

115TH CONGRESS
1ST SESSION

H. R. 4733

To establish and fund an Opioids and STOP Pain Initiative to expand, intensify, and coordinate fundamental, translational, and clinical research of the National Institutes of Health with respect to opioid abuse, the understanding of pain, and the discovery and development of safer and more effective treatments and preventive interventions for pain.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 21, 2017

Mr. WELCH (for himself and Mr. MCKINLEY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Budget, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To establish and fund an Opioids and STOP Pain Initiative to expand, intensify, and coordinate fundamental, translational, and clinical research of the National Institutes of Health with respect to opioid abuse, the understanding of pain, and the discovery and development of safer and more effective treatments and preventive interventions for pain.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Opioids and STOP
3 Pain Initiative Act”.

4 **SEC. 2. ESTABLISHMENT.**

5 There is established an Opioids and STOP Pain Ini-
6 tiative, to be administered by the Director of the National
7 Institutes of Health, in coordination with other agencies,
8 as appropriate, which shall include efforts to support re-
9 search on the following:

10 (1) Section 108 of the Comprehensive Addiction
11 and Recovery Act of 2016 (42 U.S.C. 284q–1),
12 known as the STOP Pain Act, which directs the Na-
13 tional Institutes of Health to intensify and coordi-
14 nate fundamental, translational, and clinical re-
15 search with respect to—

16 (A) the understanding of pain;

17 (B) the discovery and development of
18 therapies for chronic pain; and

19 (C) the development of alternatives to
20 opioids for effective pain treatments.

21 (2) Developing improved options and evidence
22 for medication-assisted treatment.

23 (3) Developing improved options and evidence
24 for opioid overdose reversal treatments.

25 (4) The Federal Pain Research Strategy, in-
26 cluding research that focuses on—

1 (A) novel drugs, non-addictive, and non-
2 pharmacological treatments for pain;

3 (B) screening tools and outcome measure
4 for assessments across the continuum of pain;

5 (C) national registries, datasets, and re-
6 search networks;

7 (D) effective models of care delivery for
8 pain management; and

9 (E) precision medicine methodology to pre-
10 vent and treat pain.

11 (5) The components of the Department of
12 Health and Human Services five-point strategy to
13 address the opioid crisis that states: “Providing sup-
14 port for cutting edge research on pain and addic-
15 tion”.

16 (6) The pain therapy screening program estab-
17 lished under section 4.

18 (7) Other elements that the Secretary of Health
19 and Human Services may designate, in consultation
20 with the Director of the National Institutes of
21 Health.

22 **SEC. 3. FUNDING FOR THE OPIOIDS AND STOP PAIN INITIA-**
23 **TIVE.**

24 (a) IN GENERAL.—There is authorized to be appro-
25 priated, and there is appropriated, \$5,000,000,000, to be

1 used during the 5-fiscal-year period beginning in the fiscal
2 year in which such funds are appropriated, to the National
3 Institutes of Health Innovation Account to be used to ad-
4 minister the Opioids and STOP Pain Initiative established
5 under section 2.

6 (b) EMERGENCY SPENDING.—

7 (1) IN GENERAL.—Amounts appropriated under
8 subsection (a) are designated as an emergency re-
9 quirement pursuant to section 4(g) of the Statutory
10 Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

11 (2) DESIGNATION IN THE SENATE.—In the
12 Senate, amounts appropriated under subsection (a)
13 are designated as an emergency requirement pursu-
14 ant to section 403(a) of S. Con. Res. 13 (111th
15 Congress), the concurrent resolution on the budget
16 for fiscal year 2010.

17 **SEC. 4. PAIN THERAPY SCREENING PROGRAM.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services (referred to in this section as the “Sec-
20 retary”) shall carry out through the National Institutes
21 of Health a program to be known as the “Pain Therapy
22 Screening Program” that focuses on the development of
23 pain therapeutics.

24 (b) GRANTS.—The Secretary shall award grants
25 under the program under subsection (a) to eligible public

1 and private nonprofit entities to support the development
2 of new pre-clinical models for pain disorders, and the ap-
3 plication of these models in drug, device, or other therapy
4 screening.

5 (c) MODEL.—The program under this section shall
6 be modeled after the Epilepsy Therapy Screening Program
7 carried out by the National Institute of Neurological Dis-
8 orders and Stroke.

9 (d) FEES.—The Secretary of Health and Human
10 Services may assess reasonable fees on private pharma-
11 ceutical or medical device industry entities that utilize the
12 program under this section to screen proprietary molec-
13 ular compounds and devices. Such fees shall be paid to
14 the Foundation for the National Institutes of Health and
15 transferred to the NIH Innovation Account to be used for
16 the Opioids and STOP Pain Initiative established under
17 section 2.

18 (e) FUNDING.—The Director of the National Insti-
19 tutes of Health shall determine the amount, and allocate,
20 funds from the amount appropriated under section 3, to
21 carry out this section.

22 **SEC. 5. FUNDING PROVISIONS.**

23 (a) SUPPLEMENT NOT SUPPLANT.—Amounts appro-
24 priated in this Act (including the amendments made by
25 this Act) shall be used to supplement, not supplant, cur-

1 rent funding for pain and opioid research at the National
2 Institutes of Health.

3 (b) ACCEPTANCE OF DONATIONS.—Notwithstanding
4 section 1342 of title 31, United States Code, the Secretary
5 of Health and Human Services may accept donations (in-
6 cluding from the pharmaceutical and medical device indus-
7 tries) to be used to assist in carrying out programs and
8 activities under this Act (and the amendments made by
9 this Act). Such donations shall be paid to the Foundation
10 for the National Institutes of Health and transferred to
11 the NIH Innovation Account to be used for the Opioids
12 and STOP Pain Initiative established under section 2.

13 (c) INCLUSION OF CONTRIBUTION AMOUNTS IN
14 BASIC RESEARCH FOR PURPOSES OF RESEARCH CRED-
15 IT.—

16 (1) IN GENERAL.—Paragraph (6) of section
17 41(e) of the Internal Revenue Code of 1986 is
18 amended by adding at the end the following new
19 subparagraph:

20 “(E) OPIOIDS AND STOP PAIN INITIA-
21 TIVE.—The National Institutes of Health, if the
22 payment is made in support of the Opioids and
23 STOP Pain Initiative, as established by the
24 Opioids and STOP Pain Initiative Act.”.

1 (2) **EFFECTIVE DATE.**—The amendments made
2 by this subsection shall apply to taxable years begin-
3 ning after the date of the enactment of this Act.

4 **SEC. 6. AUTHORITY.**

5 Notwithstanding any other provision of the law, the
6 Director of the National Institutes of Health may use
7 funds available under section 3 to enter into transactions
8 (other than contracts, cooperative agreements, or grants)
9 to carry out research identified pursuant to the Opioids
10 and STOP Pain Initiative established under section 2.

11 **SEC. 7. REPORTS.**

12 (a) **ANNUAL REPORTS.**—Not later than October 1 of
13 each of fiscal years 2019 through 2026, the Director of
14 the National Institutes of Health shall submit to the Com-
15 mittee on Health, Education, Labor, and Pensions and the
16 Committee on Appropriations of the Senate and the Com-
17 mittee on Energy and Commerce and the Committee on
18 Appropriations of the House of Representatives, a report
19 that includes—

20 (1) the amount obligated or expended in the fis-
21 cal year prior to the fiscal year in which the report
22 is being submitted for each program or activity de-
23 scribed in this Act (or an amendment made by this
24 Act);

1 (2) a description of all such programs or activi-
2 ties carried out using funds provided under this Act
3 (or amendments); and

4 (3) a description of how such programs or ac-
5 tivities are advancing public health, including the
6 impact on treating pain and addressing opioid mis-
7 use in the United States.

8 (b) **ADDITIONAL REPORTS.**—At the request of the
9 Committee on Health, Education, Labor, and Pensions or
10 the Committee on Appropriations of the Senate, or the
11 Committee on Energy and Commerce or the Committee
12 on Appropriations of the House of Representatives, the
13 Director of the National Institutes of Health shall provide
14 to the relevant committee an update in the form of testi-
15 mony and additional reports concerning the allocation of
16 funding under this Act (or the amendments made by this
17 Act) or the description of the programs and activities car-
18 ried out with such funding.

○