IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 9, 2017

Mr. Foster (for himself, Mr. Swalwell of California, and Mr. Sean Patrick Maloney of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reduce opioid misuse and abuse.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Opioid Abuse Preven-
tion and Treatment Act of 2017”.

SEC. 2. PILOT PROJECT.

(a) IN GENERAL.—The Secretary of Health and
Human Services (referred to in this Act as the “Sec-
retary”) shall award grants to one or more States to carry
out a 1-year pilot project to develop a standardized peer
review process and methodology to review and evaluate
prescribing and pharmacy dispensing patterns, through a
review of prescription drug monitoring programs (referred
to in this section as “PDMP”) in the States receiving such
grants.

(b) METHODOLOGY.—The recipients of a grant under
this section shall develop a systematic, standardized meth-
odology to identify and investigate questionable or inap-
propriate prescribing and dispensing patterns of sub-
stances on schedule II or III under section 202 of the Con-
methodology and prescribing and dispensing patterns shall
be shared with the appropriate State regulators and health
profession boards.

(c) REQUIREMENTS.—A State receiving a grant
under this section—

(1) with respect to controlled substances for
which a prescriber is required to be registered with
by the Drug Enforcement Administration in order to
prescribe such controlled substances, shall make the
information with respect to such controlled sub-
stances from the PDMP available to State regu-

(2) with respect to any other controlled sub-
stances, may make the information with respect to
such controlled substances from the PDMP available
to State regulators and licensing boards.

(d) SUBGRANTEES.—A quality improvement organi-
ization with which the Secretary has entered into a con-
tract under part B of title XI of the Social Security Act
(42 U.S.C. 1320c et seq.) may serve as the subgrantee
under this subsection to develop peer review processes as
described in subsection (a).

SEC. 3. PRESCRIPTION DRUG, HEROIN, AND OTHER CON-
TROLLED SUBSTANCE ABUSE PREVENTION.

Part P of title III of the Public Health Service Act
(42 U.S.C. 280g) is amended by adding at the end the
following:

“SEC. 399V–7. PRESCRIPTION DRUG, HEROIN, AND OTHER
CONTROLLED SUBSTANCE ABUSE PREVEN-
TION.

“(a) TRAINING GRANTS.—

“(1) IN GENERAL.—The Secretary shall award
5-year grants to eligible entities to facilitate training
in order to increase the capacity of health care pro-
viders to conduct patient screening, brief interven-
tions, and referral to treatment as needed, such as
in health care settings to prevent the abuse of pre-
scription drugs, heroin, and other controlled sub-
stances. The grant program under this section may
be coordinated with the Screening Brief Intervention and Referral to Treatment grant program of the Substance Abuse and Mental Health Services Administration, or other appropriate programs.

“(2) ELIGIBLE ENTITIES.—In this subsection, the term ‘eligible entity’ includes—

“(A) States;
“(B) physician organizations;
“(C) continuing education entities, such as health profession boards or health accrediting bodies;
“(D) peer recovery organizations; and
“(E) other appropriate health or professional education organizations or institutions.

“(b) EXPANSION OF PRESCRIBING AUTHORITY.—
The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall award grants to States for the purpose of evaluating the prospect of the health professions board of such States reviewing and expanding prescribing authorities of providers, such as advance practice nurses and physician’s assistants, with respect to prescribing drugs for the treatment of the abuse of prescription drugs, heroin, or other controlled substances.”.
SEC. 4. PRESCRIPTION DRUG ABUSE TRAINING AND SCREENING PROGRAMS.

(a) CONTINUING EDUCATION GRANTS.—The Secretary shall award grants to States to develop continuing education criteria and review processes that allow State health profession boards or State agencies to certify appropriate education and training for informed and safe prescribing of opioids and other drugs listed on schedule II or III under section 202 of the Controlled Substances Act (21 U.S.C. 812).

(b) SCREENING PROGRAM.—The Attorney General shall request that a practitioner registered under section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)) conduct patient screening for potential drug misuse or abuse before prescribing a drug listed on schedule II or III under section 202 of the Controlled Substances Act (21 U.S.C. 812), according to standards established by the applicable State licensing body.

SEC. 5. FDA REVIEW OF NALOXONE.

The Secretary, acting through the Commissioner of Food and Drugs, shall conduct a review of naloxone to consider whether naloxone should cease to be subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(b)) and be available as an over-the-counter drug, in order to increase access to such drug.
SEC. 6. PRESCRIPTION OPIATE DISPOSAL.

The Secretary shall convene or coordinate with an existing entity an interagency working group—

(1) to encourage States and local governments to increase opportunities for disposal of opiates, such as frequent “take-back programs” and fixed medicine disposal sites at law enforcement public buildings; and

(2) to reduce opportunities for abuse of opiates, such as establishing opioid dispensing limits at hospital emergency departments.

SEC. 7. GAO REPORT.

The Comptroller General of the United States shall—

(1) review opioid abuse programs, heroin abuse programs, and policies in Federal agencies and best practices with respect to opioid and heroin abuse and overdose programs of the States; and

(2) not later than 18 months after the date of enactment of this Act, issue a report to Congress on its findings and recommendations on ways to reduce opioid and heroin abuse and overdoses.