balancing the priorities of the Federal research portfolio.

**SA 3414.** Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 101(d)(1)(C), strike “and local” and insert “, tribal, and local”.

In section 101(f)(2), insert “and the Indian Health Service” before the period at the end.

**SA 3415.** Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 302(c)(2)(A), insert “or, in the case of an Indian tribe, Federal or tribal agencies” before “; and”.

In section 302(e)(1), strike “and” at the end.

In section 302(e)(2), strike subparagraph (B) and insert the following:

(B) concluded that the law described in subparagraph (A) provides adequate civil liability protection applicable to such persons; and

(3) consults with affected Indian tribes.

In section 508(r)(3)(B) of the Public Health Service Act (42 U.S.C. 290bb-1) (as amended by section 501(b)(2)), insert “Indian tribes,” after “agencies.”

In section 601(b)(4)(C)(vi), insert “and affected Indian tribes” before “; and”.

In section 601(b)(5)(E), strike “and” at the end.

In section 601(b)(5)(F), strike the period at the end and insert “; and”.

In section 601(b)(5), add at the end the following:

(G) ensures consultation with affected Indian tribes.

**SA 3416.** Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 402(a), strike “or State” and insert “, State, or tribal”.

In section 402(b)(2)(B)(iii), strike “State and” and insert “State, tribal, and”.

In section 402(c)(1)(A), strike “or State” and insert “, State, or tribal”.

**AUTHORITY FOR COMMITTEES TO MEET**

**COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on March 2, 2016, at 10 a.m., in room SR-253 of the Russell Senate Office Building to conduct a hearing entitled “Oversight of the Federal Communications Commission.”

The PRESIDING OFFICER. Without objection, it is so ordered.

**COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Committee on Environment and Public Works be authorized to meet during the session of the Senate on March 2, 2016, at 9:30 a.m., in room SD-406 of the Dirksen Senate Office Building, to conduct a hearing entitled “Economic Opportunities from Land Cleanup Programs and a Legislative Hearing on S. 1479, Brownfields Utilization, Investment, and Local Development Act of 2015, S. 2446, Improving Coal Combustion Residuals Regulation Act of 2016 and Discussion Draft of Good Samaritan Cleanup of Orphan Mines Act of 2016.”

The PRESIDING OFFICER. Without objection, it is so ordered.

**COMMITTEE ON FINANCE**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on March 2, 2016.

The PRESIDING OFFICER. Without objection, it is so ordered.

**COMMITTEE ON FOREIGN RELATIONS**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Com-

mittee on Foreign Relations be authorized to meet during the session of the Senate on March 2, 2016, at 10 a.m., to conduct a hearing entitled “Economic and Geopolitical Implications of Low Oil.”

The PRESIDING OFFICER. Without objection, it is so ordered.

**COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on March 2, 2016.

The PRESIDING OFFICER. Without objection, it is so ordered.

**COMMITTEE ON VETERANS’ AFFAIRS**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Committee on Veterans’ Affairs be authorized to meet during the session of the Senate on March 2, 2016, at 10 a.m., in room SD-G50 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

**PRIVILEGES OF THE FLOOR**

Mr. MERKLEY. Mr. President, I ask unanimous consent that Tim Brown, a research fellow on my team, be allowed privileges of the floor.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BOOZMAN. Mr. President, I ask unanimous consent that Jennifer DeVito, a fellow in my office, be granted the privilege of the floor for the duration of consideration of S. 524.

The PRESIDING OFFICER. Without objection, it is so ordered.

**READ ACROSS AMERICA DAY**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 384, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:  
A resolution (S. Res. 384) designating March 2, 2016, as “Read Across America Day.”

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 384) was agreed to.

The preamble was agreed to.  
(The resolution, with its preamble, is printed in today’s RECORD under “Submitted Resolutions.”)