

a national championship. So John was the consummate blue-chip athlete and a wonderful kid to boot. He was a great student and a great leader.

But John, like so many other kids, fought through the pain because he wanted to play. So what he did was he self-medicated and began to deal with the issue of opioid addiction.

Now, John worked his way through it as an athlete, but later in life returned again to using opioids and, ultimately, heroin. Ultimately, it led to his death.

His story inspired me to say we have to do something about it because many high school kids just like John who are playing through the pain believe that, because they are using the opioids and because they are prescription medicines, somehow there is no danger of any kind of addiction or otherwise, that somehow it is nowhere near as dangerous as heroin. Yet, it is unfortunately too easy.

In fact, one of the other misconceptions is: I don't have to worry about a dependency. But the medical authorities have confirmed that daily use for even a short period of time, just a few weeks or even days, can create the kind of psychological dependency in which there is the beginning of the misuse of the opioids.

One of the things we begin to see as well is, as the opioid begins to lose its protective effect, they will take more and higher doses in order to have the same pain-killing capacity. So they start to move further on down the chain.

Oftentimes they are able to kick it for a period of time. But when they come back, they will go back to using the opioid at the higher level than they once did before. Imagine the implication of that.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. GUTHRIE. Mr. Speaker, I yield an additional 2 minutes to the gentleman from Pennsylvania.

Mr. MEEHAN. Mr. Speaker, the CDC is in a position now to be able to utilize the resources it has to do a better study of making sure that we are aware of the information and resources that are being made available to those who are in the privy of relationship with these students—these can be coaches; these can be school nurses; these can be the students themselves—and then come up with a plan for us to be able to distribute this in an effective manner, all the way down through the network.

There can be appropriate use under medical care with the kind of attention to concerns about addiction so that, where there is legitimate pain—we don't want to suggest that there is never a use, but this will now create the kinds of guidelines in which there is genuine oversight if opioids are introduced.

This will also give the kinds of guidelines to local trainers and others, even local physicians, about taking more time to assess the backgrounds of indi-

viduals that they are giving the opioids to, not appreciating perhaps that a young man may be dealing with depression or other kinds of things, a binge drinker in association with that opioid that could lead to death.

All of these things are things that could be part of the CDC's approach to doing much better education so that we can prevent the next young star athlete like John from coming into opioid addiction and ultimately leading to his demise.

Let us let John's voice be heard. Let us use this as the opportunity to ensure that future student athletes are not addicted to opioids.

Mr. GENE GREEN of Texas. Mr. Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman from Kentucky for his work on this bill.

I rise today in support of H.R. 4969 because opioid addiction does not discriminate based on age.

H.R. 4969 requires the CDC to report on information regarding prescription opioid abuse after youth sports injuries. According to a study by the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes have used prescription opioids in the last 12 months.

According to the U.S. Substance Abuse and Mental Health Services Administration, 80 percent of these teenagers and adolescents made the switch to heroin after abusing opioid painkillers, according to the U.S. Substance Abuse and Mental Health Services Administration. This is completely unacceptable and 100 percent preventable.

Every effort should be made to ensure that our youth are protected from the trap of drug abuse. That is why I am supporting H.R. 4969. We need all the information available so we can take the right steps to ensure our youth are protected.

I encourage my colleagues to support this bill.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no further speakers.

I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I urge my colleagues to vote for H.R. 4969.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 4969, the "John Thomas Decker Act of 2016."

Our nation values the importance of transparency and availability of public information regarding prescription drugs.

This bill amends the Public Health Service Act to require the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention to report on the availability of information regarding prescription of opioids after youth sports injury.

This report includes the information on opioid use and misuse, injury treatments that do not involve opioids, and treatment for opioid addiction.

The report must determine the extent this information is available to teenagers and adolescents who play youth sports, their families, youth sports groups, and health care providers.

Opioids are drugs with effects similar to opium, such as heroin and certain pain medications.

In addition to stimulants and central nervous system (CNS) depressants, prescription opioids are one of the three main broad categories of medications that present abuse liability.

Due to prescription opioids' similarity to heroin and morphine, they present an intrinsic abuse and addiction liability for non-medical purposes.

Opioid, heroin, and morphine act on the same brain systems.

In an effort to increase their euphoric effects, the "high", people tend to take them in their most dangerous and addictive methods.

Understanding the dangers of these addictive drugs highlight the importance of John Thomas Decker Act, which increases awareness and educating the youth people of the adverse effects of opioids.

H.R. 4969 also allows for public transparency in making available public reports, informational materials, and resources are available to teenagers, their families, and health professionals.

Our country has acknowledged the importance of preventive healthcare and education within our nation.

Providing education to those directly or indirectly associated with opioid usage enables them to have control over their thoughts and actions, offsetting the potential for drug abuse.

I support this legislation because it will help protect the integrity of consumers through implementation of effective preventative strategies.

H.R. 4969 provides the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention with specific responsibilities for dissemination.

H.R. 4969 is a positive step in the right direction and I urge my colleagues to join me in supporting its passage.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 4969, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

□ 1800

LALI'S LAW

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4586) to amend the Public Health Service Act to authorize grants to States for developing standing orders and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4586

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

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

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

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

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

“PART E—OPIOID USE DISORDER

“SEC. 341. OPIOID OVERDOSE REVERSAL MEDICATION ACCESS AND EDUCATION GRANT PROGRAMS.

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

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

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

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

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

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

“(C) discussing the purpose and administration of opioid overdose reversal medication with patients;

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

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

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

“(5) educating the public regarding—

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

“(B) the availability of opioid overdose reversal medication without a person-specific prescription.

“(b) **CERTAIN REQUIREMENT.**—A grant may be made under this section only if the State involved has authorized standing orders regarding opioid overdose reversal medication.

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

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

“(2) authorize standing orders that permit community-based organizations, substance abuse programs, or other nonprofit entities to acquire, dispense, or administer opioid overdose reversal medication;

“(3) authorize standing orders that permit police, fire, or emergency medical services agencies to acquire and administer opioid overdose reversal medication;

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

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

“(d) **GRANT TERMS.**—

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

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

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

“(4) **LIMITATION.**—A State may use not more than 20 percent of a grant under this section for

educating the public pursuant to subsection (a)(5).

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

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

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

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

“(3) The number of pharmacists in the State who have participated in training pursuant to subsection (a)(4).

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

“(1) **OPIOID OVERDOSE REVERSAL MEDICATION.**—The term ‘opioid overdose reversal medication’ means any drug, including naloxone, that—

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

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

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

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

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

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

SEC. 3. CUT-GO COMPLIANCE.

Subsection (f) of section 319D of the Public Health Service Act (42 U.S.C. 247d–4) is amended by inserting before the period at the end the following: “(except such dollar amount shall be reduced by \$5,000,000 for fiscal year 2017)”.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The **SPEAKER** pro tempore. Is there objection to the request of the gentleman from Kentucky?

There was no objection.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 4586, Lali’s Law, introduced by my colleagues in the House, the gentleman from Illinois (Mr. DOLD) and the gentlewoman from Massachusetts (Ms. CLARK).

The rate of overdose for individuals age 24 to 34 has nearly tripled, going from 8.1 overdose deaths per 100,000 to

23.1 overdose deaths per 100,000. Families across the country are losing loved ones to reversible opioid overdose. Naloxone is an opioid antagonist that can prevent opioid overdose deaths by binding to the opioid receptors in the body and preventing the overdose.

H.R. 4586 amends the Public Health Service Act to authorize grants to States for developing standing orders and educating healthcare professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions.

This legislation is a first step in promoting wider access of naloxone or other opioid overdose reversal drugs that may come to market. Standing orders are prescriptions that are not person-specific. If a pharmacy has a standing order, anyone needing the medication may come and fill a prescription for it.

Naloxone, while incredibly effective at stopping opioid overdose, does not have severe side effects if used incorrectly or if used when not needed. Many States have standing order laws in place but need help bridging the gap between law and a functioning program. The grants funded by this legislation will help aid that process.

Mr. Speaker, I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume. I rise in support of H.R. 4586, Lali’s Law.

Mr. Speaker, between 2001 and 2014, there was a threefold increase in prescription drug overdoses and a sixfold increase in heroin overdoses in the United States. We must do more to prevent drug misuse and abuse to avoid these tragedies in the first place. We must also ensure that those suffering from addiction to prescription and non-prescription drugs have access to potentially lifesaving treatments when and where they need it.

Naloxone has proven to be a successful lifesaving intervention for patients presenting with overdose if administered quickly. When used, naloxone helps restore breathing that has been stopped by the overdose and has potential for saving thousands of lives each year.

H.R. 4586 would create a competitive grant program to help States increase access to overdose reversal medications. The primary purpose of the grant is to fund State programs that allow pharmacists to distribute overdose reversal drugs without a person-prescription to qualified individuals or entities.

To be effective, overdose reversal drugs must be given to the patient almost immediately. In an emergency situation, the ability for emergency medical technicians, law enforcement, substance abuse treatment providers, and qualified individuals to have such medications on hand can make the difference between life and death. Qualified individuals and entities often need

to possess treatment before a specific patient is identified.

Many States have established and use these programs to allow local law enforcement officers or emergency medical technicians to carry and use the overdose reversal drug naloxone. H.R. 4586 would expand these programs by helping States develop standing orders and educate healthcare professionals about dispensing these medications without person-specific prescriptions.

I want to thank the bill's sponsors, the gentlewoman from Massachusetts (Ms. CLARK) and the gentleman from Illinois (Mr. DOLD), for introducing this legislation. I urge my colleagues to join me in supporting H.R. 4586.

Mr. Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), my friend.

Mr. CARTER of Georgia. Mr. Speaker, I rise today in support of H.R. 4586 because it is critical that we educate healthcare professionals about opioid overdose reversal medications.

This bill allows the CDC to authorize grants to States based on their ability to educate healthcare professionals in dispensing opioid reversal medication. Specifically, this opioid reversal medication, called naloxone, can be used in emergency situations to stop an opioid overdose death.

Also, through this bill, pharmacists will be able to dispense naloxone to patients without a prescription, increasing access to this lifesaving antidote. This access will help save lives in emergency situations when patients do not have the time or ability to seek or receive professional medical care. The World Health Organization states that this increased access will save up to 200,000 lives.

As a lifelong pharmacist, I believe it is our duty to always educate Americans about the lifesaving tools available to them. I encourage my colleagues to support H.R. 4586 so more people can be educated and have access to lifesaving medication related to opioid overdose.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to the gentlewoman from Massachusetts (Ms. CLARK), a cosponsor of the bill.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank Representative DOLD for joining me in this legislation, and I also thank the family of Alex Laliberte for sharing their story. We offer our deepest sympathies.

Mr. Speaker, across Massachusetts and the Nation, too many parents are desperately trying to save their child from the deadly grip of the opioid crisis. In the past year alone, this public health crisis has claimed nearly 1,400 lives in the Commonwealth of Massachusetts. The bill before us today, Lali's Law, is a critical part of addressing this crisis.

Naloxone, commonly known as Narcan, is a lifesaving drug. It stops

the effect of heroin within minutes after it is administered, and it allows breathing to resume. But it is critical that it is widely available.

Under this bill, States that have authorized a standing order that allows anyone to obtain naloxone from a pharmacist would be eligible for a grant that can be used for public education campaigns and training for healthcare providers and pharmacists.

I want to share the story of a family from my district that illustrates the difference training and the availability of Narcan can make.

One night, a 911 call came in, a desperate and frantic new mother with a very young baby who was unresponsive. The first responders arrived at the scene, but despite their best efforts, this baby was not reviving. A responding firefighter relied on his training and quick thinking to save this child's life by administering Narcan. It worked.

Even though the mom had not revealed that she was addicted to prescription painkillers, the first responder knew the symptoms and made the right guess and saved this child's life. If he had not been trained to administer Narcan and not had the lifesaving drug with him that night, that baby would not be alive. But the man was, and now the baby and mom have a future.

This crisis presents an urgent calling for all of us, Democrats and Republicans alike, to put aside our differences and do what we can to save lives. That is what we are talking about here: increasing the availability of Narcan will save lives.

I am happy to join with my friend from Illinois to offer this important bill. I urge all of my colleagues to support this legislation.

Mr. GUTHRIE. Mr. Speaker, I yield 5 minutes to the gentleman from Illinois (Mr. DOLD), my good friend.

Mr. DOLD. Mr. Speaker, I want to thank my good friend for yielding. I want to thank my friend from Massachusetts for her work on this legislation. Representative CLARK sharing that story is extremely powerful.

In the suburbs of Chicago, Mr. Speaker, somebody dies from using heroin every 3 days. Nationally, that statistic is 1 every 19 minutes. Every single one of them leaves behind a family in grief.

Today, Mr. Speaker, I am joined in the Chamber by Chelsea Laliberte, Jody Daitchman, and Gary Laliberte, the family of a young man from Buffalo Grove named Alex.

Alex graduated from Stevenson High School. He played sports. He got good grades and made a lot of friends. He was a typical teenager who had his whole life ahead of him. But behind his happy exterior, Alex was sick. He was struggling with escalating drug abuse.

During Alex's sophomore year in college, he came down with an unknown illness. He would go to the hospital, and he would get better—at least for a while. But then a few months later he

would get sick. He would be admitted to the hospital and again would repeat the cycle. His family didn't know it then, but Alex was dependent on prescription drugs and was suffering from withdrawal.

Alex continued this pattern until just a few days before his final exams. At that point in time, Alex actually overdosed on prescription drugs and heroin and, at the age of 20, passed away. His family never even had the chance to seek help for his dependency.

Unfortunately, this story is far too common across our country.

As a father, I can't even imagine the pain of losing a child to a drug overdose; but sadly, too many families like the Lalibertes have experienced this loss. Heroin and heroin abuse have become an epidemic in our country.

During my work as the co-chair of the Suburban Anti-Heroin Task Force, I have met countless families who have been affected by drug abuse—literally torn apart. This is not an isolated issue. It affects every community, every ZIP Code, regardless of your socioeconomic status, regardless of your educational status.

I talk to parents who say, "It is not in my community." It is. It is in your community, let me just assure you.

My work with Live4Lali and the Lake County Opioid Initiative inspired me to introduce this law with Representative CLARK. Our bipartisan bill is named in Alex Laliberte's memory.

Lali's Law increases access to a lifesaving antidote called naloxone, which, in Lake County, Illinois, has already saved nearly 100 lives since first responders and the police force requested the opportunity to be able to use this lifesaving antidote. The police officers actually would respond, would get there before the paramedics—often 5 to 7, sometimes 9 minutes faster—and refused to sit by idly as they watched these young people die from an overdose.

When used properly, naloxone helps restore breathing that has been stopped by an overdose. You have heard the statistics, but the World Health Organization predicts that increased access to naloxone could save another 20,000 lives each and every year.

Lali's Law is a decisive step to not only save young people like Alex Laliberte from falling victim to drug abuse, but also to help those in our communities struggling to get their lives back on track. Our bill—and, frankly, the work that has been done here in this body today, and I think we have got some 18 different bipartisan bills coming together to try to solve this prescription drug epidemic, this heroin epidemic that is sweeping our country—is proof of what is possible when we set aside partisanship and get to work for the people that we all represent.

Lali's Law has already brought Alex's story to the United States Congress and has amplified the lifesaving

benefit of Live4Lali's amazing work. Now, by passing this overwhelming bipartisan bill, we can ensure that Alex's lasting legacy includes helping countless others get a second chance at recovery and saving their families from the unbearable heartbreak.

Mr. Speaker, together, we truly can save lives.

Again, I want to thank Representative CLARK. I want to thank the Laliberte family. I want to thank the first responders, the stakeholders back in Lake County, and all those here in this body who are working to try to create an environment, create the opportunity for us to be able to take a huge step forward in combating this prescription drug and heroin epidemic.

I thank the gentleman for yielding the time.

□ 1815

Mr. GENE GREEN of Texas. Mr. Speaker, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I encourage my colleagues to vote for H.R. 4586.

I yield back the balance of my time. Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 4586, also known as Lali's Law.

Sadly, Lali's Law was named after Alex Laliberte: a Buffalo Grove, Illinois resident who tragically passed away seven years ago from a drug overdose.

Alex was a good kid. He was an athlete during high school, and also did well academically.

During his sophomore year in college, he began being hospitalized for a mysterious illness.

Unknown to his friends and family, Alex soon developed an addiction to the prescription drugs and was being hospitalized for withdrawal.

He would stay in the hospital until his symptoms subsided only to leave the hospital and repeat the cycle.

Alex continued this cycle until he died of an opioid overdose a few days before his final exams.

He was only 20 years old.

Our lack of education on opioids and harm reduction contributed to Alex's early death, and we must act to prevent a repeat of this tragedy.

Lali's Law is an important piece of legislation that would authorize grants to states to develop standing orders and educate health care professionals about the dispensing of opioid overdose reversal medication without person-specific prescriptions.

In addition, this bill would encourage pharmacies to dispense opioid overdose reversal medication pursuant to a standing order.

According to the National Institute on Drug Abuse, 2.1 million people nationwide abuse opioids.

Mr. Speaker, Lali's Law is instrumental in helping these victims reverse their addiction.

Lali's Law would also implement the following guidelines and practices for those people authorized to prescribe the medication:

Only prescribe opioids for chronic pain

Opioid overdose reversal medication must be co-prescribed with opioids; and

the purpose and administration of opioid overdose reversal medication must be discussed with the patients.

Furthermore, H.R. 4586 would require the development and adaptation of training materials and methods for the people authorized to prescribe or dispense the medication to use in educating the public, which includes:

When and how to administer opioid overdose reversal medication, and

The steps that should be taken after administering the opioid overdose reversal medication.

Lastly, Lali's Law would educate the public regarding the health benefits of the opioid reversal medication and the availability of the medication without a person-specific prescription.

In 2014, rates of opioid overdose deaths jumped significantly, from 7.9 per 100,000 in 2013 to 9.0 per 100,000, which is a 14 percent increase.

Mr. Speaker, I join my colleagues in support of H.R. 4586.

This legislation is vital for reducing opioid-related deaths across our nation, protecting the lives of those at risk to opioid abuse.

It is our job to make sure that Alex's lasting legacy includes helping others get a second chance at recovery and a second chance at life.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 4586, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GUTHRIE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

REDUCING UNUSED MEDICATIONS ACT OF 2016

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4599) to amend the Controlled Substances Act to permit certain partial fillings of prescriptions, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4599

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Reducing Unused Medications Act of 2016".

SEC. 2. PARTIAL FILLS OF SCHEDULE II CONTROLLED SUBSTANCES.

(a) IN GENERAL.—Section 309 of the Controlled Substances Act (21 U.S.C. 829) is amended by adding at the end the following:

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

“(1) PARTIAL FILLS.—

“(A) IN GENERAL.—A prescription for a controlled substance in schedule II may be partially filled if—

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

“(ii) the prescription is written and filled in accordance with the Controlled Substances Act (21 U.S.C. 801 et seq.), regulations 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 prescription for a controlled substance in schedule II may be partially filled in accordance with section 1306.13 of title 21, Code of Federal Regulations (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 partially filled prescription for a controlled substance in schedule II—

“(i) may be filled; and

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

“(B) EMERGENCY SITUATIONS.—In emergency situations, as described in subsection (a), the remaining portions of a partially filled prescription for a controlled substance in schedule II—

“(i) may be filled; and

“(ii) shall be filled not later than 72 hours after the prescription is issued.”.

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

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kentucky?

There was no objection.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 4599, the Reducing Unused Medications Act of 2016, introduced by Ms. CLARK of Massachusetts and Mr. STIVERS of Ohio.

The number of prescriptions for opioids has significantly increased in recent years. While opioids can benefit patients when used appropriately, once their pain is subsided, there may be unused pills that could be misused and diverted.

Several States have considered enabling pharmacies to partially fill such prescriptions to minimize the number of pills in circulation while continuing to address the patient needs. However, current DEA regulations are not entirely clear about when such partial fills are permitted.

H.R. 4599 amends the Controlled Substances Act to clarify when schedule II controlled substances, including opioid pain medications, can be partially filled. This is a commonsense, bipartisan bill that will help save lives.