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.

I urge my colleagues to join me in support.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to voice my support for H.R. 4599, Reducing Unused Medications Act.

Opioid abuse in the United States is rising at alarming rates. In 2014, nearly 2 million Americans abused or were addicted to prescription opioids. Opioids are now one of the most prescribed classes of medications, and the National Institute on Drug Abuse estimates that over 70 percent of adults who misuse prescription opioids get them from a friend or relative.

A promising step to reduce the number of prescription opioids is a permanent partial filling of these prescriptions. Current Drug Enforcement Administration regulations allow pharmacists to partially fill prescriptions for schedule III, IV, and V substances, however, only allow partial fulfillment of schedule II substances in long-term-care settings or to terminally ill patients and when the full prescription cannot be supplied.

While these regulations do not explicitly prohibit a pharmacist from partially filling prescriptions for schedule II substances outside of these certain limited circumstances, DEA recognizes that the regulations lack clarity as to when partial filling of schedule II substances is permitted. This bill would provide clarity.

The Reducing Unused Medications Act would allow pharmacists, at the request of patients or doctors, to partially fill prescriptions for schedule II drugs, such as opioids, meaning that a patient or doctor can request to receive a 10-day supply of a 30-day prescription initially and then return later to receive the remaining portion, if needed. This flexibility may help reduce the number of unused pills in circulation and reduce the risk of substance misuse, diversion, and overdose.

The bipartisan bill before us reflects a careful compromise that holds the potential to reduce the amount of unused opioid medications in circulation and is an important step in helping curb a growing opioid epidemic.

I want to thank Representatives CLARK and STIVERS for their leadership in sponsoring this bill.

I urge my colleagues to support the Reducing Unused Medications Act.

Mr. Speaker, I yield 3 minutes to the gentlewoman from Massachusetts (Ms. CLARK), the sponsor of this bill.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentleman from Texas for yielding.

Mr. Speaker, over the last decade, we have seen a staggering increase of opioid overdose deaths. In 2015, this epidemic claimed 125 lives in my district alone. There are a lot of different causes of this crisis, but the number of prescription opioids in circulation is a critical factor.

Over the last 15 years, the amount of prescription painkillers has quadrupled and generic Vicodin is now the most prescribed drug to Medicare beneficiaries.

Now, we know that often patients don't use all the opioids they are prescribed. According to the National Institute on Drug Abuse, over 70 percent of adults who misuse prescription drugs get them from friends or relatives.

Millions of half-filled bottles of unused and unwanted prescription drugs line our families' medicine cabinets, and too often that is where opioid addiction begins.

One promising way to reduce the amount of unused and unwanted painkillers that are fueling this public health crisis is by allowing patients and doctors to only partially fill opioid prescriptions.

By allowing pharmacists to partially fill a prescription for opioids at the request of a patient or doctor, we can reduce the number of unused pills and help stop pill diversion and misuse.

Currently, the DEA allows partial filling of prescriptions for many drugs, but the regulations are narrower and less clear for opioid drugs. That is why I, along with Representative STIVERS, have introduced the Reducing Unused Medications Act.

This legislation will resolve any ambiguity and clearly establish that a prescription for schedule II substances, like opioid painkillers, may be partially filled upon the request of a patient or doctor.

We have all heard the stories. Just last weekend I ran into a dad whose son had been given a 30-day prescription of opioid painkillers for having a wisdom tooth taken out, and he had just received an unwanted prescription, also for 30 days, after having minor surgery.

This bill will empower patients to manage their prescriptions and can be a critical tool in an effort to address the opioid epidemic. This is a commonsense bill that will help us stop the misuse of prescription drugs that has fueled the use of heroin and this opioid epidemic.

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

Mr. GUTHRIE. Mr. Speaker, I encourage all my colleagues to vote for H.R. 4599, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I rise to voice my support for H.R. 4599, commonsense legislation that offers the potential to reduce the number of unused and unwanted prescription opioids that have been misused or diverted as a part of the opioid epidemic.

The number of prescription opioids dispensed in the U.S. has nearly quadrupled in the last 15 years, and over 70 percent of adults who misuse prescription opioids get them from a friend or a relative. This is often due to the fact that many patients fill legitimate prescriptions for opioids and for one reason or another do not use the entirety of the prescription.

One way to help reduce the amount of unused opioid medications in home medicine cabinets is to permit the partial filling of Schedule II prescriptions. Partial fill policies allow providers, pharmacists, and patients the option to dispense a portion of a prescription with the option of filling the total amount of the prescription at a later time. For example, a patient or practitioner could request that 10 or 15 days of a 30-day prescription be dispensed initially with the remaining portion available later if needed. It is hoped that this additional flexibility would reduce the number of unused pills in circulation and ultimately reduce misuse and diversion of these prescription opioids.

Current Drug Enforcement Administration regulations allow pharmacists to partially fill prescriptions for Schedule III, IV, and V substances, however, Schedule II substances can only be partially filled in long term care settings, for terminally ill patients, or when the full prescription cannot be supplied. While these regulations do not prohibit partially filling prescriptions for Schedule II substances in other situations, the DEA has acknowledged that the regulations may need to be amended to provide clarity as to when partial fill of Schedule II substances is allowable.

The Reducing Unused Medications Act of 2015 was introduced in the House by Representatives KATHERINE CLARK (D–MA) and STEVE STIVERS (R–OH) to do just that—provide additional clarity regarding when Schedule II prescriptions may be partially filled under the Controlled Substances Act.

In addition to the circumstances outlined in current DEA regulations, H.R. 4599 would also allow partial fill of Schedule II substances if requested by a doctor or patient, as long as the prescription is written and dispensed according to federal and state law. It further makes clear that remaining portions of a partially filled prescription for a Schedule II substance may not be filled later than 30 days after the date the prescription is written.

Partial fills would also be allowed in emergency situations, with the remaining portion to be filled not later than 72 hours after the prescription is issued. This legislation does not impact the ability of Schedule III, IV, or V prescriptions to be partially filled.

H.R. 4599 is the result of careful compromise among the authors of this legislation, the stakeholders, and our Committee members, and I urge my colleagues to support it.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 4599 the ''Reducing Unused Medication Act of 2016''.

This bill is an important measure that will decrease the number of unused medications available for misuse to the public by setting limitations on the most frequent avenues used to secure unused medication.

As we know, many times patients are prescribed medication far beyond their needs.

Unused prescription medication creates a lethal danger to households and communities across America, and failing to properly dispose of unfinished medications can have dire consequences on the environment and our ecosystem.

According to a new study conducted by Geisinger Health System and published in the Journal of the American Pharmacists Association just 11 percent of unused prescription drugs were disposed of via drug take-back programs, while 55 percent were left in the

medicine cabinet, 14 percent were thrown in the trash, and 9 percent were flushed down the toilet.

As we have heard many unfortunate stories as we bring greater awareness to this issue, we know that abuse of medicine among teenagers is a growing problem.

Easy access to parents' and grandparents' leftover medications is just throwing gasoline on the fire.

Meanwhile, more than 60,000 young children are taken to the emergency room each year after ingesting a family member's medication.

With respect to the environment, the FDA no longer recommends flushing drugs down the toiler because sewage treatment plants lack the capacity to remove pharmaceuticals and personal care products' residue.

H.R. 4599 will amend the Controlled Substances Act to permit certain fillings of prescriptions—such that a prescription for a controlled substance may be partially filled if:

It is not prohibited by state law;

The prescription is written and filled in accordance with the Controlled Substances Act, regulations prescribed by the Attorney General, and State law;

The partial fill is requested by the patient or the practitioner that wrote the prescription; and

The total quantity dispensed in all partial fillings does not exceed the total quantity prescribed.

Mr. Speaker, enacting this legislation will work to not only combat a number of prescription drug abuses, but also deal a debilitating blow to the mounting opioid abuse epidemic.

The SPEAKER pro tempore (Mr. ZINKE). 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. 4599, 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.

EXAMINING OPIOID TREATMENT INFRASTRUCTURE ACT OF 2016

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4982) to direct the Comptroller General of the United States to evaluate and report on the in-patient and outpatient treatment capacity, availability, and needs of the United States, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4982

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 ''Examining Opioid Treatment Infrastructure Act of 2016''.

SEC. 2. STUDY ON TREATMENT INFRASTRUCTURE.

Not later than 24 months after the date of enactment of this Act, the Comptroller General of the United States shall initiate an evaluation, and submit to Congress a report, of the inpatient and outpatient treatment capacity, availability, and needs of the United States, which shall include, to the extent data are available—

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

(2) the capacity of inpatient clinical stabilization programs, transitional residential support services, and residential rehabilitation programs;

(3) the capacity of demographic specific residential or inpatient treatment programs, such as those designed for pregnant women or adolescents;

(4) geographical differences of the availability of residential and outpatient treatment and recovery options for substance use disorders across the continuum of care;

(5) the availability of residential and outpatient treatment programs that offer treatment options based on reliable scientific evidence of efficacy for the treatment of substance use disorders, including the use of Food and Drug Administration-approved medicines and evidence-based nonpharmacological therapies;

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

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

(8) the availability of residential and outpatient treatment programs to American Indians and Alaska Natives through an Indian health program (as defined by section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)); and

(9) the barriers (including technological barriers) at the Federal, State, and local levels to real-time reporting of de-identified information on drug overdoses and ways to overcome such barriers.

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. 4982, Examining Opioid Treatment Infrastructure Act of 2016, introduced by my colleagues, the ranking member of the Energy and Commerce Committee, Mr. PALLONE of New Jersey, and Mr. FOSTER of Illinois.

H.R. 4982 directs the Government Accountability Office to evaluate and report on the inpatient and outpatient treatment capacity, availability, and needs of the United States. It is important to have the data necessary to assess the opioid infrastructure in our country.

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

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. 4982, Examining Opioid Treatment Infrastructure Act.

Opioid use disorder is a chronic disease that can be effectively treated, but it requires ongoing management. As the current epidemic has drawn sharply into focus, significantly more resources are needed to ensure availability of and access to evidence-based treatment.

A public health-based approach to drug abuse and addiction requires having broad-based treatment services available for those with opioid use disorders, including both behavioral therapies and proven medication-assisted treatment and insurance coverage for such treatment.

Medication-assisted treatment is often in combination with behavioral treatment, which has been shown to be highly effective in the treatment of opioid addiction.

However, many patients in need of treatment face significant barriers. Physicians cite barriers finding and placing patients in addiction treatment and recovery programs.

Current capacity of treatment and recovery programs is inadequate to meet the population's needs. There are too few physicians and programs offering treatment and recovery services.

In order to address these shortages, better information and data is needed for our existing opioid treatment infrastructure. H.R. 4982, the Examining Opioid Treatment Infrastructure Act, will direct the GAO to conduct a study on the inpatient and outpatient treatment capacity of the United States.

It instructs the agency to examine the capacity of acute residential or inpatient detoxification programs, inpatient clinical stabilization programs, transitional residential support services, and residential rehabilitation programs.

The GAO is directed to report on geographic differences in the availability of treatment and recovery programs for substance abuse disorders; the availability of programs that offer evidence-based treatment options, including the use of FDA-approved medications; and the number of patients' different treatment settings.

Finally, the agency would include an assessment of the need for residential and outpatient treatment for substance use disorders across the continuum of care.

We must face this crisis head-on and address the serious gaps in evidence-based treatment. The Examining Opioid Treatment Infrastructure Act will help us do this.

I want to thank the bill's sponsor, Representative BILL FOSTER, for introducing this legislation.

I urge my colleagues to support the act.

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. I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H.R. 4599 because treatment of addiction to opioid painkillers and heroin