

114TH CONGRESS
1ST SESSION

S. 1134

To address prescription opioid abuse and heroin use.

IN THE SENATE OF THE UNITED STATES

APRIL 29, 2015

Ms. AYOTTE (for herself and Mr. DONNELLY) introduced the following bill;
which was read twice and referred to the Committee on the Judiciary

A BILL

To address prescription opioid abuse and heroin use.

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 “Heroin and Prescrip-
5 tion Opioid Abuse Prevention, Education, and Enforce-
6 ment Act of 2015.”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

9 (1) The Controlled Substances Act (21 U.S.C.
10 801 et seq.) declares that many controlled sub-
11 stances have a useful and legitimate medical purpose

1 and are necessary to maintain the health and gen-
2 eral welfare of the people of the United States.

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

6 (3) The responsible treatment of pain is a high
7 priority for our Nation and the needs of individuals
8 with pain must be taken into careful consideration
9 when taking steps to prevent prescription drug mis-
10 use and abuse.

11 (4) When no longer needed or wanted for legiti-
12 mate pain management or health treatment, pre-
13 scription opioids are susceptible to diversion. Pre-
14 scription opioids also may be abused by individuals
15 who were not prescribed such drugs, or misused by
16 individuals not taking such drugs as directed.

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

20 (6) According to the National Institute on Drug
21 Abuse, heroin attaches to the same brain cell recep-
22 tors as prescription opioids.

23 (7) The low cost and high purity of currently
24 available heroin has contributed to an increase in
25 heroin use across the United States.

1 (8) More people are using heroin, and are using
2 heroin at a younger age. The National Survey on
3 Drug Use and Health reports that new heroin users
4 numbered 142,000 in 2010, and increased to
5 178,000 in 2011. In 2011, the average age at first
6 use among heroin abusers between 12 and 49 years
7 was 22.1 years. In 2009, the average age at first use
8 among heroin abusers between 12 and 49 years was
9 25.5 years.

10 (9) According to the Department of Health and
11 Human Services, heroin use nationwide rose 79 per-
12 cent between 2007 and 2012.

13 (10) Deaths from heroin overdose have signifi-
14 cantly increased in communities across the United
15 States. According to the Centers for Disease Control
16 and Prevention, the number of deaths involving her-
17 oin almost tripled between 2010 and 2013. From
18 2010 to 2013, the number of heroin deaths rose
19 from 3,036 to 8,257.

20 (11) The Edward Byrne Memorial Justice As-
21 sistance Grant Program under part E of title I of
22 the Omnibus Crime Control and Safe Streets Act of
23 1968 (42 U.S.C. 3750 et seq.) is critical to fighting
24 the prescription opioid abuse and heroin use

1 epidemics, and should be reauthorized and fully
2 funded.

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

4 (a) INTER-AGENCY TASK FORCE.—Not later than
5 120 days after the date of enactment of this Act, the Sec-
6 retary of Health and Human Services (referred to in this
7 section as the “Secretary”), in cooperation with the Sec-
8 retary of Veterans Affairs, the Secretary of Defense, and
9 the Administrator of the Drug Enforcement Administra-
10 tion, shall convene a Pain Management Best Practices
11 Inter-Agency Task Force (referred to in this section as
12 the “task force”).

13 (b) MEMBERSHIP.—The task force shall be com-
14 prised of—

15 (1) representatives of—

16 (A) the Department of Health and Human
17 Services, including the Centers for Disease Con-
18 trol and Prevention;

19 (B) the Department of Veterans Affairs;

20 (C) the Department of Defense;

21 (D) the Drug Enforcement Administration;

22 (E) the Office of National Drug Control
23 Policy; and

24 (F) the Institute of Medicine;

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

3 (3) physicians, dentists, and non-physician pre-
4 scribers;

5 (4) pharmacists;

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

8 (6) representatives of—

9 (A) pain management professional organi-
10 zations;

11 (B) the mental health treatment commu-
12 nity;

13 (C) the addiction treatment community;
14 and

15 (D) pain advocacy groups; and

16 (7) other stakeholders, as the Secretary deter-
17 mines appropriate.

18 (c) DUTIES.—The task force shall—

19 (1) not later than 180 days after the date on
20 which the task force is convened, develop best prac-
21 tices for pain management and prescription pain
22 medication prescribing practices, taking into consid-
23 eration—

24 (A) existing pain management research;

1 (B) recommendations from relevant con-
2 ferences; and

3 (C) ongoing efforts at the State and local
4 levels and by medical professional organizations
5 to develop improved pain management strate-
6 gies;

7 (2) solicit and take into consideration public
8 comment on the best practices developed under para-
9 graph (1), amending such best practices if appro-
10 priate; and

11 (3) develop a strategy for disseminating infor-
12 mation about the best practices developed under
13 paragraphs (1) and (2) to prescribers, pharmacists,
14 State medical boards, and other parties, as the Sec-
15 retary determines appropriate.

16 (d) LIMITATION.—The task force shall not have rule-
17 making authority.

18 (e) REPORT.—Not later than 270 days after the date
19 on which the task force is convened under subsection (a),
20 the task force shall submit to Congress a report that in-
21 cludes—

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

24 (2) the results of a feasibility study on linking
25 best practices developed under paragraphs (1) and

1 (2) of subsection (c) to receiving and renewing reg-
2 istrations under section 303(f) of the Controlled
3 Substances Act (21 U.S.C. 823(f)); and

4 (3) recommendations on how to apply such best
5 practices to improve prescribing practices at medical
6 facilities, including medical facilities of the Veterans
7 Health Administration.

8 **SEC. 4. HAROLD ROGERS PRESCRIPTION DRUG MONI-**
9 **TORING PROGRAM.**

10 (a) AUTHORIZATION OF APPROPRIATIONS.—To carry
11 out the Harold Rogers Prescription Drug Monitoring Pro-
12 gram established under the Departments of Commerce,
13 Justice, and State, the Judiciary, and Related Agencies
14 Appropriations Act, 2002 (Public Law 107–77; 115 Stat.
15 748), there is authorized to be appropriated \$9,000,000
16 for each of fiscal years 2016 through 2020.

17 (b) GAO REPORT.—Not later than 1 year after the
18 date of enactment of this Act, the Comptroller General
19 of the United States shall submit to Congress a report
20 evaluating the effectiveness of the Harold Rogers Pre-
21 scription Drug Monitoring Program in reducing prescrip-
22 tion drug abuse, and, to the extent practicable, any cor-
23 responding increase or decrease in the use of heroin.

1 **SEC. 5. REAUTHORIZATION OF BYRNE JUSTICE ASSIST-**
 2 **ANCE GRANT PROGRAM.**

3 Section 508 of title I of the Omnibus Crime Control
 4 and Safe Streets Act of 1968 (42 U.S.C. 3758) is amend-
 5 ed by striking “2006 through 2012” and inserting “2016
 6 through 2020”.

7 **SEC. 6. AWARENESS CAMPAIGNS.**

8 (a) IN GENERAL.—The Secretary of Health and
 9 Human Services shall advance the education and aware-
 10 ness of the public, providers, patients, and other appro-
 11 priate stakeholders regarding the risk of abuse of prescrip-
 12 tion opioid drugs if such products are not taken as pre-
 13 scribed.

14 (b) DRUG-FREE MEDIA CAMPAIGN.—

15 (1) IN GENERAL.—The Office of National Drug
 16 Control Policy, in coordination with the Secretary of
 17 Health and Human Services and the Attorney Gen-
 18 eral, shall establish a national drug awareness cam-
 19 paign.

20 (2) REQUIREMENTS.—The national drug aware-
 21 ness campaign under paragraph (1) shall—

22 (A) take into account the association be-
 23 tween prescription opioid abuse and heroin use;

24 (B) emphasize the similarities between her-
 25 oin and prescription opioids and the effects of

1 heroin and prescription opioids on the human
2 body; and

3 (C) bring greater public awareness to the
4 dangerous effects of fentanyl when mixed with
5 heroin or abused in a similar manner.

6 (3) AVAILABLE FUNDS.—Funds for the na-
7 tional drug awareness campaign may be derived
8 from amounts appropriated to the Office of National
9 Drug Control Policy and otherwise available for obli-
10 gation and expenditure.

11 **SEC. 7. NALOXONE DEMONSTRATION GRANTS.**

12 (a) DEFINITIONS.—In this section—

13 (1) the term “eligible entity” means a State, a
14 unit of local government, or a tribal government;

15 (2) the term “first responder” includes fire-
16 fighters, law enforcement officers, paramedics, emer-
17 gency medical technicians, and other individuals (in-
18 cluding employees of legally organized and recog-
19 nized volunteer organizations, whether compensated
20 or not), who, in the course of professional duties, re-
21 spond to fire, medical, hazardous material, or other
22 similar emergencies; and

23 (3) the term “opioid overdose reversal drug”
24 means a drug that, when administered, reverses in

1 whole or part the pharmacological effects of an
 2 opioid overdose in the human body.

3 (b) PROGRAM AUTHORIZED.—The Attorney General,
 4 in coordination with the Secretary of Health and Human
 5 Services and the Director of the Office of National Drug
 6 Control Policy, may make grants to eligible entities to cre-
 7 ate not more than 8 demonstration programs to allow
 8 properly trained first responders to prevent prescription
 9 opioid and heroin overdose death by administering an
 10 opioid overdose reversal drug to an individual who has ex-
 11 perience overdose or who has been determined to have
 12 likely experienced overdose.

13 (c) APPLICATION.—

14 (1) IN GENERAL.—To be eligible to receive a
 15 grant under this section, an entity shall submit an
 16 application to the Attorney General, at such time, in
 17 such manner, and accompanied by such information
 18 as the Attorney General shall require, and—

19 (A) that meets the criteria for selection
 20 under paragraph (2); and

21 (B) that describes—

22 (i) the evidence-based methodology
 23 and outcome measures that will be used to
 24 evaluate the program funded with a grant
 25 under this section, and specifically explain

1 how such measurements will provide valid
2 measures of the impact of the program;

3 (ii) how the program could be broadly
4 replicated if demonstrated to be effective;

5 (iii) how the eligible entity will coordi-
6 nate with their corresponding State sub-
7 stance abuse agency to identify protocols
8 and resources that are available to victims
9 and families, including information on
10 treatment and recovery resources; and

11 (iv) how the demonstration program
12 will continue with State, local, or private
13 funding after the expiration of the grant.

14 (2) CRITERIA FOR SELECTION.—The Attorney
15 General may award grants to eligible entities that
16 demonstrate an institutional need for technical sup-
17 port and lack existing infrastructure in order to im-
18 plement and train first responders to carry out a
19 demonstration program under paragraph (b).

20 (3) PRIORITY CONSIDERATION.—In awarding
21 grants under this section, the Attorney General shall
22 give priority to an eligible entity located in a State
23 that provides civil liability protection for first re-
24 sponders administering an opioid overdose reversal
25 drug to counteract opioid overdoses by—

1 (A) enacting legislation that provides such
2 civil liability protection; and

3 (B) providing a certification by the attor-
4 ney general of the State that the attorney gen-
5 eral has—

6 (i) reviewed any applicable civil liabil-
7 ity protection law to determine the applica-
8 bility of the law with respect to first re-
9 sponders who may administer an opioid
10 overdose reversal drug to individuals rea-
11 sonably believed to be suffering from
12 opioid overdose; and

13 (ii) concluded that the law described
14 in subparagraph (A) provides adequate
15 civil liability protection applicable to such
16 persons.

17 (d) USE OF FUNDS.—An eligible entity shall use a
18 grant received under this section to—

19 (1) make an opioid overdose reversal drug,
20 which may include naloxone, available to be carried
21 and administered by first responders;

22 (2) train and provide resources for first re-
23 sponders, on carrying and administering such
24 opioid overdose reversal drug for the prevention of
25 prescription opioid and heroin overdose deaths; and

1 (3) establish processes, protocols, and mecha-
2 nisms for referral to treatment.

3 (e) TECHNICAL SUPPORT.—The Attorney General
4 shall provide individualized technical support, as re-
5 quested, to grant recipients under this section to assist
6 with implementation of the demonstration program.

7 (f) GRANT DURATION.—A demonstration project
8 grant shall be for a period of 3 years.

9 (g) EVALUATION.—Following the first grant year, a
10 recipient of a grant awarded under this section shall re-
11 port to the Attorney General on an annual basis —

12 (1) the number of first responders equipped
13 with an opioid overdose reversal drug for the preven-
14 tion of fatal prescription opioid and heroin overdose;

15 (2) the number of prescription opioid and her-
16 oin overdoses reversed by first responders;

17 (3) the number of calls for service related to
18 prescription opioid and heroin overdose; and

19 (4) the extent to which overdose victims and
20 families receive information about treatment services
21 and available data describing treatment admissions.

22 (h) REPORT TO CONGRESS.—The Attorney General
23 shall submit an annual report to the appropriate commit-
24 tees of Congress aggregating the data received from the

1 grant recipients and evaluating the outcomes achieved by
2 the demonstration projects funded under this section.

3 **SEC. 8. OFFSET.**

4 It is the sense of Congress that the amounts ex-
5 pended to carry out this Act and the amendments made
6 by this Act should be offset by a corresponding reduction
7 in Federal non-defense discretionary spending.

○