113TH CONGRESS
2D SESSION

S. 2504

To address prescription opioid and heroin abuse.

IN THE SENATE OF THE UNITED STATES

JUNE 19, 2014

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

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A BILL

To address prescription opioid and heroin abuse.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act of 2014''.

SEC. 2. FINDINGS.

(1) The Controlled Substances Act (21 U.S.C. 801 et seq.) declares that many controlled substances have a useful and legitimate medical purpose

and are necessary to maintain the health and general welfare of the people of the United States.

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

(3) The responsible treatment of pain is a high priority for our Nation and the needs of individuals with pain must be taken into careful consideration when taking steps to prevent prescription drug misuse and abuse.

(4) When no longer needed or wanted for legitimate pain management or health treatment, prescription opioids are susceptible to diversion. Prescription opioids also may be abused by individuals who were not prescribed such drugs or misused by individuals not taking such drugs as directed.

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

(6) According to the National Institute on Drug Abuse, heroin attaches to the same brain cell receptors as prescription opioids.

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

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

(9) According to the Department of Health and Human Services, heroin use rose 79 percent nationwide between 2007 and 2012.

(10) Deaths from heroin overdose have significantly increased in communities across the United States. According to the Centers for Disease Control and Prevention, the number of deaths involving heroin increased by 110 percent from 2006 to 2011. From 2010 to 2011, the number of heroin deaths rose from 3,036 to 4,397.

(11) The Edward Byrne Memorial Justice Assistance Grant Program is critical to fighting the prescription opioid abuse and heroin use epidemics, and should be reauthorized and fully funded.

SEC. 3. DEVELOPMENT OF BEST PRESCRIBING PRACTICES.

(a) INTER-AGENCY TASK FORCE.—Not later than 120 days after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in cooperation with the Secretary of Veterans Affairs, the Secretary of Defense, and the Administrator of the Drug Enforcement Administration, shall convene a Pain Management Best Practices Inter-Agency Task Force (referred to in this section as the ''task force'').

(b) MEMBERSHIP.—The task force shall be comprised of—

(1) representatives of—

(A) the Department of Health and Human Services;

(B) the Department of Veterans Affairs;

(C) the Department of Defense;

(D) the Drug Enforcement Administration; and

(E) the Institute of Medicine;

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

(3) physicians and non-physician prescribers;

(4) pharmacists;

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

(6) representatives of—

(A) pain management professional organizations;

(B) the mental health treatment community; and

(C) pain advocacy groups; and

(7) other stakeholders, as the Secretary determines appropriate.

(c) DUTIES.—The task force shall—

(1) not later than 180 days after the date on which the task force is convened, develop best practices for pain management and prescription pain medication prescribing practices, taking into consideration—

(A) existing pain management research;

(B) recommendations from relevant conferences; and

(C) ongoing efforts at the State and local levels and by medical professional organizations to develop improved pain management strategies;

(2) solicit and take into consideration public comment on the practices developed under paragraph (1), amending such best practices if appropriate; and

(3) develop a strategy for disseminating information about the best practices developed under paragraphs (1) and (2) to prescribers, pharmacists, State medical boards, and other parties, as the Secretary determines appropriate.

(d) LIMITATION.—The task force shall not have rulemaking authority.

(e) REPORT.—Not later than 270 days after the date on which the task force is convened under subsection (a), the task force shall submit to Congress a report that includes—

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

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

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

SEC. 4. HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM.

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

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

(b) GAO REPORT.—Not later than October 1, 2016, the Comptroller General of the United States shall submit to Congress a report on the effectiveness of the Harold Rogers Prescription Drug Monitoring Program in reducing prescription drug abuse, and, to the extent practicable, any corresponding increase or decrease in the use of heroin.

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

Section 508 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3758) is amended by striking ''2006 through 2012'' and inserting ''2015 through 2019''.

SEC. 6. OFFICE OF NATIONAL DRUG CONTROL POLICY.

(a) UPDATE OF PLAN TO ACCOUNT FOR INCREASED HEROIN USE.—Not later than 180 days after the date of enactment of this Act, the Director of the Office of National Drug Control Policy shall revise the 2011 Prescription Drug Abuse Prevention Plan to reassess the approach under such plan to addressing prescription drug abuse in

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

(b) GAO RECOMMENDATIONS FOR INTER-AGENCY COORDINATION.—The Director shall ensure that the Office of National Drug Control Policy takes into account the report of the Government Accountability Office entitled ''Office of National Drug Control Policy: Office Could Better Identify Opportunities to Increase Program Coordination'' issued on March 26, 2013 (GAO–13–333), and identifies opportunities to enhance interagency coordination as part of the Prescription Drug Abuse Prevention Plan, as revised under subsection (a).

SEC. 7. AWARENESS CAMPAIGNS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall advance the education and awareness of providers, patients, and other appropriate stakeholders regarding the risk of abuse of prescription opioid drugs if such products are not taken as prescribed.

(b) DRUG-FREE MEDIA CAMPAIGN.—

(1) IN GENERAL.—The Office of National Drug Control Policy, in coordination with the Secretary of Health and Human Services and the Attorney General, shall establish a national drug awareness campaign.

(2) REQUIREMENTS.—The national drug awareness campaign under paragraph (1) shall—

(A) take into account the association between prescription opioid abuse and heroin use; and

(B) emphasize the similarities between heroin and prescription opioids and the effects of heroin and prescription opioids on the human body.

(3) AVAILABLE FUNDS.—Funds for the national drug awareness campaign may be derived from amounts appropriated to the Office of National Drug Control Policy and otherwise available for obligation and expenditure.

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