

# ***In the House of Representatives, U. S.,***

*May 13, 2016.*

*Resolved*, That the bill from the Senate (S. 524) entitled “An Act to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.”, do pass with the following

## **AMENDMENTS:**

Strike out all after the enacting clause and insert:

### **1 SECTION 1. TABLE OF CONTENTS.**

### **2 The table of contents for this Act is as follows:**

*Sec. 1. Table of Contents.*

#### **TITLE I—PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE**

*Sec. 101. Development of best practices for the use of prescription opioids.*

#### **TITLE II—COMPREHENSIVE OPIOID ABUSE REDUCTION ACT**

*Sec. 201. Short title.*

*Sec. 202. Comprehensive Opioid Abuse Grant Program.*

*Sec. 203. Audit and accountability of grantees.*

*Sec. 204. Veterans treatment courts.*

*Sec. 205. Emergency Federal law enforcement assistance.*

*Sec. 206. Inclusion of services for pregnant women under family-based substance abuse grants.*

*Sec. 207. GAO study and report on Department of Justice programs and research relative to substance use and substance use disorders among adolescents and young adults.*

#### **TITLE III—JASON SIMCAKOSKI PROMISE ACT**

*Sec. 301. Short title.*

*Sec. 302. Improvement of opioid safety measures by Department of Veterans Affairs.*

*Sec. 303. Strengthening of joint working group on pain management of the Department of Veterans Affairs and the Department of Defense.*

*Sec. 304. Review, investigation, and report on use of opioids in treatment by Department of Veterans Affairs.*

- Sec. 305. Mandatory disclosure of certain veteran information to State controlled substance monitoring programs.*
- Sec. 306. Modification to limitation on awards and bonuses.*

#### *TITLE IV—KINGPIN DESIGNATION IMPROVEMENT ACT*

- Sec. 401. Short title.*
- Sec. 402. Protection of classified information in Federal court challenges relating to designations under the Narcotics Kingpin Designation Act.*

#### *TITLE V—GOOD SAMARITAN ASSESSMENT ACT*

- Sec. 501. Short title.*
- Sec. 502. Finding.*
- Sec. 503. GAO Study on Good Samaritan laws pertaining to treatment of opioid overdoses.*
- Sec. 504. Definitions.*

#### *TITLE VI—OPEN ACT*

- Sec. 601. Short title.*
- Sec. 602. Evaluation of performance of Department of Justice program.*
- Sec. 603. Evaluation of performance of Department of Health and Human Services program.*
- Sec. 604. Definition.*
- Sec. 605. No additional funds authorized.*
- Sec. 606. Matters regarding certain Federal law enforcement assistance.*

#### *TITLE VII—INFANT PLAN OF SAFE CARE IMPROVEMENT ACT*

- Sec. 701. Short title.*
- Sec. 702. Best practices for development of plans of safe care.*
- Sec. 703. State plans.*
- Sec. 704. Data reports.*
- Sec. 705. Monitoring and oversight.*
- Sec. 706. Rule of construction.*

#### *TITLE VIII—NAS HEALTHY BABIES ACT*

- Sec. 801. Short title.*
- Sec. 802. GAO report on neonatal abstinence syndrome (NAS).*
- Sec. 803. Excluding abuse-deterrent formulations of prescription drugs from the Medicaid additional rebate requirement for new formulations of prescription drugs.*
- Sec. 804. Limiting disclosure of predictive modeling and other analytics technologies to identify and prevent waste, fraud, and abuse.*
- Sec. 805. Medicaid Improvement Fund.*

#### *TITLE IX—CO-PRESCRIBING TO REDUCE OVERDOSES ACT*

- Sec. 901. Short title.*
- Sec. 902. Opioid overdose reversal drugs prescribing grant program.*
- Sec. 903. Providing information to prescribers in certain Federal health care and medical facilities on best practices for prescribing opioid overdose reversal drugs.*
- Sec. 904. Authorization of appropriations.*
- Sec. 905. Cut-Go Compliance.*

*TITLE X—IMPROVING TREATMENT FOR PREGNANT AND  
POSTPARTUM WOMEN ACT*

*Sec. 1001. Short title.*

*Sec. 1002. Reauthorization of residential treatment programs for pregnant and  
postpartum women.*

*Sec. 1003. Pilot program grants for State substance abuse agencies.*

*Sec. 1004. Cut-Go Compliance.*

*TITLE XI—VETERAN EMERGENCY MEDICAL TECHNICIAN SUPPORT  
ACT*

*Sec. 1101. Short title.*

*Sec. 1102. Assisting veterans with military emergency medical training to meet  
requirements for becoming civilian emergency medical techni-  
cians.*

*TITLE XII—JOHN THOMAS DECKER ACT*

*Sec. 1201. Short title.*

*Sec. 1202. Information materials and resources to prevent addiction related to  
youth sports injuries.*

*TITLE XIII—LALI'S LAW*

*Sec. 1301. Short title.*

*Sec. 1302. Opioid overdose reversal medication access and education grant pro-  
grams.*

*Sec. 1303. Cut-Go Compliance.*

*TITLE XIV—REDUCING UNUSED MEDICATIONS ACT*

*Sec. 1401. Short title.*

*Sec. 1402. Partial fills of schedule II controlled substances.*

*TITLE XV—OPIOID REVIEW MODERNIZATION ACT*

*Sec. 1501. Short title.*

*Sec. 1502. FDA opioid action plan.*

*Sec. 1503. Prescriber education.*

*Sec. 1504. Guidance on evaluating the abuse deterrence of generic solid oral  
opioid drug products.*

*TITLE XVI—EXAMINING OPIOID TREATMENT INFRASTRUCTURE ACT*

*Sec. 1601. Short title.*

*Sec. 1602. Study on treatment infrastructure.*

*TITLE XVII—OPIOID USE DISORDER TREATMENT EXPANSION AND  
MODERNIZATION ACT*

*Sec. 1701. Short title.*

*Sec. 1702. Finding.*

*Sec. 1703. Opioid use disorder treatment modernization.*

*Sec. 1704. Sense of Congress.*

*Sec. 1705. Partial fills of schedule II controlled substances.*

TITLE XVIII—NATIONAL ALL SCHEDULES PRESCRIPTION  
ELECTRONIC REPORTING REAUTHORIZATION ACT

*Sec. 1801. Short title.*

*Sec. 1802. Amendment to purpose.*

*Sec. 1803. Amendments to controlled substance monitoring program.*

**1 TITLE I—PAIN MANAGEMENT**  
**2 BEST PRACTICES INTER-**  
**3 AGENCY TASK FORCE**

**4 SEC. 101. DEVELOPMENT OF BEST PRACTICES FOR THE USE**  
**5 OF PRESCRIPTION OPIOIDS.**

**6 (a) DEFINITIONS.**—*In this section—*

**7 (1) the term “Secretary” means the Secretary of**  
**8 Health and Human Services; and**

**9 (2) the term “task force” means the Pain Man-**  
**10 agement Best Practices Inter-Agency Task Force con-**  
**11 vened under subsection (b).**

**12 (b) INTER-AGENCY TASK FORCE.**—*Not later than De-*  
**13 cember 14, 2018, the Secretary, in cooperation with the Sec-  
**14 retary of Veterans Affairs, the Secretary of Defense, and the**  
**15 Administrator of the Drug Enforcement Administration,**  
**16 shall convene a Pain Management Best Practices Inter-**  
**17 Agency Task Force to review, modify, and update, as ap-**  
**18 propriate, best practices for pain management (including**  
**19 chronic and acute pain) and prescribing pain medication.****

**20 (c) MEMBERSHIP.**—*The task force shall be comprised*  
**21 of—**

**22 (1) representatives of—**

1                   (A) the Department of Health and Human  
2                   Services;

3                   (B) the Department of Veterans Affairs;

4                   (C) the Food and Drug Administration;

5                   (D) the Department of Defense;

6                   (E) the Drug Enforcement Administration;

7                   (F) the Centers for Disease Control and  
8                   Prevention;

9                   (G) the Health Resources and Services Ad-  
10                  ministration;

11                  (H) the Indian Health Service;

12                  (I) the National Academy of Medicine;

13                  (J) the National Institutes of Health;

14                  (K) the Office of National Drug Control  
15                  Policy;

16                  (L) the Substance Abuse and Mental Health  
17                  Services Administration; and

18                  (M) the Office of Women's Health;

19                  (2) State medical boards;

20                  (3) subject to subsection (e), physicians, dentists,  
21                  and nonphysician prescribers;

22                  (4) hospitals;

23                  (5) subject to subsection (e), pharmacists and  
24                  pharmacies;

25                  (6) first responders;

1           (7) *experts in the fields of pain research and ad-*  
 2           *diction research;*

3           (8) *experts in the fields of adolescent and young*  
 4           *adult addiction research;*

5           (9) *representatives of—*

6                 (A) *pain management professional organi-*  
 7                 *zations;*

8                 (B) *the mental health treatment commu-*  
 9                 *nity;*

10                (C) *the addiction treatment and recovery*  
 11                *community;*

12                (D) *pain advocacy groups;*

13                (E) *veteran service organizations; and*

14                (F) *groups with expertise on overdose rever-*  
 15                *sal;*

16           (10) *a person in recovery from addiction to*  
 17           *medication for chronic pain;*

18           (11) *a person in recovery from addiction to*  
 19           *medication for chronic pain, whose addiction began*  
 20           *in adolescence or young adulthood;*

21           (12) *a person with chronic pain;*

22           (13) *an expert on active duty military, armed*  
 23           *forces personnel, and veteran health and prescription*  
 24           *opioid addiction;*

1           (14) *an expert in the field of minority health;*  
 2       *and*

3           (15) *other stakeholders, as the Secretary deter-*  
 4       *mines appropriate.*

5       (d) *CONDITION ON PARTICIPATION ON TASK FORCE.—*

6 *An individual representing a profession or entity described*  
 7 *in paragraph (3) or (5) of subsection (c) may not serve as*  
 8 *a member of the task force unless such individual—*

9           (1) *is currently licensed in a State in which such*  
 10       *individual is practicing (as defined by such State)*  
 11       *such profession (or, in the case of an individual rep-*  
 12       *resenting an entity, a State in which the entity is en-*  
 13       *gaged in business); and*

14           (2) *is currently practicing (as defined by such*  
 15       *State) such profession (or, in the case of an indi-*  
 16       *vidual representing an entity, the entity is in oper-*  
 17       *ation).*

18       (e) *DUTIES.—The task force shall—*

19           (1) *not later than 180 days after the date on*  
 20       *which the task force is convened under subsection (b),*  
 21       *review, modify, and update, as appropriate, best*  
 22       *practices for pain management (including chronic*  
 23       *and acute pain) and prescribing pain medication,*  
 24       *taking into consideration—*

25           (A) *existing pain management research;*

1           (B) research on trends in areas and com-  
2           munities in which the prescription opioid abuse  
3           rate and fatality rate exceed the national average  
4           prescription opioid abuse rate and fatality rate;

5           (C) recommendations from relevant con-  
6           ferences and existing relevant evidence-based  
7           guidelines;

8           (D) ongoing efforts at the State and local  
9           levels and by medical professional organizations  
10          to develop improved pain management strategies,  
11          including consideration of differences within and  
12          between classes of opioids, the availability of  
13          opioids with abuse deterrent technology, and  
14          pharmacological, nonpharmacological, medical  
15          device alternatives to opioids to reduce opioid  
16          monotherapy in appropriate cases and the co-  
17          ordination of information collected from State  
18          prescription drug monitoring programs for the  
19          purpose of preventing the diversion of pain  
20          medication;

21          (E) ongoing efforts at the Federal, State,  
22          and local levels to examine the potential benefits  
23          of electronic prescribing of opioids, including  
24          any public comments collected in the course of  
25          those efforts;



1           (F) the management of high-risk popu-  
 2           lations, other than populations who suffer pain,  
 3           who—

4                 (i) may use or be prescribed  
 5                 benzodiazepines, alcohol, and diverted  
 6                 opioids; or

7                 (ii) receive opioids in the course of  
 8                 medical care;

9           (G) the distinct needs of adolescents and  
 10           young adults with respect to pain management,  
 11           pain medication, substance use disorder, and  
 12           medication-assisted treatment;

13           (H) the 2016 Guideline for Prescribing  
 14           Opioids for Chronic Pain issued by the Centers  
 15           for Disease Control and Prevention;

16           (I) the practice of co-prescribing naloxone  
 17           for both pain patients receiving chronic opioid  
 18           therapy and patients being treated for opioid use  
 19           disorders;

20           (J) research that has been, or is being, con-  
 21           ducted or supported by the Federal Government  
 22           on prevention of, treatment for, and recovery  
 23           from substance use by and substance use dis-  
 24           orders among adolescents and young adults rel-  
 25           ative to any unique circumstances (including so-

1        *cial and biological circumstances) of adolescents*  
 2        *and young adults that may make adolescent-spe-*  
 3        *cific and young adult-specific treatment proto-*  
 4        *cols necessary, including any effects that sub-*  
 5        *stance use and substance use disorders may have*  
 6        *on brain development and the implications for*  
 7        *treatment and recovery;*

8                *(K) Federal non-research programs and ac-*  
 9                *tivities that address prevention of, treatment for,*  
 10               *and recovery from substance use by and sub-*  
 11               *stance use disorders among adolescents and*  
 12               *young adults, including an assessment of the ef-*  
 13               *fectiveness of such programs and activities in—*

14                *(i) preventing substance use by and*  
 15                *substance use disorders among adolescents*  
 16                *and young adults;*

17                *(ii) treating such adolescents and*  
 18                *young adults in a way that accounts for*  
 19                *any unique circumstances faced by adoles-*  
 20                *cents and young adults; and*

21                *(iii) supporting long-term recovery*  
 22                *among adolescents and young adults; and*

23                *(L) gaps that have been identified by Fed-*  
 24                *eral officials and experts in Federal efforts relat-*  
 25                *ing to prevention of, treatment for, and recovery*

1       *from substance use by and substance use dis-*  
 2       *orders among adolescents and young adults, in-*  
 3       *cluding gaps in research, data collection, and*  
 4       *measures to evaluate the effectiveness of Federal*  
 5       *efforts, and the reasons for such gaps;*

6       *(2) solicit and take into consideration public*  
 7       *comment on the practices developed under paragraph*  
 8       *(1), amending such best practices if appropriate;*

9       *(3) develop a strategy for disseminating informa-*  
 10       *tion about the best practices developed under para-*  
 11       *graphs (1) and (2) to prescribers, pharmacists, State*  
 12       *medical boards, educational institutions that educate*  
 13       *prescribers and pharmacists, and other parties, as the*  
 14       *Secretary determines appropriate;*

15       *(4) review, modify, and update best practices for*  
 16       *pain management and prescribing pain medication,*  
 17       *specifically as it pertains to physician education and*  
 18       *consumer education; and*

19       *(5) examine and identify—*

20               *(A) the extent of the need for the develop-*  
 21               *ment of new pharmacological, nonpharma-*  
 22               *cological, and medical device alternatives to*  
 23               *opioids;*

24               *(B) the current status of research efforts to*  
 25               *develop such alternatives; and*

1           (C) the pharmacological, nonpharma-  
2           cological, and medical device alternatives to  
3           opioids that are currently available that could be  
4           better utilized.

5           (f) *CONSIDERATION OF STUDY RESULTS.*—In review-  
6           ing, modifying, and updating, best practices for pain man-  
7           agement and prescribing pain medication, the task force  
8           shall take into consideration existing private sector, State,  
9           and local government efforts related to pain management  
10          and prescribing pain medication.

11          (g) *LIMITATION.*—The task force shall not have rule-  
12          making authority.

13          (h) *REPORT.*—Not later than 270 days after the date  
14          on which the task force is convened under subsection (b),  
15          the task force shall submit to Congress a report that in-  
16          cludes—

17               (1) the strategy for disseminating best practices  
18               for pain management (including chronic and acute  
19               pain) and prescribing pain medication, as developed  
20               under subsection (e);

21               (2) the results of a feasibility study on linking  
22               the best practices described in paragraph (1) to re-  
23               ceiving and renewing registrations under section  
24               303(f) of the Controlled Substances Act (21 U.S.C.  
25               823(f));

1           (3) recommendations for effectively applying the  
 2           best practices described in paragraph (1) to improve  
 3           prescribing practices at medical facilities, including  
 4           medical facilities of the Veterans Health Administra-  
 5           tion and Indian Health Service;

6           (4) the modified and updated best practices de-  
 7           scribed in subsection (e)(4); and

8           (5) the results of the examination and identifica-  
 9           tion conducted pursuant to subsection (e)(4), and rec-  
 10          ommendations regarding—

11           (A) the development of new pharma-  
 12           cological, nonpharmacological, and medical de-  
 13           vice alternatives to opioids; and

14           (B) the improved utilization of pharma-  
 15           cological, nonpharmacological, and medical de-  
 16           vice alternatives to opioids that are currently  
 17           available.

## 18           **TITLE II—COMPREHENSIVE** 19           **OPIOID ABUSE REDUCTION ACT**

### 20           **SEC. 201. SHORT TITLE.**

21           This title may be cited as the “Comprehensive Opioid  
 22           Abuse Reduction Act of 2016”.

1 **SEC. 202. COMPREHENSIVE OPIOID ABUSE GRANT PRO-**  
 2 **GRAM.**

3 (a) *IN GENERAL.*—Title I of the Omnibus Crime Con-  
 4 trol and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.)  
 5 is amended by adding at the end the following:

6 **“PART LL—COMPREHENSIVE OPIOID ABUSE**  
 7 **GRANT PROGRAM**

8 **“SEC. 3021. DESCRIPTION.**

9 “(a) *GRANTS AUTHORIZED.*—From amounts made  
 10 available to carry out this part, the Attorney General may  
 11 make grants to States, units of local government, and In-  
 12 dian tribes, for use by the State, unit of local government,  
 13 or Indian tribe to provide services primarily relating to  
 14 opioid abuse, including for any one or more of the following:

15 “(1) *Developing, implementing, or expanding a*  
 16 *treatment alternative to incarceration program,*  
 17 *which may include—*

18 “(A) *pre-booking or post-booking compo-*  
 19 *nents, which may include the activities described*  
 20 *in part DD or HH of this title;*

21 “(B) *training for criminal justice agency*  
 22 *personnel on substance use disorders and co-oc-*  
 23 *curing mental illness and substance use dis-*  
 24 *orders;*

25 “(C) *a mental health court, including the*  
 26 *activities described in part V of this title;*

1           “(D) a drug court, including the activities  
2           described in part EE of this title;

3           “(E) a veterans treatment court program,  
4           including the activities described in subsection  
5           (i) of section 2991 of this title;

6           “(F) a focus on parents whose incarceration  
7           could result in their children entering the child  
8           welfare system; and

9           “(G) a community-based substance use di-  
10          version program sponsored by a law enforcement  
11          agency.

12          “(2) In the case of a State, facilitating or en-  
13          hancing planning and collaboration between State  
14          criminal justice agencies and State substance abuse  
15          systems in order to more efficiently and effectively  
16          carry out programs described in paragraph (1) that  
17          address problems related to opioid abuse.

18          “(3) Providing training and resources for first  
19          responders on carrying and administering an opioid  
20          overdose reversal drug or device approved by the Food  
21          and Drug Administration, and purchasing such a  
22          drug or device for first responders who have received  
23          such training to carry and administer.

1           “(4) *Investigative purposes to locate or inves-*  
2           *tigate illicit activities related to the unlawful dis-*  
3           *tribution of opioids.*

4           “(5) *Developing, implementing, or expanding a*  
5           *medication-assisted treatment program used or oper-*  
6           *ated by a criminal justice agency, which may include*  
7           *training criminal justice agency personnel on medica-*  
8           *tion-assisted treatment, and carrying out the activi-*  
9           *ties described in part S of this title.*

10          “(6) *In the case of a State, developing, imple-*  
11          *menting, or expanding a prescription drug moni-*  
12          *toring program to collect and analyze data related to*  
13          *the prescribing of schedules II, III, and IV controlled*  
14          *substances through a centralized database adminis-*  
15          *tered by an authorized State agency, which includes*  
16          *tracking the dispensation of such substances, and pro-*  
17          *viding for interoperability and data sharing with*  
18          *other States.*

19          “(7) *Developing, implementing, or expanding a*  
20          *program to prevent and address opioid abuse by juve-*  
21          *niles.*

22          “(8) *Developing, implementing, or expanding an*  
23          *integrated and comprehensive opioid abuse response*  
24          *program, including prevention and recovery pro-*  
25          *grams.*



1           “(9) *Developing, implementing, or expanding a*  
 2           *program (which may include demonstration projects)*  
 3           *to utilize technology that provides a secure container*  
 4           *for prescription drugs that would prevent individuals,*  
 5           *particularly adolescents, from gaining access to*  
 6           *opioid medications that are lawfully prescribed for*  
 7           *other individuals.*

8           “(10) *Developing, implementing, or expanding a*  
 9           *program to prevent and address opioid abuse by vet-*  
 10          *erans.*

11          “(11) *Developing, implementing, or expanding a*  
 12          *prescription drug take-back program.*

13          “(b) *CONTRACTS AND SUBAWARDS.—A State, unit of*  
 14          *local government, or Indian tribe may, in using a grant*  
 15          *under this subpart for purposes authorized by subsection*  
 16          *(a), use all or a portion of that grant to contract with or*  
 17          *make one or more subawards to one or more—*

18               “(1) *local or regional organizations that are pri-*  
 19               *vate and nonprofit, including faith-based organiza-*  
 20               *tions;*

21               “(2) *units of local government; or*

22               “(3) *tribal organizations.*

23          “(c) *PROGRAM ASSESSMENT COMPONENT; WAIVER.—*

24               “(1) *PROGRAM ASSESSMENT COMPONENT.—Each*  
 25               *program funded under this subpart shall contain a*

1        *program assessment component, developed pursuant*  
 2        *to guidelines established by the Attorney General, in*  
 3        *coordination with the National Institute of Justice.*

4                *“(2) WAIVER.—The Attorney General may waive*  
 5        *the requirement of paragraph (1) with respect to a*  
 6        *program if, in the opinion of the Attorney General,*  
 7        *the program is not of sufficient size to justify a full*  
 8        *program assessment.*

9                *“(d) ADMINISTRATIVE COSTS.—Not more than 10 per-*  
 10       *cent of a grant made under this subpart may be used for*  
 11       *costs incurred to administer such grant.*

12               *“(e) PERIOD.—The period of a grant made under this*  
 13       *part may not be longer than 4 years, except that renewals*  
 14       *and extensions beyond that period may be granted at the*  
 15       *discretion of the Attorney General.*

16        **“SEC. 3022. APPLICATIONS.**

17               *“To request a grant under this part, the chief executive*  
 18       *officer of a State, unit of local government, or Indian tribe*  
 19       *shall submit an application to the Attorney General at such*  
 20       *time and in such form as the Attorney General may require.*  
 21       *Such application shall include the following:*

22               *“(1) A certification that Federal funds made*  
 23       *available under this subpart will not be used to sup-*  
 24       *plant State, local, or tribal funds, but will be used to*  
 25       *increase the amounts of such funds that would, in the*

1        *absence of Federal funds, be made available for the*  
2        *activities described in section 3021(a).*

3                *“(2) An assurance that, for each fiscal year cov-*  
4        *ered by an application, the applicant shall maintain*  
5        *and report such data, records, and information (pro-*  
6        *grammatic and financial) as the Attorney General*  
7        *may reasonably require.*

8                *“(3) A certification, made in a form acceptable*  
9        *to the Attorney General and executed by the chief ex-*  
10       *ecutive officer of the applicant (or by another officer*  
11       *of the applicant, if qualified under regulations pro-*  
12       *mulgated by the Attorney General), that—*

13                *“(A) the programs to be funded by the grant*  
14        *meet all the requirements of this part;*

15                *“(B) all the information contained in the*  
16        *application is correct;*

17                *“(C) there has been appropriate coordina-*  
18        *tion with affected agencies; and*

19                *“(D) the applicant will comply with all*  
20        *provisions of this part and all other applicable*  
21        *Federal laws.*

22                *“(4) An assurance that the applicant will work*  
23        *with the Drug Enforcement Administration to develop*  
24        *an integrated and comprehensive strategy to address*  
25        *opioid abuse.*

1 **“SEC. 3023. REVIEW OF APPLICATIONS.**

2       *“The Attorney General shall not finally disapprove*  
 3 *any application (or any amendment to that application)*  
 4 *submitted under this part without first affording the appli-*  
 5 *cant reasonable notice of any deficiencies in the application*  
 6 *and opportunity for correction and reconsideration.*

7 **“SEC. 3024. EQUITABLE DISTRIBUTION OF FUNDS.**

8       *“In awarding grants under this part, the Attorney*  
 9 *General shall ensure equitable distribution of funds based*  
 10 *on the following:*

11               *“(1) The geographic distribution of grants under*  
 12 *this part, taking into consideration the needs of un-*  
 13 *derserved populations, including rural and tribal*  
 14 *communities.*

15               *“(2) The needs of communities to address the*  
 16 *problems related to opioid abuse, taking into consider-*  
 17 *ation the prevalence of opioid abuse and overdose-re-*  
 18 *lated death in a community.*

19 **“SEC. 3025. DEFINITIONS.**

20       *“In this part:*

21               *“(1) The term ‘first responder’ includes a fire-*  
 22 *fighter, law enforcement officer, paramedic, emergency*  
 23 *medical technician, or other individual (including an*  
 24 *employee of a legally organized and recognized volun-*  
 25 *teer organization, whether compensated or not), who,*  
 26 *in the course of professional duties, responds to fire,*

1       *medical, hazardous material, or other similar emer-*  
 2       *gencies.*

3               “(2) *The term ‘medication-assisted treatment’*  
 4       *means the use of medications approved by the Food*  
 5       *and Drug Administration for the treatment of opioid*  
 6       *abuse.*

7               “(3) *The term ‘opioid’ means any drug, includ-*  
 8       *ing heroin, having an addiction-forming or addiction-*  
 9       *sustaining liability similar to morphine or being ca-*  
 10       *pable of conversion into a drug having such addic-*  
 11       *tion-forming or addiction-sustaining liability.*

12              “(4) *The term ‘schedule II, III, or IV controlled*  
 13       *substance’ means a controlled substance that is listed*  
 14       *on schedule II, schedule III, or schedule IV of section*  
 15       *202(c) of the Controlled Substances Act (21 U.S.C.*  
 16       *812(c)).*

17              “(5) *The terms ‘drug’ and ‘device’ have the*  
 18       *meanings given those terms in section 201 of the Fed-*  
 19       *eral Food, Drug, and Cosmetic Act (21 U.S.C. 321).*

20              “(6) *The term ‘criminal justice agency’ means a*  
 21       *State, local, or tribal—*

22                   “(A) *court;*

23                   “(B) *prison;*

24                   “(C) *jail;*

25                   “(D) *law enforcement agency; or*

1           “(E) other agency that performs the admin-  
 2           istration of criminal justice, including prosecu-  
 3           tion, pretrial services, and community super-  
 4           vision.

5           “(7) The term ‘tribal organization’ has the  
 6           meaning given that term in section 4 of the Indian  
 7           Self-Determination and Education Assistance Act (25  
 8           U.S.C. 450b).”.

9           (b) *AUTHORIZATION OF APPROPRIATIONS.*—Section  
 10          1001(a) of the Omnibus Crime Control and Safe Streets Act  
 11          of 1968 (42 U.S.C. 3793(a)) is amended by inserting after  
 12          paragraph (26) the following:

13               “(27) There are authorized to be appropriated to  
 14               carry out part LL \$103,000,000 for each of fiscal  
 15               years 2017 through 2021.”.

16          **SEC. 203. AUDIT AND ACCOUNTABILITY OF GRANTEES.**

17           (a) *DEFINITIONS.*—In this section—

18               (1) the term “covered grant program” means a  
 19               grant program operated by the Department of Justice;

20               (2) the term “covered grantee” means a recipient  
 21               of a grant from a covered grant program;

22               (3) the term “nonprofit”, when used with respect  
 23               to an organization, means an organization that is de-  
 24               scribed in section 501(c)(3) of the Internal Revenue

1       Code of 1986, and is exempt from taxation under sec-  
 2       tion 501(a) of such Code; and

3               (4) the term “unresolved audit finding” means  
 4       an audit report finding in a final audit report of the  
 5       Inspector General of the Department of Justice that  
 6       a covered grantee has used grant funds awarded to  
 7       that grantee under a covered grant program for an  
 8       unauthorized expenditure or otherwise unallowable  
 9       cost that is not closed or resolved during a 12-month  
 10      period prior to the date on which the final audit re-  
 11      port is issued.

12       (b) *AUDIT REQUIREMENT.*—Beginning in fiscal year  
 13      2016, and annually thereafter, the Inspector General of the  
 14      Department of Justice shall conduct audits of covered  
 15      grantees to prevent waste, fraud, and abuse of funds award-  
 16      ed under covered grant programs. The Inspector General  
 17      shall determine the appropriate number of covered grantees  
 18      to be audited each year.

19       (c) *MANDATORY EXCLUSION.*—A grantee that is found  
 20      to have an unresolved audit finding under an audit con-  
 21      ducted under subsection (b) may not receive grant funds  
 22      under a covered grant program in the fiscal year following  
 23      the fiscal year to which the finding relates.

24       (d) *REIMBURSEMENT.*—If a covered grantee is award-  
 25      ed funds under the covered grant program from which it

1 received a grant award during the 1-fiscal-year period dur-  
 2 ing which the covered grantee is ineligible for an allocation  
 3 of grant funds under subsection (c), the Attorney General  
 4 shall—

5 (1) deposit into the General Fund of the Treas-  
 6 ury an amount that is equal to the amount of the  
 7 grant funds that were improperly awarded to the cov-  
 8 ered grantee; and

9 (2) seek to recoup the costs of the repayment to  
 10 the Fund from the covered grantee that was improv-  
 11 erly awarded the grant funds.

12 (e) *PRIORITY OF GRANT AWARDS.*—The Attorney Gen-  
 13 eral, in awarding grants under a covered grant program  
 14 shall give priority to eligible entities that during the 2-year  
 15 period preceding the application for a grant have not been  
 16 found to have an unresolved audit finding.

17 (f) *NONPROFIT REQUIREMENTS.*—

18 (1) *PROHIBITION.*—A nonprofit organization  
 19 that holds money in offshore accounts for the purpose  
 20 of avoiding the tax described in section 511(a) of the  
 21 Internal Revenue Code of 1986, shall not be eligible  
 22 to receive, directly or indirectly, any funds from a  
 23 covered grant program.

24 (2) *DISCLOSURE.*—Each nonprofit organization  
 25 that is a covered grantee shall disclose in its applica-



1        *tion for such a grant, as a condition of receipt of such*  
 2        *a grant, the compensation of its officers, directors,*  
 3        *and trustees. Such disclosure shall include a descrip-*  
 4        *tion of the criteria relied on to determine such com-*  
 5        *ensation.*

6    **SEC. 204. VETERANS TREATMENT COURTS.**

7        *Section 2991 of the Omnibus Crime Control and Safe*  
 8        *Streets Act of 1968 (42 U.S.C. 3797aa) is amended—*

9            *(1) by redesignating subsection (i) as subsection*  
 10        *(j); and*

11            *(2) by inserting after subsection (h) the fol-*  
 12        *lowing:*

13        *“(i) ASSISTING VETERANS.—*

14            *“(1) DEFINITIONS.—In this subsection:*

15            *“(A) PEER TO PEER SERVICES OR PRO-*  
 16        *GRAMS.—The term ‘peer to peer services or pro-*  
 17        *grams’ means services or programs that connect*  
 18        *qualified veterans with other veterans for the*  
 19        *purpose of providing support and mentorship to*  
 20        *assist qualified veterans in obtaining treatment,*  
 21        *recovery, stabilization, or rehabilitation.*

22            *“(B) QUALIFIED VETERAN.—The term*  
 23        *‘qualified veteran’ means a preliminarily quali-*  
 24        *fied offender who—*

1           “(i) served on active duty in any  
2           branch of the Armed Forces, including the  
3           National Guard or Reserves; and

4           “(ii) was discharged or released from  
5           such service under conditions other than  
6           dishonorable.

7           “(C) *VETERANS TREATMENT COURT PRO-*  
8           *GRAM.*—The term ‘veterans treatment court pro-

9           gram’ means a court program involving collabo-

10          ration among criminal justice, veterans, and

11          mental health and substance abuse agencies that

12          provides qualified veterans with—

13           “(i) intensive judicial supervision and

14           case management, which may include ran-

15           dom and frequent drug testing where appro-

16           priate;

17           “(ii) a full continuum of treatment

18           services, including mental health services,

19           substance abuse services, medical services,

20           and services to address trauma;

21           “(iii) alternatives to incarceration; or

22           “(iv) other appropriate services, in-

23           cluding housing, transportation, mentoring,

24           employment, job training, education, or as-

1           *sistance in applying for and obtaining*  
2           *available benefits.*

3           “(2) *VETERANS ASSISTANCE PROGRAM.*—

4           “(A) *IN GENERAL.*—*The Attorney General,*  
5           *in consultation with the Secretary of Veterans*  
6           *Affairs, may award grants under this subsection*  
7           *to applicants to establish or expand—*

8                   “(i) *veterans treatment court pro-*  
9                   *grams;*

10                   “(ii) *peer to peer services or programs*  
11                   *for qualified veterans;*

12                   “(iii) *practices that identify and pro-*  
13                   *vide treatment, rehabilitation, legal, transi-*  
14                   *tional, and other appropriate services to*  
15                   *qualified veterans who have been incarcer-*  
16                   *ated; or*

17                   “(iv) *training programs to teach*  
18                   *criminal justice, law enforcement, correc-*  
19                   *tions, mental health, and substance abuse*  
20                   *personnel how to identify and appropriately*  
21                   *respond to incidents involving qualified vet-*  
22                   *erans.*

23           “(B) *PRIORITY.*—*In awarding grants under*  
24           *this subsection, the Attorney General shall give*  
25           *priority to applications that—*

1           “(i) demonstrate collaboration between  
2           and joint investments by criminal justice,  
3           mental health, substance abuse, and vet-  
4           erans service agencies;

5           “(ii) promote effective strategies to  
6           identify and reduce the risk of harm to  
7           qualified veterans and public safety; and

8           “(iii) propose interventions with em-  
9           pirical support to improve outcomes for  
10          qualified veterans.”.

11 **SEC. 205. EMERGENCY FEDERAL LAW ENFORCEMENT AS-**  
12 **SISTANCE.**

13       *Section 609Y(a) of the Justice Assistance Act of 1984*  
14 *(42 U.S.C. 10513(a)) is amended by striking “September*  
15 *30, 1984” and inserting “September 30, 2021”.*

16 **SEC. 206. INCLUSION OF SERVICES FOR PREGNANT WOMEN**  
17 **UNDER FAMILY-BASED SUBSTANCE ABUSE**  
18 **GRANTS.**

19       *Part DD of title I of the Omnibus Crime Control and*  
20 *Safe Streets Act (42 U.S.C. 3797s et seq.) is amended—*

21           *(1) in section 2921(2), by inserting before the pe-*  
22 *riod at the end “or pregnant women”; and*

23           *(2) in section 2927—*

24                   *(A) in paragraph (1)(A), by inserting*  
25 *“pregnant or” before “a parent”; and*

1                   (B) in paragraph (3), by inserting “or  
2                   pregnant women” after “incarcerated parents”.

3   **SEC. 207. GAO STUDY AND REPORT ON DEPARTMENT OF**  
4                   **JUSTICE PROGRAMS AND RESEARCH REL-**  
5                   **ATIVE TO SUBSTANCE USE AND SUBSTANCE**  
6                   **USE DISORDERS AMONG ADOLESCENTS AND**  
7                   **YOUNG ADULTS.**

8           (a) *STUDY.*—*The Comptroller General of the United*  
9   *States shall conduct a study on how the Department of Jus-*  
10 *tice, through grant programs, is addressing prevention of,*  
11 *treatment for, and recovery from substance use by and sub-*  
12 *stance use disorders among adolescents and young adults.*  
13 *Such study shall include an analysis of each of the fol-*  
14 *lowing:*

15                   (1) *The research that has been, and is being, con-*  
16 *ducted or supported pursuant to grant programs op-*  
17 *erated by the Department of Justice on prevention of,*  
18 *treatment for, and recovery from substance use by*  
19 *and substance use disorders among adolescents and*  
20 *young adults, including an assessment of—*

21                   (A) *such research relative to any unique*  
22 *circumstances (including social and biological*  
23 *circumstances) of adolescents and young adults*  
24 *that may make adolescent-specific and young*  
25 *adult-specific treatment protocols necessary, in-*

cluding any effects that substance use and substance use disorders may have on brain development and the implications for treatment and recovery; and

(B) areas of such research in which greater investment or focus is necessary relative to other areas of such research.

(2) Department of Justice non-research programs and activities that address prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including an assessment of the effectiveness of such programs and activities in preventing substance use by and substance use disorders among adolescents and young adults, treating such adolescents and young adults in a way that accounts for any unique circumstances faced by adolescents and young adults, and supports long term recovery among adolescents and young adults.

(3) Gaps that have been identified by officials of the Department of Justice or experts in the efforts supported by grant programs operated by the Department of Justice relating to prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, in-

cluding gaps in research, data collection, and measures to evaluate the effectiveness of such efforts, and the reasons for such gaps.

(b) *REPORT*.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit to the appropriate committees of the Congress a report containing the results of the study conducted under subsection (a), including—

(1) a summary of the findings of the study; and

(2) recommendations based on the results of the study, including recommendations for such areas of research and legislative and administrative action as the Comptroller General determines appropriate.

### ***TITLE III—JASON SIMCAKOSKI PROMISE ACT***

#### ***SEC. 301. SHORT TITLE.***

This title may be cited as the “Promoting Responsible Opioid Management and Incorporating Scientific Expertise Act” or the “Jason Simcakoski PROMISE Act”.

#### ***SEC. 302. IMPROVEMENT OF OPIOID SAFETY MEASURES BY DEPARTMENT OF VETERANS AFFAIRS.***

(a) *EXPANSION OF OPIOID SAFETY INITIATIVE*.—

(1) *INCLUSION OF ALL MEDICAL FACILITIES*.—

Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs

1        *shall expand the Opioid Safety Initiative of the De-*  
 2        *partment of Veterans Affairs to include all medical*  
 3        *facilities of the Department.*

4            (2) *GUIDANCE.—The Secretary shall establish*  
 5        *guidance that each health care provider of the Depart-*  
 6        *ment of Veterans Affairs, before initiating opioid*  
 7        *therapy to treat a patient as part of the comprehen-*  
 8        *sive assessment conducted by the health care provider,*  
 9        *use the Opioid Therapy Risk Report tool of the De-*  
 10       *partment of Veterans Affairs (or any subsequent tool),*  
 11       *which shall include information from the prescription*  
 12       *drug monitoring program of each participating State*  
 13       *as applicable, that includes the most recent informa-*  
 14       *tion to date relating to the patient that accessed such*  
 15       *program to assess the risk for adverse outcomes of*  
 16       *opioid therapy for the patient, including the concur-*  
 17       *rent use of controlled substances such as*  
 18       *benzodiazepines, as part of the comprehensive assess-*  
 19       *ment conducted by the health care provider.*

20           (3) *ENHANCED STANDARDS.—The Secretary*  
 21        *shall establish enhanced standards with respect to the*  
 22        *use of routine and random urine drug tests for all pa-*  
 23        *tients before and during opioid therapy to help pre-*  
 24        *vent substance abuse, dependence, and diversion, in-*  
 25        *cluding—*



1           (A) that such tests occur not less frequently  
2           than once each year; and

3           (B) that health care providers appropriately  
4           order, interpret and respond to the results from  
5           such tests to tailor pain therapy, safeguards, and  
6           risk management strategies to each patient.

7           (b) *PAIN MANAGEMENT EDUCATION AND TRAINING.*—

8           (1) *IN GENERAL.*—In carrying out the Opioid  
9           Safety Initiative of the Department, the Secretary  
10          shall require all employees of the Department respon-  
11          sible for prescribing opioids to receive education and  
12          training described in paragraph (2).

13          (2) *EDUCATION AND TRAINING.*—Education and  
14          training described in this paragraph is education and  
15          training on pain management and safe opioid pre-  
16          scribing practices for purposes of safely and effectively  
17          managing patients with chronic pain, including edu-  
18          cation and training on the following:

19               (A) The implementation of and full compli-  
20               ance with the VA/DOD Clinical Practice Guide-  
21               line for Management of Opioid Therapy for  
22               Chronic Pain, including any update to such  
23               guideline.

24               (B) The use of evidence-based pain manage-  
25               ment therapies, including cognitive-behavioral

1        *therapy, non-opioid alternatives, and non-drug*  
2        *methods and procedures to managing pain and*  
3        *related health conditions including medical de-*  
4        *vices approved or cleared by the Food and Drug*  
5        *Administration for the treatment of patients*  
6        *with chronic pain and complementary alter-*  
7        *native medicines.*

8                *(C) Screening and identification of patients*  
9        *with substance use disorder, including drug-seek-*  
10        *ing behavior, before prescribing opioids, assess-*  
11        *ment of risk potential for patients developing an*  
12        *addiction, and referral of patients to appropriate*  
13        *addiction treatment professionals if addiction is*  
14        *identified or strongly suspected.*

15                *(D) Communication with patients on the*  
16        *potential harm associated with the use of opioids*  
17        *and other controlled substances, including the*  
18        *need to safely store and dispose of supplies relat-*  
19        *ing to the use of opioids and other controlled*  
20        *substances.*

21                *(E) Such other education and training as*  
22        *the Secretary considers appropriate to ensure*  
23        *that veterans receive safe and high-quality pain*  
24        *management care from the Department.*

1           (3) *USE OF EXISTING PROGRAM.*—*In providing*  
 2           *education and training described in paragraph (2),*  
 3           *the Secretary shall use the Interdisciplinary Chronic*  
 4           *Pain Management Training Team Program of the*  
 5           *Department (or success program).*

6           (c) *PAIN MANAGEMENT TEAMS.*—

7           (1) *IN GENERAL.*—*In carrying out the Opioid*  
 8           *Safety Initiative of the Department, the director of*  
 9           *each medical facility of the Department shall identify*  
 10          *and designate a pain management team of health*  
 11          *care professionals, which may include board certified*  
 12          *pain medicine specialists, responsible for coordinating*  
 13          *and overseeing pain management therapy at such fa-*  
 14          *cility for patients experiencing acute and chronic*  
 15          *pain that is non-cancer related.*

16          (2) *ESTABLISHMENT OF PROTOCOLS.*—

17                (A) *IN GENERAL.*—*In consultation with the*  
 18                *Directors of each Veterans Integrated Service*  
 19                *Network, the Secretary shall establish standard*  
 20                *protocols for the designation of pain manage-*  
 21                *ment teams at each medical facility within the*  
 22                *Department.*

23                (B) *CONSULTATION ON PRESCRIPTION OF*  
 24                *OPIOIDS.*—*Each protocol established under sub-*  
 25                *paragraph (A) shall ensure that any health care*

1        *provider without expertise in prescribing analge-*  
 2        *sics or who has not completed the education and*  
 3        *training under subsection (b), including a men-*  
 4        *tal health care provider, does not prescribe*  
 5        *opioids to a patient unless that health care pro-*  
 6        *vider—*

7                *(i) consults with a health care provider*  
 8                *with pain management expertise or who is*  
 9                *on the pain management team of the med-*  
 10              *ical facility; and*

11              *(ii) refers the patient to the pain man-*  
 12              *agement team for any subsequent prescrip-*  
 13              *tions and related therapy.*

14        *(3) REPORT.—*

15              *(A) IN GENERAL.—Not later than 1 year*  
 16              *after the date of enactment of this Act, the direc-*  
 17              *tor of each medical facility of the Department*  
 18              *shall submit to the Under Secretary for Health*  
 19              *and the director of the Veterans Integrated Serv-*  
 20              *ice Network in which the medical facility is lo-*  
 21              *cated a report identifying the health care profes-*  
 22              *sionals that have been designated as members of*  
 23              *the pain management team at the medical facil-*  
 24              *ity pursuant to paragraph (1).*

1           (B) *ELEMENTS.*—*Each report submitted*  
 2           *under subparagraph (A) with respect to a med-*  
 3           *ical facility of the Department shall include—*

4                   (i) *a certification as to whether all*  
 5                   *members of the pain management team at*  
 6                   *the medical facility have completed the edu-*  
 7                   *cation and training required under sub-*  
 8                   *section (b);*

9                   (ii) *a plan for the management and re-*  
 10                  *ferral of patients to such pain management*  
 11                  *team if health care providers without exper-*  
 12                  *tise in prescribing analgesics prescribe*  
 13                  *opioid medications to treat acute and*  
 14                  *chronic pain that is non-cancer related; and*

15                  (iii) *a certification as to whether the*  
 16                  *medical facility—*

17                   (I) *fully complies with the*  
 18                   *stepped-care model of pain manage-*  
 19                   *ment and other pain management poli-*  
 20                   *cies contained in Directive 2009–053*  
 21                   *of the Veterans Health Administration,*  
 22                   *or successor directive; or*

23                   (II) *does not fully comply with*  
 24                   *such stepped-care model of pain man-*  
 25                   *agement and other pain management*

1                    *policies but is carrying out a corrective*  
 2                    *plan of action to ensure such full com-*  
 3                    *pliance.*

4            *(d) TRACKING AND MONITORING OF OPIOID USE.—*

5                    *(1) PRESCRIPTION DRUG MONITORING PROGRAMS*  
 6                    *OF STATES.—In carrying out the Opioid Safety Ini-*  
 7                    *tiative and the Opioid Therapy Risk Report tool of*  
 8                    *the Department, the Secretary shall—*

9                    *(A) ensure access by health care providers of*  
 10                    *the Department to information on controlled sub-*  
 11                    *stances, including opioids and benzodiazepines,*  
 12                    *prescribed to veterans who receive care outside*  
 13                    *the Department through the prescription drug*  
 14                    *monitoring program of each State with such a*  
 15                    *program, including by seeking to enter into*  
 16                    *memoranda of understanding with States to*  
 17                    *allow shared access of such information between*  
 18                    *States and the Department;*

19                    *(B) include such information in the Opioid*  
 20                    *Therapy Risk Report; and*

21                    *(C) require health care providers of the De-*  
 22                    *partment to submit to the prescription drug*  
 23                    *monitoring program of each State information*  
 24                    *on prescriptions of controlled substances received*

1           *by veterans in that State under the laws admin-*  
 2           *istered by the Secretary.*

3           (2) *REPORT ON TRACKING OF DATA ON OPIOID*  
 4           *USE.—Not later than 18 months after the date of the*  
 5           *enactment of this Act, the Secretary shall submit to*  
 6           *the Committee on Veterans' Affairs of the Senate and*  
 7           *the Committee on Veterans' Affairs of the House of*  
 8           *Representatives a report on the feasibility and advis-*  
 9           *ability of improving the Opioid Therapy Risk Report*  
 10           *tool of the Department to allow for more advanced*  
 11           *real-time tracking of and access to data on—*

12                     *(A) the key clinical indicators with respect*  
 13                     *to the totality of opioid use by veterans;*

14                     *(B) concurrent prescribing by health care*  
 15                     *providers of the Department of opioids in dif-*  
 16                     *ferent health care settings, including data on*  
 17                     *concurrent prescribing of opioids to treat mental*  
 18                     *health disorders other than opioid use disorder;*  
 19                     *and*

20                     *(C) mail-order prescriptions of opioid pre-*  
 21                     *scribed to veterans under the laws administered*  
 22                     *by the Secretary.*

23           (e) *AVAILABILITY OF OPIOID RECEPTOR ANTAGO-*  
 24           *NISTS.—*

25                     (1) *INCREASED AVAILABILITY AND USE.—*

1           (A) *IN GENERAL.*—*The Secretary shall*  
2           *maximize the availability of opioid receptor an-*  
3           *tagonists approved by the Food and Drug Ad-*  
4           *ministration, including naloxone, to veterans.*

5           (B) *AVAILABILITY, TRAINING, AND DISTRIB-*  
6           *UTING.*—*In carrying out subparagraph (A), not*  
7           *later than 90 days after the date of the enact-*  
8           *ment of this Act, the Secretary shall—*

9                   (i) *equip each pharmacy of the Depart-*  
10           *ment with opioid receptor antagonists ap-*  
11           *proved by the Food and Drug Administra-*  
12           *tion to be dispensed to outpatients as need-*  
13           *ed; and*

14                   (ii) *expand the Overdose Education*  
15           *and Naloxone Distribution program of the*  
16           *Department to ensure that all veterans in*  
17           *receipt of health care under laws adminis-*  
18           *tered by the Secretary who are at risk of*  
19           *opioid overdose may access such opioid re-*  
20           *ceptor antagonists and training on the*  
21           *proper administration of such opioid recep-*  
22           *tor antagonists.*

23           (C) *VETERANS WHO ARE AT RISK.*—*For*  
24           *purposes of subparagraph (B), veterans who are*  
25           *at risk of opioid overdose include—*



1                   (i) *veterans receiving long-term opioid*  
2                   *therapy;*

3                   (ii) *veterans receiving opioid therapy*  
4                   *who have a history of substance use disorder*  
5                   *or prior instances of overdose; and*

6                   (iii) *veterans who are at risk as deter-*  
7                   *mined by a health care provider who is*  
8                   *treating the veteran.*

9                   (2) *REPORT.—Not later than 120 days after the*  
10                  *date of the enactment of this Act, the Secretary shall*  
11                  *submit to the Committee on Veterans' Affairs of the*  
12                  *Senate and the Committee on Veterans' Affairs of the*  
13                  *House of Representatives a report on carrying out*  
14                  *paragraph (1), including an assessment of any re-*  
15                  *maining steps to be carried out by the Secretary to*  
16                  *carry out such paragraph.*

17                  (f) *INCLUSION OF CERTAIN INFORMATION AND CAPA-*  
18                  *BILITIES IN OPIOID THERAPY RISK REPORT TOOL OF THE*  
19                  *DEPARTMENT.—*

20                   (1) *INFORMATION.—The Secretary shall include*  
21                   *in the Opioid Therapy Risk Report tool of the De-*  
22                   *partment—*

23                   (A) *information on the most recent time the*  
24                   *tool was accessed by a health care provider of the*  
25                   *Department with respect to each veteran; and*

1                   (B) information on the results of the most  
2                   recent urine drug test for each veteran.

3                   (2) CAPABILITIES.—The Secretary shall include  
4                   in the Opioid Therapy Risk Report tool the ability of  
5                   the health care providers of the Department to deter-  
6                   mine whether a health care provider of the Depart-  
7                   ment prescribed opioids to a veteran without checking  
8                   the information in the tool with respect to the vet-  
9                   eran.

10                  (g) NOTIFICATIONS OF RISK IN COMPUTERIZED  
11                  HEALTH RECORD.—The Secretary shall modify the com-  
12                  puterized patient record system of the Department to ensure  
13                  that any health care provider that accesses the record of  
14                  a veteran, regardless of the reason the veteran seeks care  
15                  from the health care provider, will be immediately notified  
16                  whether the veteran—

17                         (1) is receiving opioid therapy and has a history  
18                         of substance use disorder or prior instances of over-  
19                         dose;

20                         (2) has a history of opioid abuse; or

21                         (3) is at risk of becoming an opioid abuser as de-  
22                         termined by a health care provider who is treating  
23                         the veteran.

24                  (h) DEFINITIONS.—In this section:

1           (1) *The term “controlled substance” has the*  
 2           *meaning given that term in section 102 of the Con-*  
 3           *trolled Substances Act (21 U.S.C. 802).*

4           (2) *The term “State” means each of the several*  
 5           *States, territories, and possessions of the United*  
 6           *States, the District of Columbia, and the Common-*  
 7           *wealth of Puerto Rico.*

8   **SEC. 303. STRENGTHENING OF JOINT WORKING GROUP ON**  
 9                           **PAIN MANAGEMENT OF THE DEPARTMENT OF**  
 10                           **VETERANS AFFAIRS AND THE DEPARTMENT**  
 11                           **OF DEFENSE.**

12       (a) *IN GENERAL.*—*Not later than 90 days after the*  
 13       *date of enactment of this Act, the Secretary of Veterans Af-*  
 14       *fairs and the Secretary of Defense shall ensure that the Pain*  
 15       *Management Working Group of the Health Executive Com-*  
 16       *mittee of the Department of Veterans Affairs–Department*  
 17       *of Defense Joint Executive Committee (Pain Management*  
 18       *Working Group) established under section 320 of title 38,*  
 19       *United States Code, includes a focus on the following:*

20           (1) *The opioid prescribing practices of health*  
 21           *care providers of each Department.*

22           (2) *The ability of each Department to manage*  
 23           *acute and chronic pain among individuals receiving*  
 24           *health care from the Department, including training*

1     *health care providers with respect to pain manage-*  
 2     *ment.*

3             *(3) The use by each Department of complemen-*  
 4     *tary and integrative health and complementary alter-*  
 5     *native medicines in treating such individuals.*

6             *(4) The concurrent use by health care providers*  
 7     *of each Department of opioids and prescription drugs*  
 8     *to treat mental health disorders, including*  
 9     *benzodiazepines.*

10            *(5) The practice by health care providers of each*  
 11     *Department of prescribing opioids to treat mental*  
 12     *health disorders.*

13            *(6) The coordination in coverage of and con-*  
 14     *sistent access to medications prescribed for patients*  
 15     *transitioning from receiving health care from the De-*  
 16     *partment of Defense to receiving health care from the*  
 17     *Department of Veterans Affairs.*

18            *(7) The ability of each Department to identify*  
 19     *and treat substance use disorders among individuals*  
 20     *receiving health care from that Department.*

21            *(b) COORDINATION AND CONSULTATION.—The Sec-*  
 22     *retary of Veterans Affairs and the Secretary of Defense shall*  
 23     *ensure that the working group described in subsection (a)—*

1           (1) *coordinates the activities of the working*  
 2           *group with other relevant working groups established*  
 3           *under section 320 of title 38, United States Code;*

4           (2) *consults with other relevant Federal agencies*  
 5           *with respect to the activities of the working group;*  
 6           *and*

7           (3) *consults with the Department of Veterans Af-*  
 8           *fairs and the Department of Defense with respect to,*  
 9           *reviews, and comments on the VA/DOD Clinical*  
 10          *Practice Guideline for Management of Opioid Ther-*  
 11          *apy for Chronic Pain, or any successor guideline, be-*  
 12          *fore any update to the guideline is released.*

13          (c) *CLINICAL PRACTICE GUIDELINES.—*

14           (1) *IN GENERAL.—Not later than 180 days after*  
 15          *the date of the enactment of this Act, the Secretary of*  
 16          *Veterans Affairs and the Secretary of Defense shall*  
 17          *issue an update to the VA/DOD Clinical Practice*  
 18          *Guideline for Management of Opioid Therapy for*  
 19          *Chronic Pain.*

20           (2) *MATTERS INCLUDED.—In conducting the up-*  
 21          *date under subsection (a), the Pain Management*  
 22          *Working Group, in coordination with the Clinical*  
 23          *Practice Guideline VA/DOD Management of Opioid*  
 24          *Therapy for Chronic Pain Working Group, shall ex-*

1        *amine whether the Clinical Practical Guideline*  
2        *should include the following:*

3                *(A) Enhanced guidance with respect to—*

4                        *(i) the coadministration of an opioid*  
5                        *and other drugs, including benzodiazepines,*  
6                        *that may result in life-limiting drug inter-*  
7                        *actions;*

8                        *(ii) the treatment of patients with cur-*  
9                        *rent acute psychiatric instability or sub-*  
10                        *stance use disorder or patients at risk of*  
11                        *suicide; and*

12                        *(iii) the use of opioid therapy to treat*  
13                        *mental health disorders other than opioid*  
14                        *use disorder.*

15                *(B) Enhanced guidance with respect to the*  
16                *treatment of patients with behaviors or*  
17                *comorbidities, such as post-traumatic stress dis-*  
18                *order or other psychiatric disorders, or a history*  
19                *of substance abuse or addiction, that requires a*  
20                *consultation or comanagement of opioid therapy*  
21                *with one or more specialists in pain manage-*  
22                *ment, mental health, or addictions.*

23                *(C) Enhanced guidance with respect to*  
24                *health care providers—*

1                   (i) conducting an effective assessment  
 2                   for patients beginning or continuing opioid  
 3                   therapy, including understanding and set-  
 4                   ting realistic goals with respect to achieving  
 5                   and maintaining an expected level of pain  
 6                   relief, improved function, or a clinically ap-  
 7                   propriate combination of both; and

8                   (ii) effectively assessing whether opioid  
 9                   therapy is achieving or maintaining the es-  
 10                  tablished treatment goals of the patient or  
 11                  whether the patient and health care pro-  
 12                  vider should discuss adjusting, augmenting,  
 13                  or discontinuing the opioid therapy.

14               (D) Guidelines to govern the methodologies  
 15               used by health care providers of the Department  
 16               of Veterans Affairs and the Department of De-  
 17               fense to taper opioid therapy when adjusting or  
 18               discontinuing the use of opioid therapy.

19               (E) Guidelines with respect to appropriate  
 20               case management for patients receiving opioid  
 21               therapy who transition between inpatient and  
 22               outpatient health care settings, which may in-  
 23               clude the use of care transition plans.

24               (F) Guidelines with respect to appropriate  
 25               case management for patients receiving opioid

1        *therapy who transition from receiving care dur-*  
 2        *ing active duty to post-military health care net-*  
 3        *works.*

4                *(G) Guidelines with respect to providing op-*  
 5        *tions, before initiating opioid therapy, for pain*  
 6        *management therapies without the use of opioids*  
 7        *and options to augment opioid therapy with*  
 8        *other clinical and complementary and integra-*  
 9        *tive health services to minimize opioid depend-*  
 10       *ence.*

11               *(H) Guidelines with respect to the provision*  
 12       *of evidence-based non-opioid treatments within*  
 13       *the Department of Veterans Affairs and the De-*  
 14       *partment of Defense, including medical devices*  
 15       *and other therapies approved or cleared by the*  
 16       *Food and Drug Administration for the treatment*  
 17       *of chronic pain as an alternative to or to aug-*  
 18       *ment opioid therapy.*

19    **SEC. 304. REVIEW, INVESTIGATION, AND REPORT ON USE**  
 20                **OF OPIOIDS IN TREATMENT BY DEPARTMENT**  
 21                **OF VETERANS AFFAIRS.**

22        *(a) COMPTROLLER GENERAL REPORT.—*

23               *(1) IN GENERAL.—Not later than 2 years after*  
 24        *the date of the enactment of this Act, the Comptroller*  
 25        *General of the United States shall submit to the Com-*



1        *mittee on Veterans' Affairs of the Senate and the*  
 2        *Committee on Veterans' Affairs of the House of Rep-*  
 3        *resentatives a report on the Opioid Safety Initiative*  
 4        *of the Department of Veterans Affairs and the opioid*  
 5        *prescribing practices of health care providers of the*  
 6        *Department.*

7            (2) *ELEMENTS.—The report submitted under*  
 8        *paragraph (1) shall include the following:*

9            (A) *Recommendations on such improve-*  
 10        *ments to the Opioid Safety Initiative of the De-*  
 11        *partment as the Comptroller General considers*  
 12        *appropriate.*

13            (B) *Information with respect to—*

14            (i) *deaths resulting from sentinel*  
 15        *events involving veterans prescribed opioids*  
 16        *by a health care provider of the Depart-*  
 17        *ment;*

18            (ii) *overall prescription rates and pre-*  
 19        *scriptions indications of opioids to treat*  
 20        *non-cancer, non-palliative, and non-hospice*  
 21        *care patients;*

22            (iii) *the prescription rates and pre-*  
 23        *scriptions indications of benzodiazepines*  
 24        *and opioids concomitantly by health care*  
 25        *providers of the Department;*

1                   (iv) the practice by health care pro-  
 2                   viders of the Department of prescribing  
 3                   opioids to treat patients without any pain,  
 4                   including to treat patients with mental  
 5                   health disorders other than opioid use dis-  
 6                   order; and

7                   (v) the effectiveness of opioid therapy  
 8                   for patients receiving such therapy, includ-  
 9                   ing the effectiveness of long-term opioid  
 10                  therapy.

11               (C) An evaluation of processes of the De-  
 12               partment in place to oversee opioid use among  
 13               veterans, including procedures to identify and  
 14               remedy potential over-prescribing of opioids by  
 15               health care providers of the Department.

16               (D) An assessment of the implementation by  
 17               the Secretary of the VA/DOD Clinical Practice  
 18               Guideline for Management of Opioid Therapy  
 19               for Chronic Pain.

20               (b) QUARTERLY PROGRESS REPORT ON IMPLEMENTA-  
 21               TION OF COMPTROLLER GENERAL RECOMMENDATIONS.—

22               Not later than 2 years after the date of the enactment of  
 23               this Act, and not later than 30 days after the end of each  
 24               quarter thereafter, the Secretary of Veterans Affairs shall  
 25               submit to the Committee on Veterans' Affairs of the Senate

1 *and the Committee on Veterans' Affairs of the House of Rep-*  
 2 *resentatives a progress report detailing the actions by the*  
 3 *Secretary during the period covered by the report to address*  
 4 *any outstanding findings and recommendations by the*  
 5 *Comptroller General of the United States under subsection*  
 6 *(a) with respect to the Veterans Health Administration.*

7 *(c) ANNUAL REVIEW OF PRESCRIPTION RATES.—Not*  
 8 *later than 1 year after the date of the enactment of this*  
 9 *Act, and not less frequently than annually for the following*  
 10 *5 years, the Secretary shall submit to the Committee on Vet-*  
 11 *erans' Affairs of the Senate and the Committee on Veterans'*  
 12 *Affairs of the House of Representatives a report, with re-*  
 13 *spect to each medical facility of the Department of Veterans*  
 14 *Affairs, to collect and review information on opioids pre-*  
 15 *scribed by health care providers at the facility to treat non-*  
 16 *cancer, non-palliative, and non-hospice care patients that*  
 17 *contains, for the 1-year period preceding the submission of*  
 18 *the report, the following:*

19 *(1) The number of patients and the percentage of*  
 20 *the patient population of the Department who were*  
 21 *prescribed benzodiazepines and opioids concurrently*  
 22 *by a health care provider of the Department.*

23 *(2) The number of patients and the percentage of*  
 24 *the patient population of the Department without any*  
 25 *pain who were prescribed opioids by a health care*

1        *provider of the Department, including those who were*  
2        *prescribed benzodiazepines and opioids concurrently.*

3            (3) *The number of non-cancer, non-palliative,*  
4        *and non-hospice care patients and the percentage of*  
5        *such patients who were treated with opioids by a*  
6        *health care provider of the Department on an inpa-*  
7        *tient-basis and who also received prescription opioids*  
8        *by mail from the Department while being treated on*  
9        *an inpatient-basis.*

10          (4) *The number of non-cancer, non-palliative,*  
11        *and non-hospice care patients and the percentage of*  
12        *such patients who were prescribed opioids concur-*  
13        *rently by a health care provider of the Department*  
14        *and a health care provider that is not health care*  
15        *provider of the Department.*

16          (5) *With respect to each medical facility of the*  
17        *Department, information on opioids prescribed by*  
18        *health care providers at the facility to treat non-can-*  
19        *cer, non-palliative, and non-hospice care patients, in-*  
20        *cluding information on—*

21            (A) *the prescription rate at which each*  
22            *health care provider at the facility prescribed*  
23            *benzodiazepines and opioids concurrently to such*  
24            *patients and the aggregate such prescription rate*  
25            *for all health care providers at the facility;*

1           (B) the prescription rate at which each  
 2           health care provider at the facility prescribed  
 3           benzodiazepines or opioids to such patients to  
 4           treat conditions for which benzodiazepines or  
 5           opioids are not approved treatment and the ag-  
 6           gregate such prescription rate for all health care  
 7           providers at the facility;

8           (C) the prescription rate at which each  
 9           health care provider at the facility prescribed or  
 10          dispensed mail-order prescriptions of opioids to  
 11          such patients while such patients were being  
 12          treated with opioids on an inpatient-basis and  
 13          the aggregate of such prescription rate for all  
 14          health care providers at the facility; and

15          (D) the prescription rate at which each  
 16          health care provider at the facility prescribed  
 17          opioids to such patients who were also concur-  
 18          rently prescribed opioids by a health care pro-  
 19          vider that is not a health care provider of the  
 20          Department and the aggregate of such prescrip-  
 21          tion rates for all health care providers at the fa-  
 22          cility.

23          (6) With respect to each medical facility of the  
 24          Department, the number of times a pharmacist at the  
 25          facility overrode a critical drug interaction warning

1       *with respect to an interaction between opioids and*  
 2       *another medication before dispensing such medication*  
 3       *to a veteran.*

4       *(d) INVESTIGATION OF PRESCRIPTION RATES.—If the*  
 5       *Secretary determines that a prescription rate with respect*  
 6       *to a health care provider or medical facility of the Depart-*  
 7       *ment conflicts with or is otherwise inconsistent with the*  
 8       *standards of appropriate and safe care, the Secretary*  
 9       *shall—*

10           *(1) immediately notify the Committee on Vet-*  
 11          *erans' Affairs of the Senate and the Committee on*  
 12          *Veterans' Affairs of the House of Representatives of*  
 13          *such determination, including information relating to*  
 14          *such determination, prescription rate, and health care*  
 15          *provider or medical facility, as the case may be; and*

16           *(2) through the Office of the Medical Inspector of*  
 17          *the Veterans Health Administration, conduct a full*  
 18          *investigation of the health care provider or medical*  
 19          *facility, as the case may be.*

20       *(e) PRESCRIPTION RATE DEFINED.—In this section,*  
 21       *the term “prescription rate” means, with respect to a health*  
 22       *care provider or medical facility of the Department, each*  
 23       *of the following:*

24           *(1) The number of patients treated with opioids*  
 25          *by the health care provider or at the medical facility,*

1        *as the case may be, divided by the total number of*  
 2        *pharmacy users of that health care provider or med-*  
 3        *ical facility.*

4            *(2) The average number of morphine equivalents*  
 5        *per day prescribed by the health care provider or at*  
 6        *the medical facility, as the case may be, to patients*  
 7        *being treated with opioids.*

8            *(3) Of the patients being treated with opioids by*  
 9        *the health care provider or at the medical facility, as*  
 10       *the case may be, the average number of prescriptions*  
 11       *of opioids per patient.*

12    **SEC. 305. MANDATORY DISCLOSURE OF CERTAIN VETERAN**  
 13                    **INFORMATION TO STATE CONTROLLED SUB-**  
 14                    **STANCE MONITORING PROGRAMS.**

15        *Section 5701(l) of title 38, United States Code, is*  
 16        *amended by striking “may” and inserting “shall”.*

17    **SEC. 306. MODIFICATION TO LIMITATION ON AWARDS AND**  
 18                    **BONUSES.**

19        *Section 705 of the Veterans Access, Choice, and Ac-*  
 20        *countability Act of 2014 (Public Law 113–146; 38 U.S.C.*  
 21        *703 note) is amended to read as follows:*

1 **“SEC. 705. LIMITATION ON AWARDS AND BONUSES PAID TO**  
 2 **EMPLOYEES OF DEPARTMENT OF VETERANS**  
 3 **AFFAIRS.**

4 *“The Secretary of Veterans Affairs shall ensure that*  
 5 *the aggregate amount of awards and bonuses paid by the*  
 6 *Secretary in a fiscal year under chapter 45 or 53 of title*  
 7 *5, United States Code, or any other awards or bonuses au-*  
 8 *thorized under such title or title 38, United States Code,*  
 9 *does not exceed the following amounts:*

10 *“(1) With respect to each of fiscal years 2017*  
 11 *through 2021, \$230,000,000.*

12 *“(2) With respect to each of fiscal years 2022*  
 13 *through 2024, \$360,000,000.”.*

14 **TITLE IV—KINGPIN DESIGNA-**  
 15 **TION IMPROVEMENT ACT**

16 **SEC. 401. SHORT TITLE.**

17 *This title may be cited as the “Kingpin Designation*  
 18 *Improvement Act of 2016”.*

19 **SEC. 402. PROTECTION OF CLASSIFIED INFORMATION IN**  
 20 **FEDERAL COURT CHALLENGES RELATING TO**  
 21 **DESIGNATIONS UNDER THE NARCOTICS**  
 22 **KINGPIN DESIGNATION ACT.**

23 *Section 804 of the Foreign Narcotics Kingpin Designa-*  
 24 *tion Act (21 U.S.C. 1903) is amended by adding at the*  
 25 *end the following:*



1       “(i) *PROTECTION OF CLASSIFIED INFORMATION IN*  
 2 *FEDERAL COURT CHALLENGES RELATING TO DESIGNA-*  
 3 *TIONS.—In any judicial review of a determination made*  
 4 *under this section, if the determination was based on classi-*  
 5 *fied information (as defined in section 1(a) of the Classified*  
 6 *Information Procedures Act) such information may be sub-*  
 7 *mitted to the reviewing court ex parte and in camera. This*  
 8 *subsection does not confer or imply any right to judicial*  
 9 *review.*”.

10       ***TITLE V—GOOD SAMARITAN***  
 11               ***ASSESSMENT ACT***

12       ***SEC. 501. SHORT TITLE.***

13       *This title may be cited as the “Good Samaritan Assess-*  
 14 *ment Act of 2016”.*

15       ***SEC. 502. FINDING.***

16       *The Congress finds that the executive branch, including*  
 17 *the Office of National Drug Control Policy, has a policy*  
 18 *focus on preventing and addressing prescription drug mis-*  
 19 *use and heroin use, and has worked with States and mu-*  
 20 *nicipalities to enact Good Samaritan laws that would pro-*  
 21 *tect caregivers, law enforcement personnel, and first re-*  
 22 *sponders who administer opioid overdose reversal drugs or*  
 23 *devices.*

1 **SEC. 503. GAO STUDY ON GOOD SAMARITAN LAWS PER-**  
 2 **TAINING TO TREATMENT OF OPIOID**  
 3 **OVERDOSES.**

4 *The Comptroller General of the United States shall*  
 5 *submit to the Committee on the Judiciary of the House of*  
 6 *Representatives, the Committee on Oversight and Govern-*  
 7 *ment Reform of the House of Representatives, the Com-*  
 8 *mittee on the Judiciary of the Senate, and the Committee*  
 9 *on Homeland Security and Governmental Affairs of the*  
 10 *Senate a report on—*

11 *(1) the extent to which the Director of National*  
 12 *Drug Control Policy has reviewed Good Samaritan*  
 13 *laws, and any findings from such a review, including*  
 14 *findings related to the potential effects of such laws,*  
 15 *if available;*

16 *(2) efforts by the Director to encourage the enact-*  
 17 *ment of Good Samaritan laws; and*

18 *(3) a compilation of Good Samaritan laws in ef-*  
 19 *fect in the States, the territories, and the District of*  
 20 *Columbia.*

21 **SEC. 504. DEFINITIONS.**

22 *In this title—*

23 *(1) the term “Good Samaritan law” means a*  
 24 *law of a State or unit of local government that ex-*  
 25 *empts from criminal or civil liability any individual*  
 26 *who administers an opioid overdose reversal drug or*

1        *device, or who contacts emergency services providers*  
 2        *in response to an overdose; and*

3                (2) *the term “opioid” means any drug, including*  
 4        *heroin, having an addiction-forming or addiction-sus-*  
 5        *taining liability similar to morphine or being capable*  
 6        *of conversion into a drug having such addiction-form-*  
 7        *ing or addiction-sustaining liability.*

## 8                                ***TITLE VI—OPEN ACT***

### 9        ***SEC. 601. SHORT TITLE.***

10        *This title may be cited as the “Opioid Program Eval-*  
 11        *uation Act” or the “OPEN Act”.*

### 12        ***SEC. 602. EVALUATION OF PERFORMANCE OF DEPARTMENT*** 13                                ***OF JUSTICE PROGRAM.***

14        (a) *EVALUATION OF JUSTICE DEPARTMENT COM-*  
 15        *PREHENSIVE OPIOID ABUSE GRANT PROGRAM.—Not later*  
 16        *than 5 years after the date of enactment of this Act, the*  
 17        *Attorney General shall complete an evaluation of the effec-*  
 18        *tiveness of the Comprehensive Opioid Abuse Grant Program*  
 19        *under part LL of the Omnibus Crime Control and Safe*  
 20        *Streets Act of 1968 administered by the Department of Jus-*  
 21        *tice based upon the information reported under subsection*  
 22        *(d) of this section.*

23        (b) *INTERIM EVALUATION.—Not later than 3 years*  
 24        *after the date of enactment of this Act, the Attorney General*  
 25        *shall complete an interim evaluation assessing the nature*

1 *and extent of the incidence of opioid abuse and illegal*  
 2 *opioid distribution in the United States.*

3 (c) *METRICS AND OUTCOMES FOR EVALUATION.*—Not  
 4 *later than 180 days after the date of enactment of this Act,*  
 5 *the Attorney General shall identify outcomes that are to be*  
 6 *achieved by activities funded by the Comprehensive Opioid*  
 7 *Grant Abuse Program and the metrics by which the achieve-*  
 8 *ment of such outcomes shall be determined.*

9 (d) *METRICS DATA COLLECTION.*—The Attorney Gen-  
 10 *eral shall require grantees under the Comprehensive Opioid*  
 11 *Abuse Grant Program (and those receiving subawards*  
 12 *under section 3021(b) of part LL of the Omnibus Crime*  
 13 *Control and Safe Streets Act of 1968) to collect and annu-*  
 14 *ally report to the Department of Justice data based upon*  
 15 *the metrics identified under subsection (c).*

16 (e) *PUBLICATION OF DATA AND FINDINGS.*—

17 (1) *PUBLICATION OF OUTCOMES AND METRICS.*—  
 18 *The Attorney General shall, not later than 30 days*  
 19 *after completion of the requirement under subsection*  
 20 *(c), publish the outcomes and metrics identified under*  
 21 *that subsection.*

22 (2) *PUBLICATION OF EVALUATION.*—In the case  
 23 *of the interim evaluation under subsection (b), and*  
 24 *the final evaluation under subsection (a), the Na-*  
 25 *tional Academy of Sciences shall, not later than 90*

1        *days after such an evaluation is completed, publish*  
 2        *the results of such evaluation and issue a report on*  
 3        *such evaluation to the Committee on the Judiciary of*  
 4        *the House of Representatives and the Committee on*  
 5        *the Judiciary of the Senate. Such report shall also be*  
 6        *published along with the data used to make such eval-*  
 7        *uation.*

8        *(f) ARRANGEMENT WITH THE NATIONAL ACADEMY OF*  
 9        *SCIENCES.—For purposes of subsections (a), (b), and (c),*  
 10       *the Attorney General shall enter into an arrangement with*  
 11       *the National Academy of Sciences.*

12       **SEC. 603. EVALUATION OF PERFORMANCE OF DEPARTMENT**  
 13                                **OF HEALTH AND HUMAN SERVICES PRO-**  
 14                                **GRAM.**

15       *(a) EVALUATION OF DEPARTMENT OF HEALTH AND*  
 16       *HUMAN SERVICES PROGRAMS.—Not later than 5 years*  
 17       *after the date of enactment of this Act, except as otherwise*  
 18       *provided in this section, the Secretary of Health and*  
 19       *Human Services shall complete an evaluation of any pro-*  
 20       *gram administered by the Secretary that provides grants*  
 21       *for the primary purpose of providing assistance in address-*  
 22       *ing problems pertaining to opioid abuse based upon the in-*  
 23       *formation reported under subsection (d) of this section.*

24       *(b) INTERIM EVALUATION.—Not later than 3 years*  
 25       *after the date of enactment of this Act, the Secretary shall*

1 *complete an interim evaluation assessing the nature and*  
 2 *extent of the incidence of opioid abuse and illegal opioid*  
 3 *distribution in the United States.*

4 *(c) METRICS AND OUTCOMES FOR EVALUATION.—Not*  
 5 *later than 180 days after the date of enactment of this Act,*  
 6 *the Secretary shall identify outcomes that are to be achieved*  
 7 *by activities funded by the programs described in subsection*  
 8 *(a) and the metrics by which the achievement of such out-*  
 9 *comes shall be determined.*

10 *(d) METRICS DATA COLLECTION.—The Secretary shall*  
 11 *require grantees under the programs described in subsection*  
 12 *(a) to collect and annually report to the Department of*  
 13 *Health and Human Services data based upon the metrics*  
 14 *identified under subsection (c).*

15 *(e) PUBLICATION OF DATA AND FINDINGS.—*

16 *(1) PUBLICATION OF OUTCOMES AND METRICS.—*  
 17 *The Secretary shall, not later than 30 days after com-*  
 18 *pletion of the requirement under subsection (c), pub-*  
 19 *lish the outcomes and metrics identified under that*  
 20 *subsection.*

21 *(2) PUBLICATION OF EVALUATION.—In the case*  
 22 *of the interim evaluation under subsection (b), and*  
 23 *each final evaluation under subsection (a), the Na-*  
 24 *tional Academy of Sciences shall, not later than 90*  
 25 *days after such an evaluation is completed, publish*

1        *the results of such evaluation and issue a report on*  
 2        *such evaluation to the Committee on Energy and*  
 3        *Commerce of the House of Representatives and the*  
 4        *Committee on Health, Education, Labor, and Pen-*  
 5        *sions of the Senate. Such report shall also be pub-*  
 6        *lished along with the data used to make such evalua-*  
 7        *tion.*

8        *(f) ARRANGEMENT WITH THE NATIONAL ACADEMY OF*  
 9        *SCIENCES.—For purposes of subsections (a), (b), and (c),*  
 10       *the Secretary shall—*

11                *(1) enter into an arrangement with the National*  
 12        *Academy of Sciences; or*

13                *(2) enter into a contract or cooperative agree-*  
 14        *ment with an entity that is not an agency of the Fed-*  
 15        *eral Government.*

16        *(g) EXCEPTION.—If a program described under sub-*  
 17        *section (a) is subject to an evaluation substantially similar*  
 18        *to the evaluation under subsection (a) pursuant to another*  
 19        *provision of law, the Secretary may opt not to conduct an*  
 20        *evaluation under subsection (a) of such program.*

21        **SEC. 604. DEFINITION.**

22        *In this title, the term “opioid” has the meaning given*  
 23        *the term “opiate” in section 102 of the Controlled Sub-*  
 24        *stances Act (21 U.S.C. 802).*

1 **SEC. 605. NO ADDITIONAL FUNDS AUTHORIZED.**

2 *No additional funds are authorized to be appropriated*  
 3 *to carry out this Act.*

4 **SEC. 606. MATTERS REGARDING CERTAIN FEDERAL LAW EN-**  
 5 **FORCEMENT ASSISTANCE.**

6 *Section 609Y of the Justice Assistance Act of 1984 (42*  
 7 *U.S.C. 10513) is amended—*

8 *(1) in subsection (a), by striking “There is” and*  
 9 *inserting “Except as provided in subsection (c), there*  
 10 *is”; and*

11 *(2) by adding at the end the following:*

12 *“(c) For fiscal year 2022, there is authorized to be ap-*  
 13 *propriated \$16,000,000, to provide under this chapter Fed-*  
 14 *eral law enforcement assistance in the form of funds.”.*

15 **TITLE VII—INFANT PLAN OF**  
 16 **SAFE CARE IMPROVEMENT ACT**

17 **SEC. 701. SHORT TITLE.**

18 *This title may be cited as the “Infant Plan of Safe*  
 19 *Care Improvement Act”.*

20 **SEC. 702. BEST PRACTICES FOR DEVELOPMENT OF PLANS**  
 21 **OF SAFE CARE.**

22 *Section 103(b) of the Child Abuse Prevention and*  
 23 *Treatment Act (42 U.S.C. 5104(b)) is amended—*

24 *(1) by redesignating paragraphs (5) through (8)*  
 25 *as paragraphs (6) through (9), respectively; and*



1           (2) by inserting after paragraph (4), the fol-  
 2       lowing:

3           “(5) maintain and disseminate information  
 4       about the requirements of section 106(b)(2)(B)(iii)  
 5       and best practices relating to the development of  
 6       plans of safe care as described in such section for in-  
 7       fants born and identified as being affected by illegal  
 8       substance abuse or withdrawal symptoms, or a Fetal  
 9       Alcohol Spectrum Disorder;”.

10 **SEC. 703. STATE PLANS.**

11       Section 106(b)(2)(B)(iii) of the Child Abuse Preven-  
 12       tion and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(iii)) is  
 13       amended by inserting before the semicolon at the end the  
 14       following: “to ensure the safety and well-being of such in-  
 15       fant following release from the care of healthcare providers,  
 16       including through—

17                       “(I) addressing the health and  
 18                       substance use disorder treatment needs  
 19                       of the infant and affected family or  
 20                       caregiver; and

21                       “(II) the development and imple-  
 22                       mentation by the State of monitoring  
 23                       systems regarding the implementation  
 24                       of such plans to determine whether and  
 25                       in what manner local entities are pro-

1                    *viding, in accordance with State re-*  
 2                    *quirements, referrals to and delivery of*  
 3                    *appropriate services for the infant and*  
 4                    *affected family or caregiver”.*

5    **SEC. 704. DATA REPORTS.**

6            *(a) IN GENERAL.—Section 106(d) of the Child Abuse*  
 7    *Prevention and Treatment Act (42 U.S.C. 5106a(d)) is*  
 8    *amended by adding at the end of the following:*

9                    *“(17)(A) The number of infants identified under*  
 10    *subsection (b)(2)(B)(ii).*

11                   *“(B) The number of infants for whom a plan of*  
 12    *safe care was developed under subsection*  
 13    *(b)(2)(B)(iii).*

14                   *“(C) The number of infants for whom a referral*  
 15    *was made for appropriate services, including services*  
 16    *for the affected family or caregiver, under subsection*  
 17    *(b)(2)(B)(iii).”.*

18            *(b) REDESIGNATION.—Effective on May 29, 2017, sec-*  
 19    *tion 106(d) of the Child Abuse Prevention and Treatment*  
 20    *Act (42 U.S.C. 5106a(d)) is amended by redesignating*  
 21    *paragraph (17) (as added by subsection (a)) as paragraph*  
 22    *(18).*

1 **SEC. 705. MONITORING AND OVERSIGHT.**

2 (a) *AMENDMENT.*—*Title I of the Child Abuse Preven-*  
 3 *tion and Treatment Act (42 U.S.C. 5101 et seq.) is further*  
 4 *amended by adding at the end the following:*

5 **“SEC. 114. MONITORING AND OVERSIGHT.**

6 *“The Secretary shall conduct monitoring to ensure*  
 7 *that each State that receives a grant under section 106 is*  
 8 *in compliance with the requirements of section 106(b),*  
 9 *which—*

10 *“(1) shall—*

11 *“(A) be in addition to the review of the*  
 12 *State plan upon its submission under section*  
 13 *106(b)(1)(A); and*

14 *“(B) include monitoring of State policies*  
 15 *and procedures required under clauses (ii) and*  
 16 *(iii) of section 106(b)(2)(B); and*

17 *“(2) may include—*

18 *“(A) a comparison of activities carried out*  
 19 *by the State to comply with the requirements of*  
 20 *section 106(b) with the State plan most recently*  
 21 *approved under section 432 of the Social Secu-*  
 22 *rity Act;*

23 *“(B) a review of information available on*  
 24 *the Website of the State relating to its compli-*  
 25 *ance with the requirements of section 106(b);*

1           “(C) site visits, as may be necessary to  
2           carry out such monitoring; and

3           “(D) a review of information available in  
4           the State’s Annual Progress and Services Report  
5           most recently submitted under section 1357.16 of  
6           title 45, Code of Federal Regulations (or suc-  
7           cessor regulations).”.

8           (b) *TABLE OF CONTENTS.*—The table of contents in  
9           section 1(b) of the Child Abuse Prevention and Treatment  
10          Act (42 U.S.C. 5101 note) is amended by inserting after  
11          the item relating to section 113, the following:

          “Sec. 114. Monitoring and oversight.”.

12       **SEC. 706. RULE OF CONSTRUCTION.**

13          Nothing in this Act, or the amendments made by this  
14          Act, shall be construed to authorize the Secretary of Health  
15          and Human Services or any other officer of the Federal  
16          Government to add new requirements to section 106(b) of  
17          the Child Abuse Prevention and Treatment Act (42 U.S.C.  
18          5106a(b)), as amended by this Act.

19               **TITLE VIII—NAS HEALTHY**  
20               **BABIES ACT**

21       **SEC. 801. SHORT TITLE.**

22          This title may be cited as the “Nurturing And Sup-  
23          porting Healthy Babies Act” or as the “NAS Healthy Ba-  
24          bies Act”.

1 **SEC. 802. GAO REPORT ON NEONATAL ABSTINENCE SYN-**  
2 **DROME (NAS).**

3 (a) *IN GENERAL.*—Not later than 1 year after the date  
4 of the enactment of this Act, the Comptroller General of the  
5 United States shall submit to the Committee on Energy and  
6 Commerce of the House of Representatives and the Com-  
7 mittee on Finance and the Committee on Health, Edu-  
8 cation, Labor and Pensions of the Senate a report on neo-  
9 natal abstinence syndrome (in this section referred to as  
10 “NAS”) in the United States.

11 (b) *INFORMATION TO BE INCLUDED IN REPORT.*—  
12 Such report shall include information on the following:

13 (1) *The prevalence of NAS in the United States,*  
14 *including the proportion of children born in the*  
15 *United States with NAS who are eligible for medical*  
16 *assistance under State Medicaid programs under title*  
17 *XIX of the Social Security Act at birth and the costs*  
18 *associated with NAS through such programs.*

19 (2) *The services for which coverage is available*  
20 *under State Medicaid programs for treatment of in-*  
21 *ants with NAS.*

22 (3) *The settings (including inpatient, outpatient,*  
23 *hospital-based, and other settings) for the treatment of*  
24 *infants with NAS and the reimbursement methodolo-*  
25 *gies and costs associated with such treatment in such*  
26 *settings.*

1           (4) *The prevalence of utilization of various care*  
 2           *settings under State Medicaid programs for treatment*  
 3           *of infants with NAS and any Federal barriers to*  
 4           *treating such infants under such programs, particu-*  
 5           *larly in non-hospital-based settings.*

6           (5) *What is known about best practices for treat-*  
 7           *ing infants with NAS.*

8           (c) *RECOMMENDATIONS.—Such report also shall in-*  
 9           *clude such recommendations as the Comptroller General de-*  
 10          *termines appropriate for improvements that will ensure ac-*  
 11          *cess to treatment for infants with NAS under State Med-*  
 12          *icaid programs.*

13   **SEC. 803. EXCLUDING ABUSE-DETERRENT FORMULATIONS**  
 14                           **OF PRESCRIPTION DRUGS FROM THE MED-**  
 15                           **ICAID ADDITIONAL REBATE REQUIREMENT**  
 16                           **FOR NEW FORMULATIONS OF PRESCRIPTION**  
 17                           **DRUGS.**

18          (a) *IN GENERAL.—The last sentence of section*  
 19          *1927(c)(2)(C) of the Social Security Act (42 U.S.C. 1396r–*  
 20          *8(c)(2)(C)) is amended by inserting before the period at the*  
 21          *end the following: “, but does not include an abuse-deterrent*  
 22          *formulation of the drug (as determined by the Secretary),*  
 23          *regardless of whether such abuse-deterrent formulation is an*  
 24          *extended release formulation”.*

1       (b) *EFFECTIVE DATE.*—*The amendment made by sub-*  
 2 *section (a) shall apply to drugs that are paid for by a State*  
 3 *in calendar quarters beginning on or after the date of the*  
 4 *enactment of this Act.*

5 **SEC. 804. LIMITING DISCLOSURE OF PREDICTIVE MOD-**  
 6 **ELING AND OTHER ANALYTICS TECH-**  
 7 **NOLOGIES TO IDENTIFY AND PREVENT**  
 8 **WASTE, FRAUD, AND ABUSE.**

9       (a) *IN GENERAL.*—*Title XI of the Social Security Act*  
 10 *is amended by inserting after section 1128J (42 U.S.C.*  
 11 *1320a–7k) the following new section:*

12 **“SEC. 1128K. DISCLOSURE OF PREDICTIVE MODELING AND**  
 13 **OTHER ANALYTICS TECHNOLOGIES TO IDEN-**  
 14 **TIFY AND PREVENT WASTE, FRAUD, AND**  
 15 **ABUSE.**

16       “(a) *REFERENCE TO PREDICTIVE MODELING TECH-*  
 17 *NOLOGIES REQUIREMENTS.*—*For provisions relating to the*  
 18 *use of predictive modeling and other analytics technologies*  
 19 *to identify and prevent waste, fraud, and abuse with respect*  
 20 *to the Medicare program under title XVIII, the Medicaid*  
 21 *program under title XIX, and the Children’s Health Insur-*  
 22 *ance Program under title XXI, see section 4241 of the Small*  
 23 *Business Jobs Act of 2010 (42 U.S.C. 1320a–7m).*

24       “(b) *LIMITING DISCLOSURE OF PREDICTIVE MOD-*  
 25 *ELING TECHNOLOGIES.*—*In implementing such provisions*

1 *under such section 4241 with respect to covered algorithms*  
 2 *(as defined in subsection (c)), the following shall apply:*

3           “(1) *NONAPPLICATION OF FOIA.—The covered al-*  
 4 *gorithms used or developed for purposes of such sec-*  
 5 *tion (including by the Secretary or a State (or an en-*  
 6 *tity operating under a contract with a State)) shall*  
 7 *be exempt from disclosure under section 552(b)(3) of*  
 8 *title 5, United States Code.*

9           “(2) *LIMITATION WITH RESPECT TO USE AND*  
 10 *DISCLOSURE OF INFORMATION BY STATE AGENCIES.—*

11           “(A) *IN GENERAL.—A State agency may*  
 12 *not use or disclose covered algorithms used or de-*  
 13 *veloped for purposes of such section except for*  
 14 *purposes of administering the State plan (or a*  
 15 *waiver of the plan) under the Medicaid program*  
 16 *under title XIX or the State child health plan*  
 17 *(or a waiver of the plan) under the Children’s*  
 18 *Health Insurance Program under title XXI, in-*  
 19 *cluding by enabling an entity operating under a*  
 20 *contract with a State to assist the State to iden-*  
 21 *tify or prevent waste, fraud, and abuse with re-*  
 22 *spect to such programs.*

23           “(B) *INFORMATION SECURITY.—A State*  
 24 *agency shall have in effect data security and*  
 25 *control policies that the Secretary finds adequate*



1       to ensure the security of covered algorithms used  
 2       or developed for purposes of such section 4241  
 3       and to ensure that access to such information is  
 4       restricted to authorized persons for purposes of  
 5       authorized uses and disclosures described in sub-  
 6       paragraph (A).

7               “(C) *PROCEDURAL REQUIREMENTS.*—State  
 8       agencies to which information is disclosed pursu-  
 9       ant to such section 4241 shall adhere to uniform  
 10      procedures established by the Secretary.

11      “(c) *COVERED ALGORITHM DEFINED.*—In this section,  
 12      the term ‘covered algorithm’—

13              “(1) means a predictive modeling or other ana-  
 14      lytics technology, as used for purposes of section  
 15      4241(a) of the Small Business Jobs Act of 2010 (42  
 16      U.S.C. 1320a–7m(a)) to identify and prevent waste,  
 17      fraud, and abuse with respect to the Medicare pro-  
 18      gram under title XVIII, the Medicaid program under  
 19      title XIX, and the Children’s Health Insurance Pro-  
 20      gram under title XXI; and

21              “(2) includes the mathematical expressions uti-  
 22      lized in the application of such technology and the  
 23      means by which such technology is developed.”.

24      (b) *CONFORMING AMENDMENTS.*—

1           (1) *MEDICAID STATE PLAN REQUIREMENT.*—*Sec-*  
 2           *tion 1902(a) of the Social Security Act (42 U.S.C.*  
 3           *1396a(a)) is amended—*

4                     (A) *in paragraph (80), by striking “and”*  
 5                     *at the end;*

6                     (B) *in paragraph (81), by striking the pe-*  
 7                     *riod at the end and inserting “; and”; and*

8                     (C) *by inserting after paragraph (81) the*  
 9                     *following new paragraph:*

10                    “(82) *provide that the State agency responsible*  
 11                    *for administering the State plan under this title pro-*  
 12                    *vides assurances to the Secretary that the State agen-*  
 13                    *cy is in compliance with subparagraphs (A), (B), and*  
 14                    *(C) of section 1128K(b)(2).”.*

15           (2) *STATE CHILD HEALTH PLAN REQUIRE-*  
 16           *MENT.*—*Section 2102(a)(7) of the Social Security Act*  
 17           *(42 U.S.C. 1397bb(a)(7)) is amended—*

18                     (A) *in subparagraph (A), by striking “,*  
 19                     *and” at the end and inserting a semicolon;*

20                     (B) *in subparagraph (B), by striking the*  
 21                     *period at the end and inserting “; and”; and*

22                     (C) *by adding at the end the following new*  
 23                     *subparagraph:*

1                   “(C) to ensure that the State agency in-  
 2                   volved is in compliance with subparagraphs (A),  
 3                   (B), and (C) of section 1128K(b)(2).”.

4 **SEC. 805. MEDICAID IMPROVEMENT FUND.**

5                   Section 1941(b)(1) of the Social Security Act (42  
 6 U.S.C. 1396w-1(b)(1)) is amended to read as follows:

7                   “(1) *IN GENERAL*.—There shall be available to  
 8                   the Fund, for expenditures from the Fund for fiscal  
 9                   year 2021 and thereafter, \$5,000,000.”.

10 **TITLE IX—CO-PRESCRIBING TO**  
 11 **REDUCE OVERDOSES ACT**

12 **SEC. 901. SHORT TITLE.**

13                   This title may be cited as the “Co-Prescribing to Re-  
 14                   duce Overdoses Act of 2016”.

15 **SEC. 902. OPIOID OVERDOSE REVERSAL DRUGS PRE-**  
 16 **SCRIBING GRANT PROGRAM.**

17                   (a) *ESTABLISHMENT*.—

18                   (1) *IN GENERAL*.—Not later than 6 months after  
 19                   the date of the enactment of this Act, the Secretary of  
 20                   Health and Human Services may establish, in ac-  
 21                   cordance with this section, a 5-year opioid overdose  
 22                   reversal drugs prescribing grant program (in this Act  
 23                   referred to as the “grant program”).

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

4           (3) *ELIGIBLE ENTITY.*—*For purposes of this sec-*  
 5           *tion, the term “eligible entity” means a federally*  
 6           *qualified health center (as defined in section 1861(aa)*  
 7           *of the Social Security Act (42 U.S.C. 1395x(aa)), an*  
 8           *opioid treatment program under part 8 of title 42,*  
 9           *Code of Federal Regulations, any practitioner dis-*  
 10          *persing narcotic drugs pursuant to section 303(g) of*  
 11          *the Controlled Substances Act (21 U.S.C. 823(g)), or*  
 12          *any other entity that the Secretary deems appro-*  
 13          *priate.*

14          (4) *PRESCRIBING.*—*For purposes of this section*  
 15          *and section 3, the term “prescribing” means, with re-*  
 16          *spect to an opioid overdose reversal drug, such as*  
 17          *naloxone, the practice of prescribing such drug—*

18                 (A) *in conjunction with an opioid prescrip-*  
 19                 *tion for patients at an elevated risk of overdose;*

20                 (B) *in conjunction with an opioid agonist*  
 21                 *approved under section 505 of the Federal Food,*  
 22                 *Drug, and Cosmetic Act (21 U.S.C. 355) for the*  
 23                 *treatment of opioid abuse disorder;*

1           (C) to the caregiver or a close relative of pa-  
 2           tients at an elevated risk of overdose from  
 3           opioids; or

4           (D) in other circumstances, as identified by  
 5           the Secretary, in which a provider identifies a  
 6           patient is at an elevated risk for an intentional  
 7           or unintentional drug overdose from heroin or  
 8           prescription opioid therapies.

9           (b) *APPLICATION.*—To be eligible to receive a grant  
 10          under this section, an eligible entity shall submit to the Sec-  
 11          retary of Health and Human Services, in such form and  
 12          manner as specified by the Secretary, an application that  
 13          describes—

14               (1) the extent to which the area to which the en-  
 15               tity will furnish services through use of the grant is  
 16               experiencing significant morbidity and mortality  
 17               caused by opioid abuse;

18               (2) the criteria that will be used to identify eligi-  
 19               ble patients to participate in such program; and

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

23           (c) *USE OF FUNDS.*—An eligible entity receiving a  
 24          grant under this section may use the grant for any of the  
 25          following activities, but may use not more than 20 percent

1 of the grant funds for activities described in paragraphs  
2 (4) and (5):

3 (1) To establish a program for prescribing opioid  
4 overdose reversal drugs, such as naloxone.

5 (2) To train and provide resources for health  
6 care providers and pharmacists on the prescribing of  
7 opioid overdose reversal drugs, such as naloxone.

8 (3) To establish mechanisms and processes for  
9 tracking patients participating in the program de-  
10 scribed in paragraph (1) and the health outcomes of  
11 such patients.

12 (4) To purchase opioid overdose reversal drugs,  
13 such as naloxone, for distribution under the program  
14 described in paragraph (1).

15 (5) To offset the co-pays and other cost sharing  
16 associated with opioid overdose reversal drugs, such  
17 as naloxone, to ensure that cost is not a limiting fac-  
18 tor for eligible patients.

19 (6) To conduct community outreach, in conjunc-  
20 tion with community-based organizations, designed to  
21 raise awareness of prescribing practices, and the  
22 availability of opioid overdose reversal drugs, such as  
23 naloxone.

24 (7) To establish protocols to connect patients who  
25 have experienced a drug overdose with appropriate

1        *treatment, including medication assisted treatment*  
 2        *and appropriate counseling and behavioral therapies.*

3        *(d) EVALUATIONS BY RECIPIENTS.—As a condition of*  
 4        *receipt of a grant under this section, an eligible entity shall,*  
 5        *for each year for which the grant is received, submit to the*  
 6        *Secretary of Health and Human Services information on*  
 7        *appropriate outcome measures specified by the Secretary to*  
 8        *assess the outcomes of the program funded by the grant, in-*  
 9        *cluding—*

10            *(1) the number of prescribers trained;*

11            *(2) the number of prescribers who have co-pre-*  
 12        *scribed an opioid overdose reversal drug, such as*  
 13        *naloxone, to at least one patient;*

14            *(3) the total number of prescriptions written for*  
 15        *opioid overdose reversal drugs, such as naloxone;*

16            *(4) the percentage of patients at elevated risk*  
 17        *who received a prescription for an opioid overdose re-*  
 18        *versal drug, such as naloxone;*

19            *(5) the number of patients reporting use of an*  
 20        *opioid overdose reversal drug, such as naloxone; and*

21            *(6) any other outcome measures that the Sec-*  
 22        *retary deems appropriate.*

23        *(e) REPORTS BY SECRETARY.—For each year of the*  
 24        *grant program under this section, the Secretary of Health*  
 25        *and Human Services shall submit to the appropriate com-*

1 *mittees of the House of Representatives and of the Senate*  
 2 *a report aggregating the information received from the*  
 3 *grant recipients for such year under subsection (d) and*  
 4 *evaluating the outcomes achieved by the programs funded*  
 5 *by grants made under this section.*

6 **SEC. 903. PROVIDING INFORMATION TO PRESCRIBERS IN**  
 7 **CERTAIN FEDERAL HEALTH CARE AND MED-**  
 8 **ICAL FACILITIES ON BEST PRACTICES FOR**  
 9 **PRESCRIBING OPIOID OVERDOSE REVERSAL**  
 10 **DRUGS.**

11 *(a) IN GENERAL.—Not later than 180 days after the*  
 12 *date of enactment of this Act, the Secretary of Health and*  
 13 *Human Services (in this section referred to as the “Sec-*  
 14 *retary”)* may, as appropriate, provide information to pre-  
 15 scribes within federally qualified health centers (as defined  
 16 in paragraph (4) of section 1861(aa) of the Social Security  
 17 Act (42 U.S.C. 1395x(aa))), and the health care facilities  
 18 of the Indian Health Service, on best practices for pre-  
 19 scribing opioid overdose reversal drugs, such as naloxone,  
 20 for patients receiving chronic opioid therapy, patients being  
 21 treated for opioid use disorders, and other patients that a  
 22 provider identifies as having an elevated risk of overdose  
 23 from heroin or prescription opioid therapies.

24 *(b) NOT ESTABLISHING A MEDICAL STANDARD OF*  
 25 *CARE.—The information on best practices provided under*



1 *this section shall not be construed as constituting or estab-*  
 2 *lishing a medical standard of care for prescribing opioid*  
 3 *overdose reversal drugs, such as naloxone, for patients de-*  
 4 *scribed in subsection (a).*

5 *(c) ELEVATED RISK OF OVERDOSE DEFINED.—In this*  
 6 *section, the term “elevated risk of overdose” has the meaning*  
 7 *given such term by the Secretary, which—*

8 *(1) may be based on the criteria provided in the*  
 9 *Opioid Overdose Toolkit published by the Substance*  
 10 *Abuse and Mental Health Services Administration*  
 11 *(SAMHSA); and*

12 *(2) may include patients on a first course opioid*  
 13 *treatment, patients using extended-release and long-*  
 14 *acting opioid analgesics, and patients with a res-*  
 15 *piratory disease or other co-morbidities.*

16 **SEC. 904. AUTHORIZATION OF APPROPRIATIONS.**

17 *There is authorized to be appropriated to carry out*  
 18 *this title \$5,000,000 for the period of fiscal years 2017*  
 19 *through 2021.*

20 **SEC. 905. CUT-GO COMPLIANCE.**

21 *Subsection (f) of section 319D of the Public Health*  
 22 *Service Act (42 U.S.C. 247d–4) is amended by inserting*  
 23 *before the period at the end the following: “(except such dol-*  
 24 *lar amount shall be reduced by \$5,000,000 for fiscal year*  
 25 *2018)”.*

1 ***TITLE X—IMPROVING TREAT-***  
 2 ***MENT FOR PREGNANT AND***  
 3 ***POSTPARTUM WOMEN ACT***

4 ***SEC. 1001. SHORT TITLE.***

5 *This title may be cited as the “Improving Treatment*  
 6 *for Pregnant and Postpartum Women Act of 2016”.*

7 ***SEC. 1002. REAUTHORIZATION OF RESIDENTIAL TREAT-***  
 8 ***MENT PROGRAMS FOR PREGNANT AND***  
 9 ***POSTPARTUM WOMEN.***

10 *Section 508 of the Public Health Service Act (42*  
 11 *U.S.C. 290bb–1) is amended—*

12 *(1) in subsection (p), in the first sentence, by in-*  
 13 *serting “(other than subsection (r))” after “section”;*  
 14 *and*

15 *(2) in subsection (r), by striking “such sums”*  
 16 *and all that follows through “2003” and inserting*  
 17 *“\$16,900,000 for each of fiscal years 2017 through*  
 18 *2021”.*

19 ***SEC. 1003. PILOT PROGRAM GRANTS FOR STATE SUB-***  
 20 ***STANCE ABUSE AGENCIES.***

21 *(a) IN GENERAL.—Section 508 of the Public Health*  
 22 *Service Act (42 U.S.C. 290bb–1) is amended—*

23 *(1) by redesignating subsection (r), as amended*  
 24 *by section 2, as subsection (s); and*

1           (2) *by inserting after subsection (q) the following*  
 2       *new subsection:*

3       “(r) *PILOT PROGRAM FOR STATE SUBSTANCE ABUSE*  
 4       *AGENCIES.—*

5           “(1) *IN GENERAL.—From amounts made avail-*  
 6       *able under subsection (s), the Director of the Center*  
 7       *for Substance Abuse Treatment shall carry out a pilot*  
 8       *program under which competitive grants are made by*  
 9       *the Director to State substance abuse agencies to—*

10           “(A) *enhance flexibility in the use of funds*  
 11       *designed to support family-based services for*  
 12       *pregnant and postpartum women with a pri-*  
 13       *mary diagnosis of a substance use disorder, in-*  
 14       *cluding opioid use disorders;*

15           “(B) *help State substance abuse agencies*  
 16       *address identified gaps in services furnished to*  
 17       *such women along the continuum of care, includ-*  
 18       *ing services provided to women in nonresidential*  
 19       *based settings; and*

20           “(C) *promote a coordinated, effective, and*  
 21       *efficient State system managed by State sub-*  
 22       *stance abuse agencies by encouraging new ap-*  
 23       *proaches and models of service delivery.*

24           “(2) *REQUIREMENTS.—In carrying out the pilot*  
 25       *program under this subsection, the Director shall—*

1           “(A) require State substance abuse agencies  
 2           to submit to the Director applications, in such  
 3           form and manner and containing such informa-  
 4           tion as specified by the Director, to be eligible to  
 5           receive a grant under the program;

6           “(B) identify, based on such submitted ap-  
 7           plications, State substance abuse agencies that  
 8           are eligible for such grants;

9           “(C) require services proposed to be fur-  
 10          nished through such a grant to support family-  
 11          based treatment and other services for pregnant  
 12          and postpartum women with a primary diag-  
 13          nosis of a substance use disorder, including  
 14          opioid use disorders;

15          “(D) not require that services furnished  
 16          through such a grant be provided solely to  
 17          women that reside in facilities;

18          “(E) not require that grant recipients under  
 19          the program make available through use of the  
 20          grant all services described in subsection (d); and

21          “(F) consider not applying requirements de-  
 22          scribed in paragraphs (1) and (2) of subsection  
 23          (f) to applicants, depending on the circumstances  
 24          of the applicant.

25          “(3) REQUIRED SERVICES.—

1           “(A) *IN GENERAL.*—*The Director shall*  
 2           *specify a minimum set of services required to be*  
 3           *made available to eligible women through a*  
 4           *grant awarded under the pilot program under*  
 5           *this subsection. Such minimum set—*

6                     “(i) *shall include requirements de-*  
 7                     *scribed in subsection (c) and be based on the*  
 8                     *recommendations submitted under subpara-*  
 9                     *graph (B); and*

10                    “(ii) *may be selected from among the*  
 11                    *services described in subsection (d) and in-*  
 12                    *clude other services as appropriate.*

13           “(B) *STAKEHOLDER INPUT.*—*The Director*  
 14           *shall convene and solicit recommendations from*  
 15           *stakeholders, including State substance abuse*  
 16           *agencies, health care providers, persons in recov-*  
 17           *ery from substance abuse, and other appropriate*  
 18           *individuals, for the minimum set of services de-*  
 19           *scribed in subparagraph (A).*

20           “(4) *DURATION.*—*The pilot program under this*  
 21           *subsection shall not exceed 5 years.*

22           “(5) *EVALUATION AND REPORT TO CONGRESS.*—  
 23           *The Director of the Center for Behavioral Health Sta-*  
 24           *tistics and Quality shall fund an evaluation of the*  
 25           *pilot program at the conclusion of the first grant*

1       *cycle funded by the pilot program. The Director of the*  
 2       *Center for Behavioral Health Statistics and Quality,*  
 3       *in coordination with the Director of the Center for*  
 4       *Substance Abuse Treatment shall submit to the rel-*  
 5       *evant committees of jurisdiction of the House of Rep-*  
 6       *resentatives and the Senate a report on such evalua-*  
 7       *tion. The report shall include at a minimum out-*  
 8       *comes information from the pilot program, including*  
 9       *any resulting reductions in the use of alcohol and*  
 10       *other drugs; engagement in treatment services; reten-*  
 11       *tion in the appropriate level and duration of services;*  
 12       *increased access to the use of medications approved by*  
 13       *the Food and Drug Administration for the treatment*  
 14       *of substance use disorders in combination with coun-*  
 15       *seling; and other appropriate measures.*

16               “(6) *STATE SUBSTANCE ABUSE AGENCIES DE-*  
 17       *FINED.—For purposes of this subsection, the term*  
 18       *‘State substance abuse agency’ means, with respect to*  
 19       *a State, the agency in such State that manages the*  
 20       *Substance Abuse Prevention and Treatment Block*  
 21       *Grant under part B of title XIX.”.*

22       (b) *FUNDING.—Subsection (s) of section 508 of the*  
 23       *Public Health Service Act (42 U.S.C. 290bb–1), as amended*  
 24       *by section 1002 and redesignated by subsection (a), is fur-*  
 25       *ther amended by adding at the end the following new sen-*

1 tence: “Of the amounts made available for a year pursuant  
 2 to the previous sentence to carry out this section, not more  
 3 than 25 percent of such amounts shall be made available  
 4 for such year to carry out subsection (r), other than para-  
 5 graph (5) of such subsection. Notwithstanding the preceding  
 6 sentence, no funds shall be made available to carry out sub-  
 7 section (r) for a fiscal year unless the amount made avail-  
 8 able to carry out this section for such fiscal year is more  
 9 than the amount made available to carry out this section  
 10 for fiscal year 2016.”.

11 **SEC. 1004. CUT-GO COMPLIANCE.**

12 Subsection (f) of section 319D of the Public Health  
 13 Service Act (42 U.S.C. 247d–4) is amended by striking  
 14 “through 2018” and inserting “through 2016, \$133,300,000  
 15 for fiscal year 2017, and \$138,300,000 for fiscal year 2018”.

16 **TITLE XI—VETERAN EMERGENCY**  
 17 **MEDICAL TECHNICIAN SUP-**  
 18 **PORT ACT**

19 **SEC. 1101. SHORT TITLE.**

20 This title may be cited as the “Veteran Emergency  
 21 Medical Technician Support Act of 2016”.

1 **SEC. 1102. ASSISTING VETERANS WITH MILITARY EMER-**  
 2 **GENCY MEDICAL TRAINING TO MEET RE-**  
 3 **QUIREMENTS FOR BECOMING CIVILIAN**  
 4 **EMERGENCY MEDICAL TECHNICIANS.**

5 *Part B of title III of the Public Health Service Act*  
 6 *(42 U.S.C. 243 et seq.) is amended by inserting after section*  
 7 *314 the following:*

8 **“SEC. 315. ASSISTING VETERANS WITH MILITARY EMER-**  
 9 **GENCY MEDICAL TRAINING TO MEET RE-**  
 10 **QUIREMENTS FOR BECOMING CIVILIAN**  
 11 **EMERGENCY MEDICAL TECHNICIANS.**

12 *“(a) PROGRAM.—The Secretary shall establish a pro-*  
 13 *gram consisting of awarding demonstration grants to*  
 14 *States to streamline State requirements and procedures in*  
 15 *order to assist veterans who completed military emergency*  
 16 *medical technician training while serving in the Armed*  
 17 *Forces of the United States to meet certification, licensure,*  
 18 *and other requirements applicable to becoming an emer-*  
 19 *gency medical technician in the State.*

20 *“(b) USE OF FUNDS.—Amounts received as a dem-*  
 21 *onstration grant under this section shall be used to prepare*  
 22 *and implement a plan to streamline State requirements*  
 23 *and procedures as described in subsection (a), including*  
 24 *by—*

25 *“(1) determining the extent to which the require-*  
 26 *ments for the education, training, and skill level of*



1       *emergency medical technicians in the State are equiv-*  
 2       *alent to requirements for the education, training, and*  
 3       *skill level of military emergency medical technicians;*  
 4       *and*

5               “(2) *identifying methods, such as waivers, for*  
 6       *military emergency medical technicians to forgo or*  
 7       *meet any such equivalent State requirements.*

8               “(c) *ELIGIBILITY.—To be eligible for a grant under*  
 9       *this section, a State shall demonstrate that the State has*  
 10       *a shortage of emergency medical technicians.*

11              “(d) *REPORT.—The Secretary shall submit to the Con-*  
 12       *gress an annual report on the program under this section.*

13              “(e) *FUNDING.—No additional funds are authorized to*  
 14       *be appropriated for the purpose of carrying out this section.*  
 15       *This section shall be carried out using amounts otherwise*  
 16       *available for such purpose.”.*

17                       ***TITLE XII—JOHN THOMAS***  
 18                               ***DECKER ACT***

19       ***SEC. 1201. SHORT TITLE.***

20               *This title may be cited as the “John Thomas Decker*  
 21       *Act of 2016”.*

1 **SEC. 1202. INFORMATION MATERIALS AND RESOURCES TO**  
 2 **PREVENT ADDICTION RELATED TO YOUTH**  
 3 **SPORTS INJURIES.**

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

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

13 **“PART E—OPIOID USE DISORDER**  
 14 **“SEC. 341. INFORMATION MATERIALS AND RESOURCES TO**  
 15 **PREVENT ADDICTION RELATED TO YOUTH**  
 16 **SPORTS INJURIES.**

17 “(a) *REPORT.*—The Secretary shall—

18 “(1) not later than 24 months after the date of  
 19 the enactment of this section, make publicly available  
 20 a report determining the extent to which informa-  
 21 tional materials and resources described in subsection  
 22 (b) are available to teenagers and adolescents who  
 23 play youth sports, families of such teenagers and ado-  
 24 lescents, nurses, youth sports groups, and relevant  
 25 health care provider groups; and

1           “(2) for purposes of educating and preventing  
 2           addiction in teenagers and adolescents who are in-  
 3           jured playing youth sports and are subsequently pre-  
 4           scribed an opioid, not later than 12 months after such  
 5           report is made publicly available and taking into  
 6           consideration the findings of such report, develop and,  
 7           in coordination with youth sports groups, disseminate  
 8           informational materials and resources described in  
 9           subsection (b) for teenagers and adolescents who play  
 10          youth sports, families of such teenagers and adoles-  
 11          cents, nurses, youth sports groups, and relevant health  
 12          care provider groups.

13          “(b) *MATERIALS AND RESOURCES DESCRIBED.*—For  
 14          purposes of this section, the informational materials and  
 15          resources described in this subsection are informational ma-  
 16          terials and resources with respect to youth sports injuries  
 17          for which opioids are potentially prescribed and subse-  
 18          quently potentially lead to addiction, including materials  
 19          and resources focused on the dangers of opioid use and mis-  
 20          use, treatment options for such injuries that do not involve  
 21          the use of opioids, and how to seek treatment for addiction.

22          “(c) *NO ADDITIONAL FUNDS.*—No additional funds  
 23          are authorized to be appropriated for the purpose of car-  
 24          rying out this section. This section shall be carried out  
 25          using amounts otherwise available for such purpose.”.

1                   ***TITLE XIII—LALI’S LAW***

2   ***SEC. 1301. SHORT TITLE.***

3           *This title may be cited as “Lali’s Law”.*

4   ***SEC. 1302. OPIOID OVERDOSE REVERSAL MEDICATION AC-***  
 5                   ***CESS AND EDUCATION GRANT PROGRAMS.***

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

12          *(b) AMENDMENT.—Title III of the Public Health Serv-*  
 13          *ice Act is amended by inserting after part D of such title*  
 14          *(42 U.S.C. 254b et seq.) the following new part E:*

15                   ***“PART E—OPIOID USE DISORDER***

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

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

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

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

1           “(3) *implementing best practices for persons au-*  
 2           *thorized to prescribe medication regarding—*

3                   “(A) *prescribing opioids for the treatment of*  
 4           *chronic pain;*

5                   “(B) *co-prescribing opioid overdose reversal*  
 6           *medication with opioids; and*

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

10           “(4) *developing or adapting training materials*  
 11           *and methods for persons authorized to prescribe or*  
 12           *dispense medication to use in educating the public re-*  
 13           *garding—*

14                   “(A) *when and how to administer opioid*  
 15           *overdose reversal medication; and*

16                   “(B) *steps to be taken after administering*  
 17           *opioid overdose reversal medication; and*

18           “(5) *educating the public regarding—*

19                   “(A) *the public health benefits of opioid*  
 20           *overdose reversal medication; and*

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

24           “(b) *CERTAIN REQUIREMENT.—A grant may be made*  
 25           *under this section only if the State involved has authorized*

1 *standing orders regarding opioid overdose reversal medica-*  
 2 *tion.*

3 “(c) *PREFERENCE IN MAKING GRANTS.*—*In making*  
 4 *grants under this section, the Secretary shall give preference*  
 5 *to States that—*

6 “(1) *have not issued standing orders regarding*  
 7 *opioid overdose reversal medication;*

8 “(2) *authorize standing orders that permit com-*  
 9 *munity-based organizations, substance abuse pro-*  
 10 *grams, or other nonprofit entities to acquire, dispense,*  
 11 *or administer opioid overdose reversal medication;*

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

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

18 “(5) *meet any other criteria deemed appropriate*  
 19 *by the Secretary.*

20 “(d) *GRANT TERMS.*—

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

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

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

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

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

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

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

19               “(2) *The total number of opioid overdose reversal*  
20               *medication doses dispensed by each such pharmacy,*  
21               *specifying how many were dispensed with or without*  
22               *a person-specific prescription.*

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

1 “(g) *DEFINITIONS.—In this section:*

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

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

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

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

14 “(h) *AUTHORIZATION OF APPROPRIATIONS.—*

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

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

22 **SEC. 1303. 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 dol-*



1 *lar amount shall be reduced by \$5,000,000 for fiscal year*  
 2 *2017)”*.

3 ***TITLE XIV—REDUCING UNUSED***  
 4 ***MEDICATIONS ACT***

5 ***SEC. 1401. SHORT TITLE.***

6 *This title may be cited as the “Reducing Unused Medi-*  
 7 *cations Act of 2016”*.

8 ***SEC. 1402. PARTIAL FILLS OF SCHEDULE II CONTROLLED***  
 9 ***SUBSTANCES.***

10 *(a) IN GENERAL.—Section 309 of the Controlled Sub-*  
 11 *stances Act (21 U.S.C. 829) is amended by adding at the*  
 12 *end the following:*

13 *“(f) PARTIAL FILLS OF SCHEDULE II CONTROLLED*  
 14 *SUBSTANCES.—*

15 *“(1) PARTIAL FILLS.—*

16 *“(A) IN GENERAL.—A prescription for a*  
 17 *controlled substance in schedule II may be par-*  
 18 *tially filled if—*

19 *“(i) it is not prohibited by State law;*

20 *“(ii) the prescription is written and*  
 21 *filled in accordance with the Controlled*  
 22 *Substances Act (21 U.S.C. 801 et seq.), reg-*  
 23 *ulations prescribed by the Attorney General,*  
 24 *and State law;*

1                   “(iii) the partial fill is requested by  
2                   the patient or the practitioner that wrote  
3                   the prescription; and

4                   “(iv) the total quantity dispensed in  
5                   all partial fillings does not exceed the total  
6                   quantity prescribed.

7                   “(B) *OTHER CIRCUMSTANCES.*—A prescrip-  
8                   tion for a controlled substance in schedule II  
9                   may be partially filled in accordance with sec-  
10                  tion 1306.13 of title 21, Code of Federal Regula-  
11                  tions (as in effect on the date of enactment of the  
12                  Reducing Unused Medications Act).

13                  “(2) *REMAINING PORTIONS.*—

14                  “(A) *IN GENERAL.*—Except as provided in  
15                  subparagraph (B), remaining portions of a par-  
16                  tially filled prescription for a controlled sub-  
17                  stance in schedule II—

18                         “(i) may be filled; and

19                         “(ii) shall be filled not later than 30  
20                         days after the date on which the prescrip-  
21                         tion is written.

22                  “(B) *EMERGENCY SITUATIONS.*—In emer-  
23                  gency situations, as described in subsection (a),  
24                  the remaining portions of a partially filled pre-

1           *scription for a controlled substance in schedule*

2           *II—*

3                     *“(i) may be filled; and*

4                     *“(ii) shall be filled not later than 72*

5                     *hours after the prescription is issued.”.*

6           *(b) RULE OF CONSTRUCTION.—Nothing in this section*  
 7 *shall be construed to affect the authority of the Attorney*  
 8 *General to allow a prescription for a controlled substance*  
 9 *in schedule III, IV, or V of section 202(c) of the Controlled*  
 10 *Substances Act (21 U.S.C. 812(c)) to be partially filled.*

11           ***TITLE XV—OPIOID REVIEW***  
 12                     ***MODERNIZATION ACT***

13   ***SEC. 1501. SHORT TITLE.***

14           *This title may be cited as the “Opioid Review Mod-*  
 15 *ernization Act of 2016”.*

16   ***SEC. 1502. FDA OPIOID ACTION PLAN.***

17           *Chapter V of the Federal Food, Drug, and Cosmetic*  
 18 *Act is amended by inserting after section 569 of such Act*  
 19 *(21 U.S.C. 350bbb–8) the following:*

20   ***“SEC. 569–1. OPIOID ACTION PLAN.***

21           *“(a) NEW DRUG APPLICATION.—*

22                     *“(1) IN GENERAL.—Subject to paragraph (2),*  
 23 *prior to the approval pursuant to an application*  
 24 *under section 505(b) of a new drug that is an opioid*  
 25 *and does not have abuse-deterrent properties, the Sec-*

1        *retary shall refer the application to an advisory com-*  
 2        *mittee of the Food and Drug Administration to seek*  
 3        *recommendations from such advisory committee.*

4                *“(2) PUBLIC HEALTH EXEMPTION.—A referral to*  
 5        *an advisory committee under paragraph (1) is not re-*  
 6        *quired with respect to a new drug if the Secretary—*

7                *“(A) finds that such a referral is not in the*  
 8                *interest of protecting and promoting public*  
 9                *health;*

10                *“(B) finds that such a referral is not nec-*  
 11                *essary based on a review of the relevant scientific*  
 12                *information; and*

13                *“(C) submits a notice containing the ration-*  
 14                *ale for such findings to the Committee on Health,*  
 15                *Education, Labor, and Pensions of the Senate*  
 16                *and the Committee on Energy and Commerce of*  
 17                *the House of Representatives.*

18        *“(b) PEDIATRIC OPIOID LABELING.—The Secretary*  
 19        *shall convene the Pediatric Advisory Committee of the Food*  
 20        *and Drug Administration to seek recommendations from*  
 21        *such Committee regarding a framework for the inclusion*  
 22        *of information in the labeling of drugs that are opioids re-*  
 23        *lating to the use of such drugs in pediatric populations be-*  
 24        *fore the Secretary approves any labeling or change to label-*

1 *ing for any drug that is an opioid intended for use in a*  
 2 *pediatric population.*

3 “(c) *SUNSET.*—*The requirements of subsections (a)*  
 4 *and (b) shall cease to be effective on October 1, 2022.”.*

5 ***SEC. 1503. PRESCRIBER EDUCATION.***

6 *Not later than 1 year after the date of the enactment*  
 7 *of this Act, the Secretary of Health and Human Services,*  
 8 *acting through the Commissioner of Food and Drugs, as*  
 9 *part of the Food and Drug Administration’s evaluation of*  
 10 *the Extended-Release/Long-Acting Opioid Analgesics Risk*  
 11 *Evaluation and Mitigation Strategy, and in consultation*  
 12 *with relevant stakeholders, shall develop recommendations*  
 13 *regarding education programs for prescribers of opioids*  
 14 *pursuant to section 505–1 of the Federal Food, Drug, and*  
 15 *Cosmetic Act (21 U.S.C. 355–1), including recommenda-*  
 16 *tions on—*

17 *(1) which prescribers should participate in such*  
 18 *programs; and*

19 *(2) how often participation in such programs is*  
 20 *necessary.*

21 ***SEC. 1504. GUIDANCE ON EVALUATING THE ABUSE DETER-***  
 22 ***RENCE OF GENERIC SOLID ORAL OPIOID***  
 23 ***DRUG PRODUCTS.***

24 *Not later than 2 years after the end of the period for*  
 25 *public comment on the draft guidance entitled “General*

1 *Principals for Evaluating the Abuse Deterrence of Generic*  
 2 *Solid Oral Opioid Drug Products” issued by the Center for*  
 3 *Drug Evaluation and Research of the Food and Drug Ad-*  
 4 *ministration in March 2016, the Commissioner of Food and*  
 5 *Drugs shall publish in the Federal Register a final version*  
 6 *of such guidance.*

7 ***TITLE XVI—EXAMINING OPIOID***  
 8 ***TREATMENT INFRASTRUC-***  
 9 ***TURE ACT***

10 ***SEC. 1601. SHORT TITLE.***

11 *This title may be cited as the “Examining Opioid*  
 12 *Treatment Infrastructure Act of 2016”.*

13 ***SEC. 1602. STUDY ON TREATMENT INFRASTRUCTURE.***

14 *Not later than 24 months after the date of enactment*  
 15 *of this Act, the Comptroller General of the United States*  
 16 *shall initiate an evaluation, and submit to Congress a re-*  
 17 *port, of the inpatient and outpatient treatment capacity,*  
 18 *availability, and needs of the United States, which shall*  
 19 *include, to the extent data are available—*

20 *(1) the capacity of acute residential or inpatient*  
 21 *detoxification programs;*

22 *(2) the capacity of inpatient clinical stabiliza-*  
 23 *tion programs, transitional residential support serv-*  
 24 *ices, and residential rehabilitation programs;*

1           (3) *the capacity of demographic specific residen-*  
 2           *tial or inpatient treatment programs, such as those*  
 3           *designed for pregnant women or adolescents;*

4           (4) *geographical differences of the availability of*  
 5           *residential and outpatient treatment and recovery op-*  
 6           *tions for substance use disorders across the continuum*  
 7           *of care;*

8           (5) *the availability of residential and outpatient*  
 9           *treatment programs that offer treatment options based*  
 10          *on reliable scientific evidence of efficacy for the treat-*  
 11          *ment of substance use disorders, including the use of*  
 12          *Food and Drug Administration-approved medicines*  
 13          *and evidence-based nonpharmacological therapies;*

14          (6) *the number of patients in residential and*  
 15          *specialty outpatient treatment services for substance*  
 16          *use disorders;*

17          (7) *an assessment of the need for residential and*  
 18          *outpatient treatment for substance use disorders*  
 19          *across the continuum of care;*

20          (8) *the availability of residential and outpatient*  
 21          *treatment programs to American Indians and Alaska*  
 22          *Natives through an Indian health program (as de-*  
 23          *finied by section 4 of the Indian Health Care Improve-*  
 24          *ment Act (25 U.S.C. 1603)); and*

1           (9) *the barriers (including technological barriers)*  
 2           *at the Federal, State, and local levels to real-time re-*  
 3           *porting of de-identified information on drug overdoses*  
 4           *and ways to overcome such barriers.*

5   ***TITLE XVII—OPIOID USE DIS-***  
 6   ***ORDER TREATMENT EXPAN-***  
 7   ***SION AND MODERNIZATION***  
 8   ***ACT***

9   ***SEC. 1701. SHORT TITLE.***

10       *This title may be cited as the “Opioid Use Disorder*  
 11   *Treatment Expansion and Modernization Act”.*

12   ***SEC. 1702. FINDING.***

13       *The Congress finds that opioid use disorder has become*  
 14   *a public health epidemic that must be addressed by increas-*  
 15   *ing awareness and access to all treatment options for opioid*  
 16   *use disorder, overdose reversal, and relapse prevention.*

17   ***SEC. 1703. OPIOID USE DISORDER TREATMENT MODERNIZA-***  
 18   ***TION.***

19       *(a) IN GENERAL.—Section 303(g)(2) of the Controlled*  
 20   *Substances Act (21 U.S.C. 823(g)(2)) is amended—*

21           *(1) in subparagraph (B), by striking clauses (i),*  
 22       *(ii), and (iii) and inserting the following:*

23           *“(i) The practitioner is a qualifying practitioner*  
 24       *(as defined in subparagraph (G)).*



1           “(ii) *With respect to patients to whom the prac-*  
 2           *titioner will provide such drugs or combinations of*  
 3           *drugs, the practitioner has the capacity to provide di-*  
 4           *rectly, by referral, or in such other manner as deter-*  
 5           *mined by the Secretary—*

6                     “(I) *all schedule III, IV, and V drugs, as*  
 7                     *well as unscheduled medications approved by the*  
 8                     *Food and Drug Administration, for the treat-*  
 9                     *ment of opioid use disorder, including such*  
 10                    *drugs and medications for maintenance, detoxi-*  
 11                    *fication, overdose reversal, and relapse preven-*  
 12                    *tion, as available; and*

13                   “(II) *appropriate counseling and other ap-*  
 14                    *propriate ancillary services.*

15                   “(iii)(I) *The total number of such patients of the*  
 16                    *practitioner at any one time will not exceed the ap-*  
 17                    *plicable number. Except as provided in subclause (II),*  
 18                    *the applicable number is 30.*

19                   “(II) *The applicable number is 100 if, not sooner*  
 20                    *than 1 year after the date on which the practitioner*  
 21                    *submitted the initial notification, the practitioner*  
 22                    *submits a second notification to the Secretary of the*  
 23                    *need and intent of the practitioner to treat up to 100*  
 24                    *patients.*

1           “(III) The Secretary may by regulation change  
2       such total number.

3           “(IV) The Secretary may exclude from the appli-  
4       cable number patients to whom such drugs or com-  
5       binations of drugs are directly administered by the  
6       qualifying practitioner in the office setting.

7           “(iv) If the Secretary by regulation increases the  
8       total number of patients which a qualifying practi-  
9       tioner is permitted to treat pursuant to clause  
10      (iii)(II), the Secretary shall require such a practi-  
11     tioner to obtain a written agreement from each pa-  
12     tient, including the patient’s signature, that the pa-  
13     tient—

14           “(I) will receive an initial assessment and  
15       treatment plan and periodic assessments and  
16       treatment plans thereafter;

17           “(II) will be subject to medication adherence  
18       and substance use monitoring;

19           “(III) understands available treatment op-  
20       tions, including all drugs approved by the Food  
21       and Drug Administration for the treatment of  
22       opioid use disorder, including their potential  
23       risks and benefits; and

24           “(IV) understands that receiving regular  
25       counseling services is critical to recovery.

1           “(v) *The practitioner will comply with the re-*  
 2           *porting requirements of subparagraph (D)(i)(IV).*”;

3           (2) *in subparagraph (D)—*

4                 (A) *in clause (i), by adding at the end the*  
 5                 *following:*

6                 “(IV) *The practitioner reports to the Secretary,*  
 7                 *at such times and in such manner as specified by the*  
 8                 *Secretary, such information and assurances as the*  
 9                 *Secretary determines necessary to assess whether the*  
 10                 *practitioner continues to meet the requirements for a*  
 11                 *waiver under this paragraph.*”;

12                 (B) *in clause (ii), by striking “Upon receiv-*  
 13                 *ing a notification under subparagraph (B)” and*  
 14                 *inserting “Upon receiving a determination from*  
 15                 *the Secretary under clause (iii) finding that a*  
 16                 *practitioner meets all requirements for a waiver*  
 17                 *under subparagraph (B)”;* and

18                 (C) *in clause (iii)—*

19                         (i) *by inserting “and shall forward*  
 20                         *such determination to the Attorney Gen-*  
 21                         *eral” before the period at the end of the first*  
 22                         *sentence; and*

23                         (ii) *by striking “physician” and in-*  
 24                         *serting “practitioner”;*

25           (3) *in subparagraph (G)—*

1           (A) by amending clause (ii)(IV) to read as  
2 follows:

3           “(IV) The physician has, with respect to the  
4 treatment and management of opiate-dependent  
5 patients, completed not less than 8 hours of  
6 training (through classroom situations, seminars  
7 at professional society meetings, electronic com-  
8 munications, or otherwise) that is provided by  
9 the American Society of Addiction Medicine, the  
10 American Academy of Addiction Psychiatry, the  
11 American Medical Association, the American Os-  
12 teopathic Association, the American Psychiatric  
13 Association, or any other organization that the  
14 Secretary determines is appropriate for purposes  
15 of this subclause. Such training shall address—

16           “(aa) opioid maintenance and detoxi-  
17 fication;

18           “(bb) appropriate clinical use of all  
19 drugs approved by the Food and Drug Ad-  
20 ministration for the treatment of opioid use  
21 disorder;

22           “(cc) initial and periodic patient as-  
23 sessments (including substance use moni-  
24 toring);

1                   “(dd) individualized treatment plan-  
2                   ning; overdose reversal; relapse prevention;

3                   “(ee) counseling and recovery support  
4                   services;

5                   “(ff) staffing roles and considerations;

6                   “(gg) diversion control; and

7                   “(hh) other best practices, as identified  
8                   by the Secretary.”; and

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

10                  “(iii) The term ‘qualifying practitioner’  
11                  means—

12                   “(I) a qualifying physician, as defined in  
13                   clause (ii); or

14                   “(II) during the period beginning on the  
15                   date of the enactment of the Opioid Use Disorder  
16                   Treatment Expansion and Modernization Act  
17                   and ending on the date that is 3 years after such  
18                   date of enactment, a qualifying other practi-  
19                   tioner, as defined in clause (iv).

20                  “(iv) The term ‘qualifying other practitioner’  
21                  means a nurse practitioner or physician assistant  
22                  who satisfies each of the following:

23                   “(I) The nurse practitioner or physician as-  
24                   sistant is licensed under State law to prescribe

1       *schedule III, IV, or V medications for the treat-*  
2       *ment of pain.*

3               *“(II) The nurse practitioner or physician*  
4       *assistant satisfies one or more of the following:*

5               *“(aa) Has completed not fewer than 24*  
6       *hours of initial training addressing each of*  
7       *the topics listed in clause (ii)(IV) (through*  
8       *classroom situations, seminars at profes-*  
9       *sional society meetings, electronic commu-*  
10       *nications, or otherwise) provided by the*  
11       *American Society of Addiction Medicine,*  
12       *the American Academy of Addiction Psychi-*  
13       *atry, the American Medical Association, the*  
14       *American Osteopathic Association, the*  
15       *American Nurses Credentialing Center, the*  
16       *American Psychiatric Association, the*  
17       *American Association of Nurse Practi-*  
18       *tioners, the American Academy of Physi-*  
19       *cian Assistants, or any other organization*  
20       *that the Secretary determines is appro-*  
21       *priate for purposes of this subclause.*

22               *“(bb) Has such other training or expe-*  
23       *rience as the Secretary determines will dem-*  
24       *onstrate the ability of the nurse practitioner*

1                   or physician assistant to treat and manage  
2                   opiate-dependent patients.

3                   “(III) The nurse practitioner or physician  
4                   assistant is supervised by or works in collabora-  
5                   tion with a qualifying physician, if the nurse  
6                   practitioner or physician assistant is required by  
7                   State law to prescribe medications for the treat-  
8                   ment of opioid use disorder in collaboration with  
9                   or under the supervision of a physician.

10                  The Secretary may review and update the require-  
11                  ments for being a qualifying other practitioner under  
12                  this clause.”; and

13                  (4) in subparagraph (H)—

14                         (A) in clause (i), by inserting after sub-  
15                         clause (II) the following:

16                         “(III) Such other elements of the requirements  
17                         under this paragraph as the Secretary determines  
18                         necessary for purposes of implementing such require-  
19                         ments.”; and

20                         (B) by amending clause (ii) to read as fol-  
21                         lows:

22                         “(ii) Not later than 1 year after the date of enactment  
23                         of the Opioid Use Disorder Treatment Expansion and Mod-  
24                         ernization Act, the Secretary shall update the treatment im-  
25                         provement protocol containing best practice guidelines for

1 *the treatment of opioid-dependent patients in office-based*  
 2 *settings. The Secretary shall update such protocol in con-*  
 3 *sultation with experts in opioid use disorder research and*  
 4 *treatment.”.*

5 (b) *RECOMMENDATION OF REVOCATION OR SUSPEN-*  
 6 *SION OF REGISTRATION IN CASE OF SUBSTANTIAL NON-*  
 7 *COMPLIANCE.*—*The Secretary of Health and Human Serv-*  
 8 *ices may recommend to the Attorney General that the reg-*  
 9 *istration of a practitioner be revoked or suspended if the*  
 10 *Secretary determines, according to such criteria as the Sec-*  
 11 *retary establishes by regulation, that a practitioner who is*  
 12 *registered under section 303(g)(2) of the Controlled Sub-*  
 13 *stances Act (21 U.S.C. 823(g)(2)) is not in substantial com-*  
 14 *pliance with the requirements of such section, as amended*  
 15 *by this Act.*

16 (c) *OPIOID DEFINED.*—*Section 102(18) of the Con-*  
 17 *trolled Substances Act (21 U.S.C. 802(18)) is amended by*  
 18 *inserting “or ‘opioid’ ” after “The term ‘opiate’ ”.*

19 (d) *REPORTS TO CONGRESS.*—

20 (1) *IN GENERAL.*—*Not later than 2 years after*  
 21 *the date of enactment of this Act and not less than*  
 22 *over every 5 years thereafter, the Secretary of Health*  
 23 *and Human Services, in consultation with the Drug*  
 24 *Enforcement Administration and experts in opioid*  
 25 *use disorder research and treatment, shall—*



1           (A) perform a thorough review of the provi-  
2           sion of opioid use disorder treatment services in  
3           the United States, including services provided in  
4           opioid treatment programs and other specialty  
5           and nonspecialty settings; and

6           (B) submit a report to the Congress on the  
7           findings and conclusions of such review.

8           (2) CONTENTS.—Each report under paragraph  
9           (1) shall include an assessment of—

10           (A) compliance with the requirements of  
11           section 303(g)(2) of the Controlled Substances  
12           Act (21 U.S.C. 823(g)(2)), as amended by this  
13           Act;

14           (B) the measures taken by the Secretary of  
15           Health and Human Services to ensure such com-  
16           pliance;

17           (C) whether there is further need to increase  
18           or decrease the number of patients a waived  
19           practitioner is permitted to treat, as provided for  
20           by the amendment made by subsection (a)(1);

21           (D) the extent to which, and proportions  
22           with which, the full range of Food and Drug Ad-  
23           ministration-approved treatments for opioid use  
24           disorder are used in routine health care settings

1           *and specialty substance use disorder treatment*  
 2           *settings;*

3           *(E) access to, and use of, counseling and re-*  
 4           *covery support services, including the percentage*  
 5           *of patients receiving such services;*

6           *(F) changes in State or local policies and*  
 7           *legislation relating to opioid use disorder treat-*  
 8           *ment;*

9           *(G) the use of prescription drug monitoring*  
 10          *programs by practitioners who are permitted to*  
 11          *dispense narcotic drugs to individuals pursuant*  
 12          *to a waiver under section 303(g)(2) of the Con-*  
 13          *trolled Substances Act (21 U.S.C. 823(g)(2));*

14          *(H) the findings resulting from inspections*  
 15          *by the Drug Enforcement Administration of*  
 16          *practitioners described in subparagraph (G); and*

17          *(I) the effectiveness of cross-agency collabo-*  
 18          *ration between Department of Health and*  
 19          *Human Services and the Drug Enforcement Ad-*  
 20          *ministration for expanding effective opioid use*  
 21          *disorder treatment.*

22   **SEC. 1704. SENSE OF CONGRESS.**

23          *It is the Sense of Congress that, with respect to the*  
 24          *total number of patients that a qualifying physician (as*  
 25          *defined in subparagraph (G)(iii) of section 303(g)(2) of the*

1 *Controlled Substances Act (21 U.S.C. 823(g)(2)) can treat*  
 2 *at any one time pursuant to such section, the Secretary of*  
 3 *Health and Human Services should consider raising such*  
 4 *total number to 250 patients following a third notification*  
 5 *to the Secretary of the need and intent of the physician*  
 6 *to treat up to 250 patients that is submitted to the Sec-*  
 7 *retary not sooner than 1 year after the date on which the*  
 8 *physician submitted to the Secretary a second notification*  
 9 *to treat up to 100 patients.*

10 **SEC. 1705. PARTIAL FILLS OF SCHEDULE II CONTROLLED**  
 11 **SUBSTANCES.**

12 (a) *IN GENERAL.*—Section 309 of the Controlled Sub-  
 13 stances Act (21 U.S.C. 829) is amended by adding at the  
 14 end the following:

15 “(f) *PARTIAL FILLS OF SCHEDULE II CONTROLLED*  
 16 *SUBSTANCES.*—

17 “(1) *PARTIAL FILLS.*—

18 “(A) *IN GENERAL.*—A prescription for a  
 19 controlled substance in schedule II may be par-  
 20 tially filled if—

21 “(i) *it is not prohibited by State law;*

22 “(ii) *the prescription is written and*  
 23 *filled in accordance with the Controlled*  
 24 *Substances Act (21 U.S.C. 801 et seq.), reg-*

ulations prescribed by the Attorney General,  
and State law;

“(iii) the partial fill is requested by  
the patient or the practitioner that wrote  
the prescription; and

“(iv) the total quantity dispensed in  
all partial fillings does not exceed the total  
quantity prescribed.

“(B) *OTHER CIRCUMSTANCES.*—A prescrip-  
tion for a controlled substance in schedule II  
may be partially filled in accordance with sec-  
tion 1306.13 of title 21, Code of Federal Regula-  
tions (as in effect on the date of enactment of the  
*Reducing Unused Medications Act of 2016*).

“(2) *REMAINING PORTIONS.*—

“(A) *IN GENERAL.*—Except as provided in  
subparagraph (B), remaining portions of a par-  
tially filled prescription for a controlled sub-  
stance in schedule II—

“(i) may be filled; and

“(ii) shall be filled not later than 30  
days after the date on which the prescrip-  
tion is written.

“(B) *EMERGENCY SITUATIONS.*—In emer-  
gency situations, as described in subsection (a),

1           *the remaining portions of a partially filled pre-*  
 2           *scription for a controlled substance in schedule*  
 3           *II—*

4                     “(i) may be filled; and  
 5                     “(ii) shall be filled not later than 72  
 6                     hours after the prescription is issued.”.

7           (b) *RULE OF CONSTRUCTION.*—Nothing in this section  
 8           shall be construed to affect the authority of the Attorney  
 9           General to allow a prescription for a controlled substance  
 10          in schedule III, IV, or V of section 202(c) of the Controlled  
 11          Substances Act (21 U.S.C. 812(c)) to be partially filled.

12   **TITLE     XVIII—NATIONAL     ALL**  
 13       **SCHEDULES     PRESCRIPTION**  
 14       **ELECTRONIC REPORTING RE-**  
 15       **AUTHORIZATION ACT**

16   **SEC. 1801. SHORT TITLE.**

17           *This title may be cited as the “National All Schedules*  
 18           *Prescription Electronic Reporting Reauthorization Act of*  
 19           *2015”.*

20   **SEC. 1802. AMENDMENT TO PURPOSE.**

21           *Paragraph (1) of section 2 of the National All Sched-*  
 22           *ules Prescription Electronic Reporting Act of 2005 (Public*  
 23           *Law 109–60) is amended to read as follows:*

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

4                   “(A) health care providers have access to the  
 5                   accurate, timely prescription history information  
 6                   that they may use as a tool for the early identi-  
 7                   fication of patients at risk for addiction in order  
 8                   to initiate appropriate medical interventions  
 9                   and avert the tragic personal, family, and com-  
 10                  munity consequences of untreated addiction; and

11                  “(B) appropriate law enforcement, regu-  
 12                  latory, and State professional licensing authori-  
 13                  ties have access to prescription history informa-  
 14                  tion for the purposes of investigating drug diver-  
 15                  sion and prescribing and dispensing practices of  
 16                  errant prescribers or pharmacists; and”.

17 **SEC. 1803. AMENDMENTS TO CONTROLLED SUBSTANCE**  
 18 **MONITORING PROGRAM.**

19           Section 399O of the Public Health Service Act (42  
 20 U.S.C. 280g–3) is amended—

21                   (1) in subsection (a)—

22                           (A) in paragraph (1)—

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

24                                   “or”;

1                   (ii) in subparagraph (B), by striking  
 2                   the period at the end and inserting “; or”;  
 3                   and

4                   (iii) by adding at the end the fol-  
 5                   lowing:

6                   “(C) to maintain and operate an existing  
 7                   State-controlled substance monitoring program.”;  
 8                   and

9                   (B) in paragraph (3), by inserting “by the  
 10                  Secretary” after “Grants awarded”;

11                  (2) by amending subsection (b) to read as fol-  
 12                  lows:

13                  “(b) *MINIMUM REQUIREMENTS.*—The Secretary shall  
 14                  maintain and, as appropriate, supplement or revise (after  
 15                  publishing proposed additions and revisions in the Federal  
 16                  Register and receiving public comments thereon) minimum  
 17                  requirements for criteria to be used by States for purposes  
 18                  of clauses (ii), (v), (vi), and (vii) of subsection (c)(1)(A).”;

19                  (3) in subsection (c)—

20                   (A) in paragraph (1)(B)—

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

1           (ii) in clause (i), by striking “program  
2           to be improved” and inserting “program to  
3           be improved or maintained”;

4           (iii) by redesignating clauses (iii) and  
5           (iv) as clauses (iv) and (v), respectively;

6           (iv) by inserting after clause (ii) the  
7           following:

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

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

21          (vi) in clause (v), as redesignated, by  
22          striking “public health” and inserting  
23          “public health or public safety”;

24          (B) in paragraph (3)—



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

3                   “(A) *IN GENERAL.*—If a State that sub-  
4                   mits”;

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

15                  (iii) by adding at the end the fol-  
16                  lowing:

17                  “(B) *MONITORING OF EFFORTS.*—The Sec-  
18                  retary shall monitor State efforts to achieve  
19                  interoperability, as described in subparagraph  
20                  (A).”; and

21                  (C) in paragraph (5)—

22                   (i) by striking “implement or im-  
23                   prove” and inserting “establish, improve, or  
24                   maintain”; and

1                   (ii) by adding at the end the following:

2                   *“The Secretary shall redistribute any funds*  
 3                   *that are so returned among the remaining*  
 4                   *grantees under this section in accordance*  
 5                   *with the formula described in subsection*  
 6                   *(a)(2)(B).”;*

7                   (4) in subsection (d)—

8                   (A) in the matter preceding paragraph  
 9                   (1)—

10                   (i) by striking *“In implementing or*  
 11                   *improving”* and all that follows through  
 12                   *“(a)(1)(B)”* and inserting *“In establishing,*  
 13                   *improving, or maintaining a controlled*  
 14                   *substance monitoring program under this*  
 15                   *section, a State shall comply, or with re-*  
 16                   *spect to a State that applies for a grant*  
 17                   *under subparagraph (B) or (C) of sub-*  
 18                   *section (a)(1)”*; and

19                   (ii) by striking *“public health”* and in-  
 20                   serting *“public health or public safety”*; and  
 21                   (B) by adding at the end the following:

22                   *“(5) The State shall report to the Secretary on—*  
 23                   *“(A) as appropriate, interoperability with*  
 24                   *the controlled substance monitoring programs of*  
 25                   *Federal departments and agencies;*

1           “(B) as appropriate, interoperability with  
 2           health information technology systems such as  
 3           electronic health records systems, health informa-  
 4           tion exchanges, and e-prescribing systems; and

5           “(C) whether or not the State provides auto-  
 6           matic, real-time or daily information about a  
 7           patient when a practitioner (or the designee of a  
 8           practitioner, where permitted) requests informa-  
 9           tion about such patient.”;

10          (5) in subsections (e), (f)(1), and (g), by striking  
 11          “implementing or improving” each place it appears  
 12          and inserting “establishing, improving, or maintain-  
 13          ing”;

14          (6) in subsection (f)—

15                (A) in paragraph (1)—

16                   (i) in subparagraph (B), by striking  
 17                   “misuse of a schedule II, III, or IV sub-  
 18                   stance” and inserting “misuse of a con-  
 19                   trolled substance included in schedule II,  
 20                   III, or IV of section 202(c) of the Controlled  
 21                   Substance Act”; and

22                   (ii) in subparagraph (D), by inserting  
 23                   “a State substance abuse agency,” after “a  
 24                   State health department,”; and

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

1           “(3) *EVALUATION AND REPORTING.*—Subject to  
 2           subsection (g), a State receiving a grant under sub-  
 3           section (a) shall provide the Secretary with aggregate  
 4           data and other information determined by the Sec-  
 5           retary to be necessary to enable the Secretary—

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

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

10           “(4) *RESEARCH BY OTHER ENTITIES.*—A depart-  
 11           ment, program, or administration receiving non-  
 12           identifiable information under paragraph (1)(D) may  
 13           make such information available to other entities for  
 14           research purposes.”;

15                   (7) by redesignating subsections (h) through (n)  
 16           as subsections (j) through (p), respectively;

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

20                   (9) by inserting after subsection (g) the fol-  
 21           lowing:

22           “(h) *EDUCATION AND ACCESS TO THE MONITORING*  
 23           *SYSTEM.*—A State receiving a grant under subsection (a)  
 24           shall take steps to—

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

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

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

7       “(i) CONSULTATION WITH ATTORNEY GENERAL.—In  
8       carrying out this section, the Secretary shall consult with  
9       the Attorney General of the United States and other rel-  
10      evant Federal officials to—

11           “(1) ensure maximum coordination of controlled  
12      substance monitoring programs and related activities;  
13      and

14           “(2) minimize duplicative efforts and funding.”;  
15      (10) in subsection (l)(2)(A), as redesignated by  
16      paragraph (7)—

17           (A) in clause (ii), by inserting “; established  
18      or strengthened initiatives to ensure linkages to  
19      substance use disorder services;” before “or af-  
20      fected patient access”; and

21           (B) in clause (iii), by inserting “and be-  
22      tween controlled substance monitoring programs  
23      and health information technology systems” be-  
24      fore “, including an assessment”;

1           (11) by striking subsection (m) (relating to pref-  
2           erence), as redesignated by paragraph (7);

3           (12) by redesignating subsections (n) through  
4           (p), as redesignated by paragraph (7), as subsections  
5           (m) through (o), respectively;

6           (13) in subsection (m)(1), as redesignated by  
7           paragraph (12), by striking “establishment, imple-  
8           mentation, or improvement” and inserting “establish-  
9           ment, improvement, or maintenance”;

10          (14) in subsection (n), as redesignated by para-  
11          graph (12)—

12               (A) in paragraph (5)—

13                   (i) by striking “means the ability” and  
14                   inserting the following: “means—  
15                   “(A) the ability”;

16                   (ii) by striking the period at the end  
17                   and inserting “; or”; and

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

20                       “(B) sharing of State controlled substance  
21                       monitoring program information with a health  
22                       information technology system such as an elec-  
23                       tronic health records system, a health informa-  
24                       tion exchange, or an e-prescribing system.”;

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

3                   (C) in paragraph (8), by striking “and the  
4                   District of Columbia” and inserting “, the Dis-  
5                   trict of Columbia, and any commonwealth or  
6                   territory of the United States”; and

7                   (15) by amending subsection (o), as redesignated  
8                   by paragraph (12), to read as follows:

9                   “(o) *AUTHORIZATION OF APPROPRIATIONS.—To carry*  
10 *out this section, there is authorized to be appropriated*  
11 *\$10,000,000 for each of fiscal years from 2016 through*  
12 *2020.”.*

Amend the title so as to read: “An Act to authorize the Attorney General and Secretary of Health and Human Services to award grants to address the national epidemics of prescription opioid abuse and heroin use, and to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes.”.

Attest:

*Clerk.*

114<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 524**

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## AMENDMENTS