

114TH CONGRESS
1ST SESSION

H. R. 3680

To provide for the Secretary of Health and Human Services to carry out a grant program for co-prescribing opioid overdose reversal drugs.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 1, 2015

Mr. SARBANES introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for the Secretary of Health and Human Services to carry out a grant program for co-prescribing opioid overdose reversal drugs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Co-Prescribing to Re-
5 duce Overdoses Act of 2015”.

6 **SEC. 2. CO-PRESCRIBING OPIOID OVERDOSE REVERSAL** 7 **DRUGS GRANT PROGRAM.**

8 (a) ESTABLISHMENT.—

9 (1) IN GENERAL.—Not later than six months
10 after the date of the enactment of this Act, the Sec-

1 retary of Health and Human Services shall estab-
2 lish, in accordance with this section, a four-year co-
3 prescribing opioid overdose reversal drugs grant pro-
4 gram (in this Act referred to as the “grant pro-
5 gram”) under which the Secretary shall provide not
6 more than a total of 12 grants to eligible entities to
7 carry out the activities described in subsection (c).

8 (2) MAXIMUM GRANT AMOUNT.—A grant made
9 under this section may not be for more than
10 \$200,000 per grant year.

11 (3) ELIGIBLE ENTITY.—For purposes of this
12 section, the term “eligible entity” means a federally
13 qualified health center (as defined in section
14 1861(aa) of the Social Security Act (42 U.S.C.
15 1395x(aa)), an opioid treatment program under part
16 8 of title 42, Code of Federal Regulations, or section
17 303(g) of the Controlled Substances Act (21 U.S.C.
18 823(g)), or any other entity that the Secretary
19 deems appropriate.

20 (4) CO-PRESCRIBING.—For purposes of this
21 section and section 3, the term “co-prescribing”
22 means, with respect to an opioid overdose reversal
23 drug, the practice of prescribing such drug in con-
24 junction with an opioid prescription for patients at
25 an elevated risk of overdose, or in conjunction with

1 an opioid agonist approved under section 505 of the
2 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
3 355) for the treatment of opioid abuse disorders, or
4 in other circumstances in which a provider identifies
5 a patient at an elevated risk for an intentional or
6 unintentional drug overdose from heroin or prescrip-
7 tion opioid therapies. For purposes of the previous
8 sentence, a patient may be at an elevated risk of
9 overdose if the patient meets the criteria under the
10 existing co-prescribing guidelines that the Secretary
11 deems appropriate, such as the criteria provided in
12 the Opioid Overdose Toolkit published by the Sub-
13 stance Abuse and Mental Health Services Adminis-
14 tration.

15 (b) APPLICATION.—To be eligible to receive a grant
16 under this section, an eligible entity shall submit to the
17 Secretary of Health and Human Services, in such form
18 and manner as specified by the Secretary, an application
19 that describes—

20 (1) the extent to which the area to which the
21 entity will furnish services through use of the grant
22 is experiencing significant morbidity and mortality
23 caused by opioid abuse;

24 (2) the criteria that will be used to identify eli-
25 gible patients to participate in such program; and

1 (3) how such program will work to try to iden-
2 tify State, local, or private funding to continue the
3 program after expiration of the grant.

4 (c) USE OF FUNDS.—An eligible entity receiving a
5 grant under this section may use the grant for any of the
6 following activities:

7 (1) To establish a program for co-prescribing
8 opioid overdose reversal drugs, such as naloxone.

9 (2) To train and provide resources for health
10 care providers and pharmacists on the co-prescribing
11 of opioid overdose reversal drugs.

12 (3) To establish mechanisms and processes for
13 tracking patients participating in the program de-
14 scribed in paragraph (1) and the health outcomes of
15 such patients.

16 (4) To purchase opioid overdose reversal drugs
17 for distribution under the program described in
18 paragraph (1).

19 (5) To offset the co-pays and other cost sharing
20 associated with opioid overdose reversal drugs to en-
21 sure that cost is not a limiting factor for eligible pa-
22 tients.

23 (6) To conduct community outreach, in con-
24 junction with community-based organizations, de-
25 signed to raise awareness of co-prescribing practices,

1 and the availability of opioid overdose reversal
2 drugs.

3 (7) To establish protocols to connect patients
4 who have experienced a drug overdose with appropriate
5 treatment, including medication assisted
6 treatment and appropriate counseling and behavioral
7 therapies.

8 (d) EVALUATIONS BY RECIPIENTS.—As a condition
9 of receipt of a grant under this section, an eligible entity
10 shall, for each year for which the grant is received, submit
11 to the Secretary of Health and Human Services information
12 on appropriate outcome measures specified by the
13 Secretary to assess the outcomes of the program funded
14 by the grant, including—

15 (1) the number of prescribers trained;
16 (2) the number of prescribers who have co-prescribed
17 an opioid overdose reversal drugs to at least
18 one patient;

19 (3) the total number of prescriptions written for
20 opioid overdose reversal drugs;

21 (4) the percentage of patients at elevated risk
22 who received a prescription for an opioid overdose
23 reversal drug;

24 (5) the number of patients reporting use of an
25 opioid overdose reversal drug; and

1 (6) any other outcome measures that the Sec-
2 retary deems appropriate.

3 (e) REPORTS BY SECRETARY.—For each year of the
4 grant program under this section, the Secretary of Health
5 and Human Services shall submit to the appropriate Com-
6 mittees of the House of Representatives and of the Senate
7 a report aggregating the information received from the
8 grant recipients for such year under subsection (d) and
9 evaluating the outcomes achieved by the programs funded
10 by grants made under this section.

11 **SEC. 3. OPIOID OVERDOSE REVERSAL CO-PRESCRIBING**
12 **GUIDELINES.**

13 (a) IN GENERAL.—The Secretary of Health and
14 Human Services shall establish a grant program under
15 which the Secretary shall award grants to eligible State
16 entities to develop opioid overdose reversal co-prescribing
17 guidelines.

18 (b) ELIGIBLE STATE ENTITIES.—For purposes of
19 subsection (a), eligible State entities are State depart-
20 ments of health in conjunction with State medical boards;
21 city, county, and local health departments; and community
22 stakeholder groups involved in reducing opioid overdose
23 deaths.

24 (c) ADMINISTRATIVE PROVISIONS.—

1 (1) GRANT AMOUNTS.—A grant made under
2 this section may not be for more than \$200,000 per
3 grant.

4 (2) PRIORITIZATION.—In awarding grants
5 under this section, the Secretary shall give priority
6 to eligible State entities which propose to base their
7 guidelines on existing guidelines on co-prescribing to
8 speed enactment, including guidelines of—

9 (A) the Department of Veterans Affairs;

10 (B) nationwide medical societies, such as
11 the American Society of Addiction Medicine or
12 American Medical Association; and

13 (C) the Centers for Disease Control and
14 Prevention.

15 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

16 There is authorized to be appropriated to carry out
17 this Act \$4,000,000 for each of fiscal years 2016 through
18 2020.

○