

114TH CONGRESS  
2D SESSION

# H. R. 4586

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## AN ACT

To amend the Public Health Service Act to authorize grants to States for developing standing orders and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as “Lali’s Law”.

3 **SEC. 2. OPIOID OVERDOSE REVERSAL MEDICATION ACCESS**  
4 **AND EDUCATION GRANT PROGRAMS.**

5 (a) TECHNICAL CLARIFICATION.—Effective as if in-  
6 cluded in the enactment of the Children’s Health Act of  
7 2000 (Public Law 106–310), section 3405(a) of such Act  
8 (114 Stat. 1221) is amended by striking “Part E of title  
9 III” and inserting “Part E of title III of the Public Health  
10 Service Act”.

11 (b) AMENDMENT.—Title III of the Public Health  
12 Service Act is amended by inserting after part D of such  
13 title (42 U.S.C. 254b et seq.) the following new part E:

14 **“PART E—OPIOID USE DISORDER**

15 **“SEC. 341. OPIOID OVERDOSE REVERSAL MEDICATION AC-**  
16 **CESS AND EDUCATION GRANT PROGRAMS.**

17 “(a) GRANTS TO STATES.—The Secretary may make  
18 grants to States for—

19 “(1) developing standing orders for pharmacies  
20 regarding opioid overdose reversal medication;

21 “(2) encouraging pharmacies to dispense opioid  
22 overdose reversal medication pursuant to a standing  
23 order;

24 “(3) implementing best practices for persons  
25 authorized to prescribe medication regarding—

1           “(A) prescribing opioids for the treatment  
2 of chronic pain;

3           “(B) co-prescribing opioid overdose rever-  
4 sal medication with opioids; and

5           “(C) discussing the purpose and adminis-  
6 tration of opioid overdose reversal medication  
7 with patients;

8           “(4) developing or adapting training materials  
9 and methods for persons authorized to prescribe or  
10 dispense medication to use in educating the public  
11 regarding—

12           “(A) when and how to administer opioid  
13 overdose reversal medication; and

14           “(B) steps to be taken after administering  
15 opioid overdose reversal medication; and

16           “(5) educating the public regarding—

17           “(A) the public health benefits of opioid  
18 overdose reversal medication; and

19           “(B) the availability of opioid overdose re-  
20 versal medication without a person-specific pre-  
21 scription.

22           “(b) CERTAIN REQUIREMENT.—A grant may be  
23 made under this section only if the State involved has au-  
24 thorized standing orders regarding opioid overdose rever-  
25 sal medication.

1       “(c) PREFERENCE IN MAKING GRANTS.—In making  
2 grants under this section, the Secretary shall give pref-  
3 erence to States that—

4           “(1) have not issued standing orders regarding  
5 opioid overdose reversal medication;

6           “(2) authorize standing orders that permit com-  
7 munity-based organizations, substance abuse pro-  
8 grams, or other nonprofit entities to acquire, dis-  
9 pense, or administer opioid overdose reversal medica-  
10 tion;

11          “(3) authorize standing orders that permit po-  
12 lice, fire, or emergency medical services agencies to  
13 acquire and administer opioid overdose reversal  
14 medication;

15          “(4) have a higher per capita rate of opioid  
16 overdoses than other applicant States; or

17          “(5) meet any other criteria deemed appro-  
18 priate by the Secretary.

19       “(d) GRANT TERMS.—

20           “(1) NUMBER.—A State may not receive more  
21 than one grant under this section.

22           “(2) PERIOD.—A grant under this section shall  
23 be for a period of 3 years.

24           “(3) AMOUNT.—A grant under this section may  
25 not exceed \$500,000.

1           “(4) LIMITATION.—A State may use not more  
2           than 20 percent of a grant under this section for  
3           educating the public pursuant to subsection (a)(5).

4           “(e) APPLICATIONS.—To be eligible to receive a grant  
5           under this section, a State shall submit an application to  
6           the Secretary in such form and manner and containing  
7           such information as the Secretary may require, including  
8           detailed proposed expenditures of grant funds.

9           “(f) REPORTING.—Not later than 3 months after the  
10          Secretary disburses the first grant payment to any State  
11          under this section and every 6 months thereafter for 3  
12          years, such State shall submit a report to the Secretary  
13          that includes the following:

14               “(1) The name and ZIP Code of each pharmacy  
15               in the State that dispenses opioid overdose reversal  
16               medication under a standing order.

17               “(2) The total number of opioid overdose rever-  
18               sal medication doses dispensed by each such phar-  
19               macy, specifying how many were dispensed with or  
20               without a person-specific prescription.

21               “(3) The number of pharmacists in the State  
22               who have participated in training pursuant to sub-  
23               section (a)(4).

24          “(g) DEFINITIONS.—In this section:

1           “(1) OPIOID OVERDOSE REVERSAL MEDICA-  
 2           TION.—The term ‘opioid overdose reversal medica-  
 3           tion’ means any drug, including naloxone, that—

4                   “(A) blocks opioids from attaching to, but  
 5                   does not itself activate, opioid receptors; or

6                   “(B) inhibits the effects of opioids on  
 7                   opioid receptors.

8           “(2) STANDING ORDER.—The term ‘standing  
 9           order’ means a document prepared by a person au-  
 10          thorized to prescribe medication that permits an-  
 11          other person to acquire, dispense, or administer  
 12          medication without a person-specific prescription.

13          “(h) AUTHORIZATION OF APPROPRIATIONS.—

14                  “(1) IN GENERAL.—To carry out this section,  
 15          there is authorized to be appropriated \$5,000,000  
 16          for the period of fiscal years 2017 through 2019.

17                  “(2) ADMINISTRATIVE COSTS.—Not more than  
 18          3 percent of the amounts made available to carry  
 19          out this section may be used by the Secretary for  
 20          administrative expenses of carrying out this sec-  
 21          tion.”.

22   **SEC. 3. CUT-GO COMPLIANCE.**

23          Subsection (f) of section 319D of the Public Health  
 24          Service Act (42 U.S.C. 247d–4) is amended by inserting  
 25          before the period at the end the following: “(except such

1 dollar amount shall be reduced by \$5,000,000 for fiscal  
2 year 2017)''.

Passed the House of Representatives May 12, 2016.

Attest:

*Clerk.*

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