

114TH CONGRESS  
1ST SESSION

# S. 2256

To establish programs for health care provider training in Federal health care and medical facilities, to establish Federal co-prescribing guidelines, to establish a grant program with respect to naloxone, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

NOVEMBER 5, 2015

Mr. KAINE (for himself and Mrs. CAPITO) 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 establish programs for health care provider training in Federal health care and medical facilities, to establish Federal co-prescribing guidelines, to establish a grant program with respect to naloxone, 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 “Co-Prescribing Saves  
5 Lives Act of 2015”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1           (1) Together, the misuse of heroin and opioids  
2           account for approximately 25,000 deaths in the  
3           United States per year.

4           (2) Drug overdose was the leading cause of in-  
5           jury death in the United States in 2013, and among  
6           people 25 to 64 years old, drug overdose caused  
7           more deaths than motor vehicle fatalities in 2013.

8           (3) According to the Centers for Disease Con-  
9           trol and Prevention, in the United States, fatal  
10          opioid-related drug overdose rates have more than  
11          quadrupled since 1990 and have never been higher.  
12          Each day in the United States, 46 people die from  
13          an overdose of prescription painkillers. Nearly  
14          2,000,000 Americans aged 12 or older either abused  
15          or were dependent on opioids in 2013.

16          (4) Naloxone is a safe and effective antidote to  
17          all opioid-related overdoses, including heroin and  
18          fentanyl, and is a critical tool in preventing fatal  
19          opioid overdoses in both health care and at-home  
20          settings.

21          (5) The opioid overdose antidote naloxone has  
22          reversed more than 26,000 overdose cases between  
23          1996 and 2014, according to the Centers for Dis-  
24          ease Control and Prevention.

1 **SEC. 3. HEALTH CARE PROVIDER TRAINING IN FEDERAL**  
2 **HEALTH CARE AND MEDICAL FACILITIES.**

3 (a) GUIDELINES.—

4 (1) HHS GUIDELINES.—The Secretary of  
5 Health and Human Services shall establish health  
6 care provider training guidelines for all Federal  
7 health care facilities, including Federally qualified  
8 health centers (as defined in paragraph (4) of sec-  
9 tion 1861(aa) of the Social Security Act (42 U.S.C.  
10 1395x(aa))) and facilities of the Indian Health Serv-  
11 ice, and shall provide training to all providers de-  
12 scribed in subsection (b), in accordance with sub-  
13 section (c).

14 (2) DEPARTMENT OF VETERANS AFFAIRS  
15 GUIDELINES.—The Secretary of Veterans Affairs  
16 shall establish health care provider training guide-  
17 lines for all medical facilities of the Department of  
18 Veterans Affairs, and shall provide training to all  
19 providers described in subsection (b), in accordance  
20 with subsection (c).

21 (3) DEPARTMENT OF DEFENSE GUIDELINES.—  
22 The Secretary of Defense shall establish health care  
23 provider training guidelines for all medical facilities  
24 of the Department of Defense, and shall provide  
25 training to all providers described in subsection (b),  
26 in accordance with subsection (c).

1 (b) AFFECTED HEALTH CARE PROVIDERS.—The  
2 guidelines developed under paragraphs (1) through (3) of  
3 subsection (a) shall ensure that training on the appro-  
4 priate and effective prescribing of opioid medications is  
5 provided to all health care providers who are—

6 (1) Federal employees and who prescribe con-  
7 trolled substances as part of their official respon-  
8 sibilities and duties as Federal employees;

9 (2) contractors in a health care or medical facil-  
10 ity of an agency described in paragraph (1), (2), or  
11 (3) of subsection (a) who—

12 (A) spend 50 percent or more of their clin-  
13 ical time under contract with the Federal Gov-  
14 ernment; and

15 (B) prescribe controlled substances under  
16 the terms and conditions of their contract or  
17 agreement with the Federal Government; or

18 (3) clinical residents and other clinical trainees  
19 who spend 50 percent or more of their clinical time  
20 practicing in health care or medical facility of an  
21 agency described in paragraph (1), (2), or (3) of  
22 subsection (a).

23 (c) TRAINING REQUIREMENTS.—

24 (1) TRAINING TOPICS.—The training developed  
25 under paragraphs (1) through (3) of subsection (a)

1 shall address, at a minimum, best practices for ap-  
2 propriate and effective prescribing of pain medica-  
3 tions, principles of pain management, the misuse po-  
4 tential of controlled substances, identification of po-  
5 tential substance use disorders and referral to fur-  
6 ther evaluation and treatment, and proper methods  
7 for disposing of controlled substances.

8 (2) TRAINING APPROACHES.—The training ap-  
9 proaches developed in accordance with this section  
10 may include both traditional continuing education  
11 models and models that pair intensive coaching for  
12 the highest volume prescribers with case-based  
13 courses for other prescribers.

14 (3) CONSISTENCY WITH CONSENSUS GUIDE-  
15 LINES.—To the extent practicable, training adopted  
16 under subsection (a) shall be consistent with con-  
17 sensus guidelines on pain medication prescribing de-  
18 veloped by the Centers for Disease Control and Pre-  
19 vention.

20 (4) TRAINING FREQUENCY.—Each agency de-  
21 scribed in paragraphs (1) through (3) of subsection  
22 (a) shall provide training of the health care pro-  
23 viders in accordance with this section not later than  
24 18 months after the date of enactment of this Act,  
25 and every 3 years thereafter.

1 (d) DEFINITIONS.—For purposes of this section, the  
2 term “controlled substance” has the meaning given such  
3 term in section 102 of the Controlled Substances Act (21  
4 U.S.C. 802).

5 **SEC. 4. NALOXONE CO-PRESCRIBING IN FEDERAL HEALTH**  
6 **CARE AND MEDICAL FACILITIES.**

7 (a) NALOXONE CO-PRESCRIBING GUIDELINES.—Not  
8 later than 180 days after the date of enactment of this  
9 Act:

10 (1) The Secretary of Health and Human Serv-  
11 ices shall establish naloxone co-prescribing guidelines  
12 applicable to all Federally qualified health centers  
13 (as defined in paragraph (4) of section 1861(aa) of  
14 the Social Security Act (42 U.S.C. 1395x(aa))) and  
15 the health care facilities of the Indian Health Serv-  
16 ice.

17 (2) The Secretary of Defense shall establish co-  
18 prescribing guidelines applicable to all Department  
19 of Defense medical facilities.

20 (3) The Secretary of Veterans Affairs shall es-  
21 tablish co-prescribing guidelines applicable to all De-  
22 partment of Veterans Affairs medical facilities.

23 (b) REQUIREMENT.—The guidelines established  
24 under subsection (a) shall address naloxone co-prescribing

1 for both pain patients receiving chronic opioid therapy and  
2 patients being treated for opioid use disorders.

3 (c) DEFINITIONS.—In this section:

4 (1) CO-PRESCRIBING.—The term “co-pre-  
5 scribing” means, with respect to an opioid overdose  
6 reversal drug, the practice of prescribing such drug  
7 in conjunction with an opioid prescription for pa-  
8 tients at an elevated risk of overdose, or in conjunc-  
9 tion with an opioid agonist approved under section  
10 505 of the Federal Food, Drug, and Cosmetic Act  
11 (21 U.S.C. 355) for the treatment of opioid use dis-  
12 orders, or in other circumstances in which a provider  
13 identifies a patient at an elevated risk for an inten-  
14 tional or unintentional drug overdose from heroin or  
15 prescription opioid therapies.

16 (2) ELEVATED RISK OF OVERDOSE.—The term  
17 “elevated risk of overdose” has the meaning given  
18 such term by the Secretary of Health and Human  
19 Services, which—

20 (A) may be based on the criteria provided  
21 in the Opioid Overdose Toolkit published by the  
22 Substance Abuse and Mental Health Services  
23 Administration; and

24 (B) may include patients on a first course  
25 opioid treatment, patients using extended-re-

1            lease and long-acting opioid analgesic, and pa-  
2            tients with a respiratory disease or other co-  
3            morbidities.

4 **SEC. 5. GRANT PROGRAM TO STATE DEPARTMENTS OF**  
5            **HEALTH TO EXPAND NALOXONE CO-PRE-**  
6            **SCRIBING.**

7            (a) ESTABLISHMENT.—Not later than 180 days after  
8 the date of the enactment of this Act, the Secretary of  
9 Health and Human Services (referred to in this section  
10 as the “Secretary”) shall establish a competitive 4-year  
11 co-prescribing opioid overdose reversal drugs grant pro-  
12 gram to provide State departments of health with re-  
13 sources to develop and apply co-prescribing guidelines, and  
14 to provide for increased access to naloxone.

15            (b) APPLICATION.—To be eligible to receive a grant  
16 under this section, a State shall submit to the Secretary,  
17 in such form and manner as the Secretary may require,  
18 an application that—

19            (1) identifies community partners for a co-pre-  
20            scribing program;

21            (2) identifies which providers will be trained in  
22            such program and the criteria that will be used to  
23            identify eligible patients to participate in such pro-  
24            gram; and



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

4           (c) PRIORITIZATION.—In awarding grants under this  
5           section, the Secretary shall give priority to eligible State  
6           departments of health that propose to base State guide-  
7           lines on guidelines on co-prescribing already in existence  
8           at the time of application, such as guidelines of the De-  
9           partment of Veterans Affairs or national medical societies,  
10          such as the American Society of Addiction Medicine or  
11          American Medical Association.

12          (d) USE OF FUNDS.—A State department of health  
13          receiving a grant under this section may use the grant  
14          for any of the following activities:

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

17               (2) To expand innovative models of naloxone  
18               distribution, as defined by the Secretary.

19               (3) To train and provide resources for health  
20               care providers and pharmacists on the co-prescribing  
21               of opioid overdose reversal drugs.

22               (4) To establish mechanisms and processes for  
23               tracking patients participating in the program de-  
24               scribed in paragraph (1) and the health outcomes of

1 such patients, and ensuring that health information  
2 is de-identified so as to protect patient privacy.

3 (5) To purchase opioid overdose reversal drugs  
4 for distribution under the program described in  
5 paragraph (1).

6 (6) To offset the copayments and other cost-  
7 sharing associated with opioid overdose reversal  
8 drugs to ensure that cost is not a limiting factor for  
9 eligible individuals, as determined by the Secretary  
10 and the applicable State department of health, giv-  
11 ing priority to individuals not otherwise insured for  
12 such services.

13 (7) To conduct community outreach, in con-  
14 junction with community-based organizations, de-  
15 signed to raise awareness of co-prescribing practices,  
16 and the availability of opioid overdose reversal  
17 drugs.

18 (8) To establish protocols to connect patients  
19 who have experienced a drug overdose with appro-  
20 priate treatment, including medication assisted  
21 treatment and appropriate counseling and behavioral  
22 therapies. Such protocols shall be consistent with na-  
23 tionally recognized patient placement criteria, such  
24 as the criteria of the American Society of Addiction  
25 Medicine.

1       (e) EVALUATIONS BY RECIPIENTS.—As a condition  
2 of receipt of a grant under this section, a State depart-  
3 ment of health shall, for each year for which grant funds  
4 are received, submit to the Secretary information on ap-  
5 propriate outcome measures specified by the Secretary to  
6 assess the outcomes of the program funded by the grant.

7       (f) DEFINITION.—In this section, the term “co-pre-  
8 scribing” has the meaning given such term in section 4.

9 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

10       There is authorized to be appropriated to carry out  
11 this Act \$2,500,000 for each of fiscal years 2016 through  
12 2020.

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