

114TH CONGRESS
1ST SESSION

H. R. 3719

To provide for the comprehensive approach to eradication of the heroin epidemic, to develop the best practices in law enforcement and prescription medication prescribing practices, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 8, 2015

Mr. GUINTA (for himself and Ms. KUSTER) introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for the comprehensive approach to eradication of the heroin epidemic, to develop the best practices in law enforcement and prescription medication prescribing practices, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Stop the Overdose
5 Problem Already Becoming a Universal Substance Epi-
6 demic Act of 2015” or the “STOP ABUSE Act of 2015”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Prevention and intervention are the best in-
4 vestment.

5 (2) According to the 2012 National Survey on
6 Drug Usage and Health, the percent of New Hamp-
7 shire residents 12 and older reporting ever having
8 used heroin has doubled since 2004, 1.2 percent in
9 2005 and 3.3 percent in 2011.

10 (3) The number of patients in New Hampshire
11 admitted to State-funded treatment programs for
12 heroin reached 1,540 in 2013, a major increase from
13 the 805 reported in 2004.

14 (4) Prescription opioid users admitted rose
15 from 213 in 2004 to 1,297 in 2013.

16 (5) Drug poisoning (more commonly called
17 overdose) is the number one cause of injury-related
18 death in the United States and deaths involving her-
19 oin have been on a steady increase in recent years.

20 (6) In 2012, 28 States reported that the death
21 rate for heroin overdose had doubled from 2010
22 through 2012.

23 (7) The increase doubled from 1.2 percent to
24 2.1 percent per 100,000 population, reflecting the
25 number of deaths having increased from 1,779 to
26 3,635.

1 (8) The number of drug-poisoning deaths in-
2 volving heroin was nearly four times higher for men
3 (6,525 deaths) than women (1,732 deaths) in 2013.

4 (9) The rate of heroin-related overdoses was
5 highest among adults aged 25 to 44 from 2000
6 through 2013; this is a 2.8-percent increase from
7 1.9 to 5.4.

8 (10) In 2013, the Midwest and Northeast re-
9 gions had higher rates (4.3 and 3.9 per 100,000, re-
10 spectively). From 2000 through 2013, the age-ad-
11 justed rate for heroin-related drug-poisoning deaths
12 increased in the Midwest region exponentially (from
13 0.4 to 4.3 per 100,000), increased more than 4-fold
14 in the Northeast region (from 0.9 to 3.9), increased
15 more than 3-fold in the South region (from 0.5 to
16 1.7), and doubled in the West region (from 0.9 to
17 1.8).

18 (11) The greatest increase for drug-poisoning
19 rates was seen in the Midwest region.

20 **SEC. 3. DEVELOPMENT OF BEST PRACTICES.**

21 (a) INTERAGENCY TASK FORCE.—Not later than 120
22 days after the date of enactment of this Act, the Secretary
23 of Health and Human Services (referred to in this section
24 as the “Secretary”), in cooperation with the Secretary of
25 Veterans Affairs, the Secretary of Defense, the Adminis-

1 trator of the Drug Enforcement Administration, the Sec-
2 retary of Homeland Security, and the Attorney General
3 of the United States, shall convene an Interagency Task
4 Force to Address Opioid Abuse (referred to in this section
5 as the “Task Force”).

6 (b) MEMBERSHIP.—The Task Force shall—

7 (1) be comprised of two representatives of each
8 the Department of Health and Human Services, in-
9 cluding the Centers for Disease Control and Preven-
10 tion, the Department of Veterans Affairs, the De-
11 partment of Defense, the Drug Enforcement Admin-
12 istration, the Office of National Drug Control Pol-
13 icy, the National Academy of Medicine, the National
14 Institutes of Health, the Indian Health Service, the
15 Department of Homeland Security, and the Sub-
16 stance Abuse and Mental Health Services Adminis-
17 tration; and

18 (2) include physicians, dentists, non-physician
19 prescribers, pharmacists, experts in the fields of pain
20 research and addiction research, and representatives
21 of the mental health treatment community, the ad-
22 diction treatment community, and pain advocacy
23 groups.

24 (c) DUTIES.—

1 (1) BEST PRACTICES.—Not later than 180 days
2 after the date on which the Task Force is convened,
3 the Task Force shall—

4 (A) develop best practices for pain man-
5 agement and prescription medication pre-
6 scribing practices, taking into consideration rec-
7 ommendations from—

8 (i) relevant conferences;

9 (ii) ongoing efforts at the State and
10 local levels; and

11 (iii) medical professional organizations
12 to develop improved pain management
13 strategies;

14 (B) solicit and take into consideration pub-
15 lic comments on the best practices developed
16 under subparagraph (A);

17 (C) develop a strategy for disseminating
18 information about the best practices under sub-
19 paragraph (A) to all medical and emergency
20 personnel who enforce, prescribe, and treat
21 opioid and heroin addiction; and

22 (D) conduct a study on the feasibility of
23 implementing the best practices developed
24 under subparagraph (A).

1 (2) REPORT TO CONGRESS.—Not later than
 2 270 days after the date on which the Task Force is
 3 convened, the Task Force shall submit to the Con-
 4 gress a report that includes—

5 (A) the strategy under paragraph (1)(C)
 6 for disseminating the best practices under para-
 7 graph (1)(A);

8 (B) the results of the feasibility study con-
 9 ducted under paragraph (1)(D); and

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

14 (d) NO RULEMAKING AUTHORITY.—The Task Force
 15 shall not have rulemaking authority.

16 **SEC. 4. COMMUNITY-BASED COALITION ENHANCEMENT**
 17 **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

18 Title I of the Omnibus Crime Control and Safe
 19 Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended
 20 by adding at the end of the following:

21 **“PART LL—GRANTS TO COMBAT DRUG CRISES**
 22 **AND INCARCERATION RELATED TO DRUG USE**
 23 **“SEC. 3021. COMMUNITY-BASED COALITION TO ADDRESS**
 24 **LOCAL DRUG CRISES.**

25 “(a) DEFINITIONS.—In this section:

1 “(1) DRUG-FREE COMMUNITIES ACT OF 1997.—
2 The term ‘Drug-Free Communities Act of 1997’
3 means chapter 2 of the National Narcotics Leader-
4 ship Act of 1988 (21 U.S.C. 1521 et seq.);

5 “(2) ELIGIBLE ENTITY.—The term ‘eligible en-
6 tity’ means an eligible coalition (as such term is de-
7 fined under section 1023 of the Drug-Free Commu-
8 nities Act of 1997 (21 U.S.C. 1523)) that—

9 “(A) on or before the date of submitting
10 an application for a grant under this section,
11 received a grant under the Drug-Free Commu-
12 nities Act of 1997; and

13 “(B) has demonstrated that there is a local
14 drug crisis in the area serviced by the entity, as
15 determined by the Attorney General based on
16 the Monitoring Future Survey published by the
17 National Institute on Drug Abuse and the Na-
18 tional Survey on Drug Use and Health by the
19 Substance Abuse and Mental Health Service
20 Administration.

21 “(3) LOCAL DRUG CRISIS.—The term ‘local
22 drug crisis’ means, with respect to the area serviced
23 by an eligible entity—

24 “(A) a sudden increase in the abuse of
25 opioids, as documented by local data; or

1 “(B) the abuse of prescription medications,
2 specifically opioids, that is significantly higher
3 than the national average, over a sustained pe-
4 riod of time, as documented by local data.

5 “(b) PROGRAM AUTHORIZED.—The Attorney Gen-
6 eral, in coordination with the Director of the National In-
7 stitute on Drug Abuse and the Administrator of the Sub-
8 stance Abuse and Mental Health Services Administration,
9 may make grants to eligible entities to implement com-
10 prehensive, community-wide strategies that address local
11 drug crises within the area served by the eligible entity.

12 “(c) APPLICATION.—

13 “(1) IN GENERAL.—An eligible entity desiring a
14 grant under this section shall submit an application
15 to the Attorney General at such time, in such man-
16 ner, and accompanied by such information as the
17 Attorney General may require.

18 “(2) CRITERIA.—As part of an application for
19 a grant under this section, the Attorney General
20 shall require an eligible entity to submit a detailed
21 comprehensive, multi-sector plan for addressing the
22 local drug crisis within the area served by the eligi-
23 ble entity.

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

1 “(1) for programs designed to implement com-
2 prehensive, community-wide prevention strategies to
3 address the local drug crisis in the area served by
4 the eligible entity, in accordance with the plan sub-
5 mitted under subsection (c)(2); and

6 “(2) to obtain specialized training and technical
7 assistance from the National Community Antidrug
8 Coalition Institute.

9 “(e) GRANT AMOUNTS AND DURATION.—

10 “(1) AMOUNTS.—The Attorney General may
11 not award a grant under this section for a fiscal
12 year in an amount that exceeds—

13 “(A) the amount of non-Federal funds
14 raised by the eligible entity, including in-kind
15 contributions, for that fiscal year; or

16 “(B) \$75,000.

17 “(2) DURATION.—The Attorney General may
18 not award a grant under this section for a period ex-
19 ceeding 4 years.

20 “(f) SUPPLEMENT NOT SUPPLANT.—An eligible enti-
21 ty shall use Federal funds received under this section only
22 to supplement funds that would, in the absence of those
23 Federal funds, be made available from other Federal and
24 non-Federal sources for the activities described in this sec-
25 tion, and not to supplant those funds.

1 “(g) EVALUATION.—A grant under this section shall
 2 be subject to the same evaluation requirements and proce-
 3 dures as the evaluation requirements and procedures im-
 4 posed on the recipient of a grant under the Drug-Free
 5 Communities Act of 1997.

6 “(h) LIMITATION ON ADMINISTRATIVE EXPENSES.—
 7 Not more than 8 percent of the amounts made available
 8 to carry out this section for a fiscal year may be used
 9 by the Attorney General to pay for administrative ex-
 10 penses.

11 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
 12 authorized to be appropriated to carry out this section
 13 \$5,000,000 for each of fiscal years 2016 through 2020.”.

14 **SEC. 5. LIMITATIONS ON CIVIL LIABILITY FOR CERTAIN IN-**
 15 **DIVIDUALS WORKING AT OPIOID OVERDOSE**
 16 **PROGRAMS.**

17 (a) LIMITATION ON CIVIL LIABILITY FOR INDIVID-
 18 UALS WORKING FOR OR VOLUNTEERING AT A STATE OR
 19 LOCAL AGENCY OPIOID OVERDOSE PROGRAM.—

20 (1) IN GENERAL.—Notwithstanding any other
 21 provision of law, except as provided in paragraph
 22 (2), no individual who provides an opioid overdose
 23 drug shall be liable for harm caused by the emer-
 24 gency administration of an opioid overdose drug by

1 another individual if the individual who provides
2 such drug—

3 (A) works for or volunteers at an opioid
4 overdose program; and

5 (B) provides the opioid overdose drug as
6 part of the opioid overdose program to an indi-
7 vidual authorized by the program to receive an
8 opioid overdose drug.

9 (2) EXCEPTION.—Paragraph (1) shall not
10 apply if the harm was caused by the gross neg-
11 ligence or reckless misconduct of the individual who
12 provides the drug.

13 (b) LIMITATION ON CIVIL LIABILITY FOR INDIVID-
14 UALS WHO ADMINISTER OPIOID OVERDOSE DRUGS.—

15 (1) IN GENERAL.—Notwithstanding any other
16 provision of law, except as provided in paragraph
17 (2), no individual shall be liable for harm caused by
18 the emergency administration of an opioid overdose
19 drug to an individual who has or reasonably appears
20 to have suffered an overdose from heroin or another
21 opioid, if—

22 (A) the individual who administers the
23 opioid overdose drug—

1 (i) obtained the drug from a health
2 care professional or as part of an opioid
3 overdose program; or

4 (ii) administers the drug pursuant to
5 a prescription for an opioid overdose drug
6 that is approved or licensed under section
7 505 of the Federal Food, Drug, and Cos-
8 metic Act (21 U.S.C. 355) or is licensed
9 under section 351 of the Public Health
10 Service Act (42 U.S.C. 262); and

11 (B) the individual who administers the
12 opioid overdose drug was educated on—

13 (i) when to administer the drug;

14 (ii) how to administer the drug; and

15 (iii) steps to be taken after the drug
16 is administered.

17 (2) EXCEPTION.—Paragraph (1) shall not
18 apply to an individual if the harm was caused by the
19 gross negligence or reckless misconduct of the indi-
20 vidual who administers the drug.

21 (c) PREEMPTION AND ELECTION OF STATE NON-
22 APPLICABILITY.—

23 (1) PREEMPTION.—Except as provided in para-
24 graph (2), this section preempts the law of a State
25 to the extent that such law is inconsistent with this

1 section, except that this section shall not preempt
2 any State law that provides additional protection
3 from liability relating to the administration of opioid
4 overdose drugs or that shields from liability any per-
5 son who provides or administers opioid overdose
6 drugs.

7 (2) ELECTION OF STATE REGARDING NON-
8 APPLICABILITY.—Subsections (a) and (b) shall not
9 apply to any civil action in a State court against a
10 person who administers opioid overdose drugs if—

11 (A) all parties to the civil action are citi-
12 zens of the State in which such action is
13 brought; and

14 (B) the State enacts legislation in accord-
15 ance with State requirements for enacting legis-
16 lation—

17 (i) citing the authority of this para-
18 graph;

19 (ii) declaring the election of the State
20 that such subsections (a) and (b) shall not
21 apply, as of a date certain, to any civil ac-
22 tions covered by this section; and

23 (iii) containing no other provisions.

24 (d) DEFINITIONS.—In this section —

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

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

8 (3) the term “opioid overdose program” means
9 a program operated by a local health department,
10 community-based organization, substance abuse
11 treatment organization, law enforcement agency, fire
12 department, other first responder department, or
13 voluntary association or a program funded by a Fed-
14 eral, State, or local government that works to pre-
15 vent opioid overdoses by in part providing opioid
16 overdose drugs and education to individuals at risk
17 of experiencing an opioid overdose or to an indi-
18 vidual in a position to assist another individual at
19 risk of experiencing an opioid overdose.

20 **SEC. 6. OPERATION OF OPIOID TREATMENT PROGRAMS.**

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

24 “(i)(1) An opioid treatment program that is reg-
25 istered under this section, and that closes for business on

1 any weekday or weekend day, including a Federal or State
2 holiday, shall comply with the requirements of this sub-
3 section.

4 “(2) For each patient who is restricted by a Federal
5 regulation or guideline or by the determination of the pro-
6 gram medical director from having a take-home dose of
7 a controlled substance related to the treatment involved,
8 the program shall make acceptable arrangements for the
9 patient to receive a dose of that substance under appro-
10 priate supervision during the closure.

11 “(3) The Administrator of the Substance Abuse and
12 Mental Health Services Administration shall issue a notice
13 that references regulations on acceptable arrangements
14 under this subsection, or shall promulgate regulations on
15 such acceptable arrangements.”.

16 **SEC. 7. TREATMENT ALTERNATIVE TO INCARCERATION**
17 **PROGRAMS.**

18 Part LL of the Omnibus Crime Control and Safe
19 Streets Act of 1968, as added by section 3, is amended
20 by adding at the end the following:

21 **“SEC. 3022. TREATMENT ALTERNATIVE TO INCARCERATION**
22 **PROGRAMS.**

23 “(a) DEFINITION.—In this section:

1 “(1) The term ‘eligible entity’ means a State,
2 unit of local government, Indian tribe, or nonprofit
3 organization.

4 “(2) The term ‘eligible participant’ means an
5 individual who—

6 “(A) comes in contact with the juvenile
7 justice system or criminal justice system or is
8 arrested or charged with an offense;

9 “(B) has a history of or a current—

10 “(i) substance use disorder;

11 “(ii) mental illness; or

12 “(iii) co-occurring mental illness and
13 substance use disorder; and

14 “(C) has been approved for participation in
15 a program funded under this section by the rel-
16 evant law enforcement agency, prosecuting at-
17 torney, defense attorney, probation or correc-
18 tions official, judge, or representative from the
19 relevant mental health or substance abuse agen-
20 cy, as applicable.

21 “(b) PROGRAM AUTHORIZED.—The Attorney General
22 may make grants to eligible entities to develop, implement,
23 or expand a treatment alternative to incarceration pro-
24 grams for eligible participants, including—

1 “(1) programs for use before the filing of crimi-
2 nal charges against an individual, which shall in-
3 clude—

4 “(A) training for law enforcement officers
5 on substance use disorders, mental illness, and
6 co-occurring mental illness and substance use
7 disorders;

8 “(B) the use of receiving centers as alter-
9 natives to incarceration of eligible participants;

10 “(C) the use of specialized response units
11 for calls related to substance use disorders,
12 mental illness, and co-occurring mental illness
13 and substance use disorders; and

14 “(D) other arrest and pre-bookings treat-
15 ment alternative to incarceration models; and

16 “(2) programs for use after the filing of crimi-
17 nal charges against an individual, which shall in-
18 clude—

19 “(A) specialized clinical case management;

20 “(B) pre-trial services related to substance
21 use disorders, mental illness, and co-occurring
22 mental illness and substance use disorders;

23 “(C) prosecutor and defense-based pro-
24 grams;

25 “(D) specialized probation;

1 “(E) programs utilizing the American So-
2 ciety of Addition Medicine patient placement
3 criteria;

4 “(F) treatment and rehabilitation pro-
5 grams and recovery support services; and

6 “(G) drug courts, DWI courts, and vet-
7 erans treatment courts.

8 “(c) APPLICATION.—

9 “(1) IN GENERAL.—An eligible entity seeking a
10 grant under this section shall submit an application
11 to the Attorney General that meets the criteria in
12 paragraph (2) at such time, in such manner, and ac-
13 companied by such additional information as the At-
14 torney General may reasonably require.

15 “(2) CRITERIA.—An eligible entity, in submit-
16 ting an application under paragraph (1), shall pro-
17 vide evidence that the entity, with regard to the al-
18 ternative to incarceration program for which it seeks
19 funds under this section—

20 “(A) has collaborated or will collaborate
21 with the State and local government agencies
22 overseeing health, community corrections,
23 courts, prosecution, substance abuse, mental
24 health, victims services, and employment serv-
25 ices, and with local law enforcement agencies;

1 “(B) has consulted or will consult with the
2 State authority for substance abuse;

3 “(C) will use evidence-based screening and
4 assessment treatment practices;

5 “(D) will use evidence-based screening and
6 assessment tools to place participants in the
7 treatment alternative to the incarceration pro-
8 gram; and

9 “(E) will use evidence-based methodology
10 and outcome measurements to evaluate the pro-
11 gram, and provide a description of—

12 “(i) such methodology and measure-
13 ments, including how such measurements
14 will provide valid measures of the impact
15 of the program; and

16 “(ii) how the program could be broad-
17 ly replicated if demonstrated to be effec-
18 tive.

19 “(d) REQUIREMENTS.—An eligible entity awarded a
20 grant for a treatment alternative to incarceration program
21 under this section shall—

22 “(1) determine the terms and conditions under
23 which eligible participants may participate in the
24 program, taking into consideration the collateral

1 consequences of an arrest, prosecution, or criminal
2 conviction;

3 “(2) ensure that each substance abuse and
4 mental health treatment component of the program
5 is licensed and qualified by the relevant jurisdiction;

6 “(3) organize an enforcement unit of the pro-
7 gram comprised of appropriately trained law en-
8 forcement professionals who are supervised by the
9 State, tribal, or local criminal justice agency involved
10 in the administration of the program, the duties of
11 which shall include—

12 “(A) the verification of addresses and
13 other contacts of each eligible participant who
14 participates or seeks to participate in the pro-
15 gram; and

16 “(B) if necessary, the location, apprehen-
17 sion, arrest, and return to court of an eligible
18 participant in the program who has absconded
19 from the facility of a treatment provider or has
20 otherwise violated the terms and conditions of
21 the program, consistent with Federal and State
22 confidentiality requirements;

23 “(4) notify the relevant criminal justice entity if
24 any eligible participant in the program absconds
25 from the facility of the treatment provider or other-

1 wise violates the terms and conditions of the pro-
2 gram, consistent with Federal and State confiden-
3 tiality requirements; and

4 “(5) submit periodic reports on the progress of
5 treatment or other measured outcomes from partici-
6 pation in the program of each eligible offender par-
7 ticipating in the program to the relevant State, trib-
8 al, or local criminal justice agency, consistent with
9 Federal and State confidentiality requirements.

10 “(e) USE OF FUNDS.—An eligible entity shall use a
11 grant received under this section for the costs of the treat-
12 ment alternative to incarceration program, including—

13 “(1) salaries, personnel costs, equipment costs,
14 and other costs directly related to the operation of
15 the program, including the enforcement unit;

16 “(2) payments for treatment providers that are
17 approved by the relevant State or tribal jurisdiction
18 and licensed, if necessary, to provide needed treat-
19 ment to eligible offenders participating in the pro-
20 gram, including medication-assisted treatment,
21 aftercare supervision, vocational training, education,
22 and job placement; and

23 “(3) payments to public and nonprofit private
24 entities that are approved by the State or tribal ju-
25 risdiction and licensed, if necessary, to provide alco-

1 hol and drug addiction treatment and mental health
2 treatment to eligible offenders participating in the
3 program.

4 “(f) SUPPLEMENT NOT SUPPLANT.—An eligible enti-
5 ty shall use Federal funds received under this section only
6 to supplement the funds that would, in the absence of
7 those Federal funds, be made available from other Federal
8 and non-Federal sources for activities described in this
9 section, and not to supplant those funds.

10 “(g) GEOGRAPHIC DISTRIBUTION.—The Attorney
11 General shall ensure that, to the extent practicable, the
12 geographical distribution of grants awarded under this
13 section is equitable and includes a grant to an eligible enti-
14 ty in—

15 “(1) each State;

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

17 “(3) tribal jurisdictions.

18 “(h) REPORTS AND EVALUATIONS.—

19 “(1) IN GENERAL.—Each fiscal year, a recipi-
20 ent of a grant under this section during that fiscal
21 year shall submit to the Attorney General a report
22 containing the information described in paragraph
23 (2), as well as such additional information as the At-
24 torney General may reasonably require. The recipi-

ent shall submit such report in such form and on such dates as the Attorney General specifies.

“(2) CONTENTS.—A report submitted under paragraph (1) shall—

“(A) describe best practices for treatment alternatives; and

“(B) identify training requirements for law enforcement officers who participate in treatment alternatives to incarceration programs.

“(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$10,000,000 for each of the fiscal years 2016 through 2020.”.

SEC. 8. REAUTHORIZATION OF THE HIGH INTENSITY DRUG TRAFFICKING AREA UNDER THE OFFICE OF NATIONAL DRUG CONTROL POLICY.

Section 707 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1706) is amended by striking subsection (p) and inserting the following:

“(p) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Office of National Drug Control Policy to carry out this section \$280,000,000 for each of fiscal years 2016 through 2020.”.

1 **SEC. 9. REAUTHORIZATION OF THE CONTROLLED SUB-**
2 **STANCE MONITORING PROGRAM.**

3 (a) AMENDMENT TO PURPOSE.—Paragraph (1) of
4 section 2 of the National All Schedules Prescription Elec-
5 tronic Reporting Act of 2005 (Public Law 109–60) is
6 amended to read as follows:

7 “(1) foster the establishment of State-adminis-
8 tered controlled substance monitoring systems in
9 order to ensure that—

10 “(A) health care providers have access to
11 the accurate, timely prescription history infor-
12 mation that they may use as a tool for the early
13 identification of patients at risk for addiction in
14 order to initiate appropriate medical interven-
15 tions and avert the tragic personal, family, and
16 community consequences of untreated addiction;
17 and

18 “(B) appropriate law enforcement, regu-
19 latory, and State professional licensing authori-
20 ties have access to prescription history informa-
21 tion for the purposes of investigating drug di-
22 version and prescribing and dispensing prac-
23 tices of errant prescribers or pharmacists; and”.

24 (b) AMENDMENTS TO CONTROLLED SUBSTANCE
25 MONITORING PROGRAM.—Section 399O of the Public
26 Health Service Act (42 U.S.C. 280g–3) is amended—

1 (1) in subsection (a)—

2 (A) in paragraph (1)—

3 (i) in subparagraph (A), by striking

4 “or”;

5 (ii) in subparagraph (B), by striking

6 the period at the end and inserting “; or”;

7 and

8 (iii) by adding at the end the fol-

9 lowing:

10 “(C) to maintain and operate an existing

11 State-controlled substance monitoring pro-

12 gram.”; and

13 (B) in paragraph (3), by inserting “by the

14 Secretary” after “Grants awarded”;

15 (2) by amending subsection (b) to read as fol-

16 lows:

17 “(b) MINIMUM REQUIREMENTS.—The Secretary

18 shall maintain and, as appropriate, supplement or revise

19 (after publishing proposed additions and revisions in the

20 Federal Register and receiving public comments thereon)

21 minimum requirements for criteria to be used by States

22 for purposes of clauses (ii), (v), (vi), and (vii) of subsection

23 (c)(1)(A).”;

24 (3) in subsection (c)—

25 (A) in paragraph (1)(B)—

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

4 (ii) in clause (i), by striking “program
5 to be improved” and inserting “program to
6 be improved or maintained”;

7 (iii) by redesignating clauses (iii) and
8 (iv) as clauses (iv) and (v), respectively;

9 (iv) by inserting after clause (ii) the
10 following:

11 “(iii) a plan to apply the latest ad-
12 vances in health information technology in
13 order to incorporate prescription drug
14 monitoring program data directly into the
15 workflow of prescribers and dispensers to
16 ensure timely access to patients’ controlled
17 prescription drug history;”;

18 (v) in clause (iv), as redesignated, by
19 inserting before the semicolon at the end
20 “and at least one health information tech-
21 nology system such as an electronic health
22 records system, a health information ex-
23 change, or an e-prescribing system”; and

1 (vi) in clause (v), as redesignated, by
2 striking “public health” and inserting
3 “public health or public safety”;

4 (B) in paragraph (3)—

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

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

9 (ii) by striking the period at the end
10 and inserting “and include timelines for
11 full implementation of such interoper-
12 ability. The State shall also describe the
13 manner in which it will achieve interoper-
14 ability between its monitoring program and
15 health information technology systems, as
16 allowable under State law, and include
17 timelines for implementation of such inter-
18 operability.”; and

19 (iii) by adding at the end the fol-
20 lowing:

21 “(B) MONITORING OF EFFORTS.—The
22 Secretary shall monitor State efforts to achieve
23 interoperability, as described in subparagraph
24 (A).”;

25 (C) in paragraph (5)—

(i) by striking “implement or improve” and inserting “establish, improve, or maintain”; and

(ii) by adding at the end the following: “The Secretary shall redistribute any funds that are so returned among the remaining grantees under this section in accordance with the formula described in subsection (a)(2)(B).”;

(4) in subsection (d)—

(A) in the matter preceding paragraph (1)—

(i) by striking “In implementing or improving” and all that follows through “(a)(1)(B)” and inserting “In establishing, improving, or maintaining a controlled substance monitoring program under this section, a State shall comply, or with respect to a State that applies for a grant under subparagraph (B) or (C) of subsection (a)(1)”;

(ii) by striking “public health” and inserting “public health or public safety”; and

(B) by adding at the end the following:

1 “(5) The State shall report to the Secretary
2 on—

3 “(A) as appropriate, interoperability with
4 the controlled substance monitoring programs
5 of Federal departments and agencies;

6 “(B) as appropriate, interoperability with
7 health information technology systems such as
8 electronic health records systems, health infor-
9 mation exchanges, and e-prescribing systems;
10 and

11 “(C) whether or not the State provides
12 automatic, real-time or daily information about
13 a patient when a practitioner (or the designee
14 of a practitioner, where permitted) requests in-
15 formation about such patient.”;

16 (5) in subsections (e), (f)(1), and (g), by strik-
17 ing “implementing or improving” each place it ap-
18 pears and inserting “establishing, improving, or
19 maintaining”;

20 (6) in subsection (f)—

21 (A) in paragraph (1)—

22 (i) in subparagraph (B), by striking
23 “misuse of a schedule II, III, or IV sub-
24 stance” and inserting “misuse of a con-
25 trolled substance included in schedule II,

1 III, or IV of section 202(c) of the Con-
 2 trolled Substance Act”; and

3 (ii) in subparagraph (D), by inserting
 4 “a State substance abuse agency,” after “a
 5 State health department,”; and

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

7 “(3) EVALUATION AND REPORTING.—Subject
 8 to subsection (g), a State receiving a grant under
 9 subsection (a) shall provide the Secretary with ag-
 10 gregate data and other information determined by
 11 the Secretary to be necessary to enable the Sec-
 12 retary—

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

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

17 “(4) RESEARCH BY OTHER ENTITIES.—A de-
 18 partment, program, or administration receiving non-
 19 identifiable information under paragraph (1)(D)
 20 may make such information available to other enti-
 21 ties for research purposes.”;

22 (7) by redesignating subsections (h) through
 23 (n) as subsections (j) through (p), respectively;

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

4 (9) by inserting after subsection (g) the fol-
5 lowing:

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

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

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

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

15 “(i) CONSULTATION WITH ATTORNEY GENERAL.—
16 In carrying out this section, the Secretary shall consult
17 with the Attorney General of the United States and other
18 relevant Federal officials to—

19 “(1) ensure maximum coordination of controlled
20 substance monitoring programs and related activi-
21 ties; and

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

23 (10) in subsection (l)(2)(A), as redesignated by
24 paragraph (7)—

1 (A) in clause (ii), by inserting “; estab-
 2 lished or strengthened initiatives to ensure link-
 3 ages to substance use disorder services;” before
 4 “or affected patient access”; and

5 (B) in clause (iii), by inserting “and be-
 6 tween controlled substance monitoring pro-
 7 grams and health information technology sys-
 8 tems,” before “, including an assessment”;

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

11 (12) by redesignating subsections (m) through
 12 (o), as redesignated by paragraph (7), as subsections
 13 (l) through (o), respectively;

14 (13) in subsection (m)(1), as redesignated by
 15 paragraph (12), by striking “establishment, imple-
 16 mentation, or improvement” and inserting “estab-
 17 lishment, improvement, or maintenance”;

18 (14) in subsection (n)—

19 (A) in paragraph (5)—

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

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

1 (iii) by adding at the end the fol-
 2 lowing:

3 “(B) sharing of State controlled substance
 4 monitoring program information with a health
 5 information technology system such as an elec-
 6 tronic health records system, a health informa-
 7 tion exchange, or an e-prescribing system.”;

8 (B) in paragraph (7), by striking “phar-
 9 macy” and inserting “pharmacist”; and

10 (C) in paragraph (8), by striking “and the
 11 District of Columbia” and inserting “, the Dis-
 12 trict of Columbia, and any commonwealth or
 13 territory of the United States”; and

14 (15) by amending subsection (o), as redesign-
 15 nated by paragraph (12), to read as follows:

16 “(o) AUTHORIZATION OF APPROPRIATIONS.—To
 17 carry out this section, there is authorized to be appro-
 18 priated \$10,000,000 for each of fiscal years from 2016
 19 through 2020.”.

20 **SEC. 10. OFFSET.**

21 It is the sense of Congress that the amounts ex-
 22 pended to carry out this Act and the amendments made
 23 by this Act should be offset by a corresponding reduction
 24 in Federal discretionary spending.

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