

116TH CONGRESS  
2D SESSION

# S. 4242

To establish programs related to prevention of prescription opioid misuse,  
and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JULY 21, 2020

Mr. DURBIN introduced the following bill; which was read twice and referred  
to the Committee on Finance

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## A BILL

To establish programs related to prevention of prescription  
opioid misuse, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Addiction Prevention  
5 and Responsible Opioid Practices Act”.

6 **SEC. 2. EXCISE TAX ON OPIOID PAIN RELIEVERS.**

7 (a) IN GENERAL.—Subchapter E of chapter 32 of the  
8 Internal Revenue Code of 1986 is amended by adding at  
9 the end the following new section:

1 **“SEC. 4192. OPIOID PAIN RELIEVERS.**

2 “(a) IN GENERAL.—There is hereby imposed on the  
3 manufacturer or producer of any taxable active opioid a  
4 tax equal to the amount determined under subsection (b).

5 “(b) AMOUNT DETERMINED.—The amount deter-  
6 mined under this subsection with respect to a manufac-  
7 turer or producer for a calendar year is 1 cent per milli-  
8 gram of taxable active opioid in the production or manu-  
9 facturing quota determined for such manufacturer or pro-  
10 ducer for the calendar year under section 306 of the Con-  
11 trolled Substances Act (21 U.S.C. 826).

12 “(c) TAXABLE ACTIVE OPIOID.—For purposes of this  
13 section—

14 “(1) IN GENERAL.—The term ‘taxable active  
15 opioid’ means any controlled substance (as defined  
16 in section 102 of the Controlled Substances Act (21  
17 U.S.C. 802), as in effect on the date of the enact-  
18 ment of this section) manufactured in the United  
19 States which is opium, an opiate, or any derivative  
20 thereof.

21 “(2) EXCLUSIONS.—

22 “(A) OTHER INGREDIENTS.—In the case  
23 of a product that includes a taxable active  
24 opioid and another ingredient, subsection (a)  
25 shall apply only to the portion of such product  
26 that is a taxable active opioid.

1           “(B) DRUGS USED IN ADDICTION TREAT-  
2           MENT.—The term ‘taxable active opioid’ shall  
3           not include any controlled substance (as so de-  
4           fined) which is used exclusively for the treat-  
5           ment of opioid addiction as part of a medica-  
6           tion-assisted treatment.”.

7           (b) CLERICAL AMENDMENTS.—

8           (1) The heading of subchapter E of chapter 32  
9           of the Internal Revenue Code of 1986 is amended by  
10          striking “**Medical Devices**” and inserting  
11          “**Other Medical Products**”.

12          (2) The table of subchapters for chapter 32 of  
13          such Code is amended by striking the item relating  
14          to subchapter E and inserting the following new  
15          item:

                  “SUBCHAPTER E. OTHER MEDICAL PRODUCTS”.

16          (3) The table of sections for subchapter E of  
17          chapter 32 of such Code is amended by adding at  
18          the end the following new item:

                  “Sec. 4192. Opioid pain relievers.”.

19          (c) EFFECTIVE DATE.—The amendments made by  
20          this section shall apply to calendar years beginning after  
21          the date of the enactment of this Act.

1 **SEC. 3. OPIOID CONSUMER ABUSE REDUCTION PROGRAM.**

2 (a) OPIOID TAKE-BACK PROGRAM.—Section 302 of  
3 the Controlled Substances Act (21 U.S.C. 822) is amend-  
4 ed by adding at the end the following:

5 “(h)(1) The Attorney General shall establish a na-  
6 tional take-back program for the safe and environmentally  
7 responsible disposal of controlled substances.

8 “(2) In establishing the take-back program required  
9 under paragraph (1), the Attorney General—

10 “(A) shall consult with the Secretary and the  
11 Administrator of the Environmental Protection  
12 Agency; and

13 “(B) may coordinate with States, law enforce-  
14 ment agencies, water resource management agencies,  
15 manufacturers, practitioners, pharmacists, public  
16 health entities, transportation and incineration serv-  
17 ice contractors, and other entities and individuals, as  
18 appropriate.

19 “(3) The take-back program established under para-  
20 graph (1)—

21 “(A) shall—

22 “(i) ensure appropriate geographic dis-  
23 tribution so as to provide—

24 “(I) reasonably convenient and equi-  
25 table access to permanent take-back loca-  
26 tions, including not less than 1 disposal

1 site for every 25,000 residents and not less  
2 than 1 physical disposal site per town, city,  
3 county, or other unit of local government,  
4 where possible; and

5 “(II) periodic collection events and  
6 mail-back programs, including public no-  
7 tice of such events and programs, as a sup-  
8 plement to the permanent take-back loca-  
9 tions described in subclause (I), particu-  
10 larly in areas in which the provision of ac-  
11 cess to such locations at the level described  
12 in that subclause is not possible;

13 “(ii) establish a process for the accurate  
14 cataloguing and reporting of the quantities of  
15 controlled substances collected; and

16 “(iii) include a public awareness campaign  
17 and education of practitioners and pharmacists;  
18 and

19 “(B) may work in coordination with State and  
20 locally implemented public and private take-back  
21 programs.

22 “(4) From time to time, beginning in the second cal-  
23 endar year that begins after the date of enactment of this  
24 subsection, the Secretary of the Treasury shall transfer  
25 from the general fund of the Treasury an amount equal

1 to one-half of the total amount of taxes collected under  
2 section 4192 of the Internal Revenue Code of 1986 to the  
3 Attorney General to carry out this subsection. Amounts  
4 transferred under this subparagraph shall remain avail-  
5 able until expended.”.

6 (b) FUNDING OF SUBSTANCE ABUSE PROGRAMS.—  
7 From time to time, beginning in the second calendar year  
8 that begins after the date of enactment of this Act, the  
9 Secretary of the Treasury shall transfer from the general  
10 fund of the Treasury an amount equal to one-half of the  
11 total amount of taxes collected under section 4192 of the  
12 Internal Revenue Code of 1986, as added by this Act, to  
13 the Director of the Center for Substance Abuse Treatment  
14 of the Substance Abuse and Mental Health Services Ad-  
15 ministration for programs of the Center, including the  
16 Block Grants for Prevention and Treatment of Substance  
17 Abuse program under subpart II of part B of title XIX  
18 of the Public Health Service Act (42 U.S.C. 300x-21 et  
19 seq.) and Programs of Regional and National Significance.  
20 Amounts transferred under this subsection shall remain  
21 available until expended.

22 **SEC. 4. GAO STUDY.**

23 Not later than 1 year after the date of enactment  
24 of this Act, the Comptroller General of the United States  
25 shall—

1           (1) conduct a study examining the coverage of-  
2           ferred under commercial health insurance plans and  
3           reimbursement rates under the Medicare program  
4           and State Medicaid plans with respect to—

5                   (A) substance use disorder treatment serv-  
6                   ices, as compared to other health services, and  
7                   how any disparity identified under this para-  
8                   graph may contribute to differences in salary  
9                   and turnover among substance abuse disorder  
10                  providers; and

11                   (B) rates of coverage or reimbursement, as  
12                   applicable, for substance abuse disorder services  
13                   provided via telehealth, as compared to such  
14                   services provided in-person; and

15           (2) provide recommendations with respect to  
16           addressing any disparities identified under subpara-  
17           graph (A) or (B) of paragraph (1) in order to bol-  
18           ster retention of substance abuse disorder providers  
19           and the provision of substance abuse disorder serv-  
20           ices.

1 **SEC. 5. EXPANDING ACCESS TO SUBSTANCE USE DISORDER**  
2 **AND MENTAL HEALTH SERVICES FURNISHED**  
3 **THROUGH TELEHEALTH UNDER THE MEDI-**  
4 **CARE PROGRAM.**

5 Section 1834(m)(7) of the Social Security Act (42  
6 U.S.C. 1395m(m)(7)) is amended—

7 (1) in the paragraph heading, by inserting  
8 “AND MENTAL HEALTH SERVICES” after “SUB-  
9 STANCE USE DISORDER SERVICES”;

10 (2) by inserting “or, on or after the first day  
11 after the end of the public health emergency de-  
12 scribed in section 1135(g)(1)(B), to an eligible tele-  
13 health individual for purposes of diagnosis of a sub-  
14 stance use disorder or diagnosis or treatment of a  
15 mental health disorder, as determined by the Sec-  
16 retary,” after “as determined by the Secretary,”.

17 **SEC. 6. ENSURING PARITY FOR MENTAL HEALTH AND AD-**  
18 **DICTION TREATMENT SERVICES.**

19 Title V of the Public Health Service Act (42 U.S.C.  
20 290ll et seq.) is amended—

21 (1) in part K, by redesignating section 550 (42  
22 U.S.C. 290ee–10), relating to sobriety treatment  
23 and recovery teams, as section 553 and transferring  
24 such section to appear after section 552 in part D;  
25 and



1           (2) by adding at the end of such part D the fol-  
2           lowing:

3   **“SEC. 554. COMPLIANCE WITH MENTAL HEALTH AND AD-**  
4                           **DICTION TREATMENT PARITY.**

5           “(a) IN GENERAL.—The Secretary, in coordination  
6 with the Secretary of Labor, shall award grants to, or  
7 enter into cooperative agreements with, States to ensure  
8 that health insurance issuers in the State comply with sec-  
9 tion 2726.

10          “(b) USE OF GRANT.—A State shall use amounts re-  
11 ceived under a grant or cooperative agreement under this  
12 section to—

13               “(1) establish clear guidelines for parity compli-  
14               ance for mental health and substance use disorder  
15               benefits;

16               “(2) ensure parity compliance during public  
17               health emergencies with best practices for delivering  
18               evidence-based mental health and substance use dis-  
19               order treatment, including to ensure virtual, video,  
20               internet, telephonic, and other remote services are  
21               appropriately covered, including alignment with au-  
22               thorities, flexibilities, and coverage promulgated by  
23               the Centers for Medicare & Medicaid Services;

24               “(3) engage with health insurance issuers to en-  
25               sure that they comply with the guidelines promul-

1 gated and other provisions of section 2726, including  
 2 through audits, market conduct examinations, secret  
 3 shopper programs, or other means;

4 “(4) share information with other States who  
 5 receive grants under this section;

6 “(5) submit a report to the Secretary and the  
 7 Secretary of Labor on information, actions, rec-  
 8 ommendations, and such other information as such  
 9 secretaries may require; and

10 “(6) publicly post a summary of the report sub-  
 11 mitted under paragraph (6) on the websites of the  
 12 Department of Health and Human Services and the  
 13 Department of Labor.

14 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
 15 are authorized to be appropriated to carry out this section  
 16 \$10,000,000 for each of fiscal years 2021 through 2025.”.

17 **SEC. 7. FEDERAL LICENSURE OF PHARMACEUTICAL REP-**  
 18 **RESENTATIVES WHO PROMOTE CERTAIN**  
 19 **OPIOIDS.**

20 Subchapter E of chapter V of the Federal Food,  
 21 Drug, and Cosmetic Act (21 U.S.C. 360bbb et seq.) is  
 22 amended by adding at the end the following:

1 **“SEC. 569E. FEDERAL LICENSURE OF PHARMACEUTICAL**  
2 **REPRESENTATIVES WHO PROMOTE CERTAIN**  
3 **OPIOIDS.**

4 “(a) IN GENERAL.—The Secretary, in consultation  
5 with the Attorney General, shall establish a licensure pro-  
6 gram for pharmaceutical representatives described in sub-  
7 section (b).

8 “(b) LICENSURE PROGRAM.—

9 “(1) REQUIREMENT.—Beginning on July 1,  
10 2021, no individual described in paragraph (2) may  
11 engage in the marketing or promoting of opioid  
12 drugs unless such individual is licensed under this  
13 section.

14 “(2) INDIVIDUALS REQUIRED TO OBTAIN LI-  
15 CENSURE.—An individual required to obtain a li-  
16 cense under this section is any individual who, on  
17 behalf of a drug manufacturer, engaged, on more  
18 than 15 days in a calendar year, in the marketing  
19 or promotion to health care professionals, including  
20 educational or sales communications, meetings or  
21 paid events, and the provision of goods, gifts, and  
22 samples, of any opioid drug (other than methadone)  
23 that is listed in schedule II of section 202(c) of the  
24 Controlled Substances Act.

1           “(3) LICENSURE PERIOD.—Each license issued  
2           under this section shall be valid for 3 years, and  
3           may be renewed for additional 3-year periods.

4           “(c) REQUIREMENTS.—An individual required to ob-  
5           tain a license under this section shall—

6           “(1) submit to the Secretary, at such time and  
7           in such manner as the Secretary may require—

8           “(A) such information as the Secretary  
9           may require; and

10           “(B) a registration fee in the amount of  
11           \$3,000;

12           “(2) certify that such individual has completed  
13           training on ethics, pharmaceutical marketing regula-  
14           tions, the ‘CDC Guidelines for Prescribing Opioids  
15           for Chronic Pain’, published by the Centers for Dis-  
16           ease Control and Prevention in 2016 (or any suc-  
17           cessor document) or the ‘FDA Blueprint for Pre-  
18           scriber Education for Extended-Release and Long-  
19           Acting Opioid Analgesics’, and applicable Federal  
20           laws pertaining to drug marketing, labeling, and  
21           clinical trials, as the Secretary may require;

22           “(3) certify that such individual will not engage  
23           in any illegal, fraudulent, misleading, or other decep-  
24           tive marketing of schedule II opioid drugs; and

1           “(4) file with the Secretary annual reports dis-  
2           closing the names of providers visited and any drug  
3           samples or gifts such individual gives any such pro-  
4           vider.

5           “(d) MANUFACTURER REPORTING REQUIRE-  
6           MENTS.—The manufacturer who employs or contracts  
7           with any individual required to obtain a license under this  
8           section shall include in reports required under section  
9           1128G of the Social Security Act the name of each such  
10          licensed individual that provides payments or other trans-  
11          fers of value required to be reported under such section  
12          1128G that relates to an opioid drug that is listed in  
13          schedule II of the Controlled Substances Act.”.

14          **SEC. 8. WITHDRAWAL OF APPROVAL OF CERTAIN OPIOIDS.**

15          (a) IN GENERAL.—Notwithstanding any other provi-  
16          sion of law, any ultra-high-dose opioid shall be considered  
17          a drug that presents an imminent hazard to the public  
18          health within the meaning of section 505(e) of the Federal  
19          Food, Drug, and Cosmetic Act (21 U.S.C. 355(e)), and  
20          the Secretary of Health and Human Services shall sus-  
21          pend the approval of such drug, in accordance with such  
22          section 505(e).

23          (b) DEFINITION.—In this section, the term “ultra-  
24          high-dose opioid” means an opioid drug for which the  
25          daily dosage provided for in the approved label exceeds

1 the morphine milligram equivalents per day outlined in the  
2 report entitled “CDC Guidelines for Prescribing Opioids  
3 for Chronic Pain”, published by the Centers for Disease  
4 Control and Prevention in 2016 (or any successor docu-  
5 ment).

6 **SEC. 9. CONTINUING MEDICAL EDUCATION AND PRESCRIP-**  
7 **TION DRUG MONITORING PROGRAM REG-**  
8 **ISTRATION FOR PRESCRIBERS.**

9 Section 303 of the Controlled Substances Act (21  
10 U.S.C. 823) is amended—

11 (1) by redesignating subsection (k) as sub-  
12 section (l); and

13 (2) by inserting after subsection (j) the fol-  
14 lowing:

15 “(k)(1) The Attorney General shall not register, or  
16 renew the registration of, a practitioner under subsection  
17 (f) who is licensed under State law to prescribe controlled  
18 substances in schedule II, III, or IV, unless the practi-  
19 tioner submits to the Attorney General, for each such reg-  
20 istration or renewal request, a written certification that—

21 “(A)(i) the practitioner has, during the 1-year  
22 period preceding the registration or renewal request,  
23 completed a training program described in para-  
24 graph (2); or

1           “(ii) the practitioner, during the applicable reg-  
2           istration period, will not prescribe such controlled  
3           substances in amounts in excess of a 72-hour supply  
4           (for which no refill is available); and

5           “(B) the practitioner has registered with the  
6           prescription drug monitoring program of the State  
7           in which the practitioner practices, if the State has  
8           such program.

9           “(2) A training program described in this paragraph  
10          is a training program that—

11           “(A) follows the best practices for pain manage-  
12           ment, as described in the ‘Guideline for Prescribing  
13           Opioids for Chronic Pain’ as published by the Cen-  
14           ters for Disease Control and Prevention in 2016, or  
15           any successor thereto, or the ‘FDA Blueprint for  
16           Prescriber Education for Extended-Release and  
17           Long-Acting Opioid Analgesics’ as published by the  
18           Food and Drug Administration in 2017, or any suc-  
19           cessor thereto;

20           “(B) includes information on—

21           “(i) recommending non-opioid and non-  
22           pharmacological therapy;

23           “(ii) establishing treatment goals and eval-  
24           uating patient risks;

1           “(iii) prescribing the lowest dose and few-  
2           est number of pills considered effective;

3           “(iv) addictive and overdose risks of  
4           opioids;

5           “(v) diagnosing and managing substance  
6           use disorders, including linking patients to evi-  
7           dence-based treatment;

8           “(vi) identifying narcotics-seeking behav-  
9           iors; and

10          “(vii) using prescription drug monitoring  
11          programs; and

12          “(C) is approved by the Secretary.”.

13 **SEC. 10. REPORT ON PRESCRIBER EDUCATION COURSES**  
14 **FOR MEDICAL AND DENTAL STUDENTS.**

15          Each school of medicine, school of osteopathic medi-  
16          cine, and school of dentistry participating in a program  
17          under title IV of the Higher Education Act of 1965 (20  
18          U.S.C. 1070a et seq.), as a condition for such participa-  
19          tion, shall submit an annual report to the Secretary of  
20          Education and the Secretary of Health and Human Serv-  
21          ices on any prescriber education courses focused specifi-  
22          cally on pain management and responsible opioid pre-  
23          scribing practices that such school requires students to  
24          take, and whether such courses are consistent with the  
25          most recently published version of the “Guideline for Pre-



1 scribing Opioids for Chronic Pain” of the Centers for Dis-  
2 ease Control and Prevention or the “FDA Blueprint for  
3 Prescriber Education for Extended-Release and Long-Act-  
4 ing Opioid Analgesics”, as published by the Food and  
5 Drug Administration in 2017. The Secretary of Education  
6 and the Secretary of Health and Human Services shall  
7 compile the reports submitted by such schools and submit  
8 an annual summary of such reports to Congress.

9 **SEC. 11. REQUIREMENTS UNDER PRESCRIPTION DRUG**  
10 **MONITORING PROGRAMS.**

11 (a) IN GENERAL.—Beginning 1 year after the date  
12 of enactment of this Act, each State that receives funding  
13 under any of the programs described in subsection (c)  
14 shall—

15 (1) require practitioners, or their designees, in  
16 the State to consult the database of the prescription  
17 drug monitoring program before writing prescrip-  
18 tions for controlled substances (as such term is de-  
19 fined in section 102 of the Controlled Substances  
20 Act (21 U.S.C. 802)) in schedule II, III, or IV  
21 under section 202 of such Act (21 U.S.C. 812);

22 (2) require dispensers of controlled substances  
23 in schedule II, III, or IV, or their designees, to input  
24 data into the database of the prescription drug mon-  
25 itoring program within 24 hours of filling a quali-

1       fying prescription, as required by the Attorney Gen-  
2       eral and the Secretary of Health and Human Serv-  
3       ices, including patient identifier information, the na-  
4       tional drug code of the dispensed drug, date of dis-  
5       pensing the drug, quantity and dosage of the drug  
6       dispensed, form of payment, Drug Enforcement Ad-  
7       ministration registration number of the practitioner,  
8       Drug Enforcement Administration registration num-  
9       ber of the dispenser;

10           (3) allow practitioners and dispensers to des-  
11          ignate other appropriate individuals to act as agents  
12          of such practitioners and dispensers for purposes of  
13          obtaining and inputting data from the database for  
14          purposes of complying with paragraphs (1) and (2),  
15          as applicable;

16           (4) provide informational materials for practi-  
17          tioners and dispensers to identify and refer patients  
18          with possible substance use disorders to professional  
19          treatment specialists;

20           (5) establish formal data sharing agreements to  
21          foster electronic connectivity with the prescription  
22          drug monitoring programs of each State (if such  
23          State has such a program) with which the State  
24          shares a border, to facilitate the exchange of infor-  
25          mation through an established technology architec-

1       ture that ensures common data standards, privacy  
2       protection, and secure and streamlined information  
3       sharing;

4               (6) authorize direct access to the State's data-  
5       base of the prescription drug monitoring program to  
6       all State law enforcement agencies, State boards re-  
7       sponsible for the licensure, regulation, or discipline  
8       of practitioners, pharmacists, or other persons au-  
9       thorized to prescribe, administer, or dispense con-  
10      trolled substances; and

11              (7) in order to enhance accountability in pre-  
12      scribing and dispensing patterns, not fewer than 4  
13      times per year, proactively provide informational re-  
14      ports on aggregate trends and individual outliers,  
15      based on information available through the State  
16      prescription drug monitoring program to—

17                      (A) the State entities and persons de-  
18                      scribed in paragraph (6); and

19                      (B) the Medicaid agency and the depart-  
20                      ment of public health of the State.

21      (b) **TRANSPARENCY IN PRESCRIBING PRACTICES AND**  
22 **INTERVENTION FOR HIGH PRESCRIBERS.—**

23              (1) **STATE REPORTING REQUIREMENT.—**Each  
24      State that receives funding under any of the pro-  
25      grams described in subsection (c) shall, twice per

1 year, submit to the Secretary of Health and Human  
2 Services and the Administrator of the Drug Enforce-  
3 ment Administration—

4 (A) a list of all practitioners and dis-  
5 pensers who, in the applicable reporting period,  
6 have prescribed or dispensed schedule II, III, or  
7 IV opioids in the State;

8 (B) the amount of schedule II, III, or IV  
9 opioids that were prescribed and dispensed by  
10 each individual practitioner and dispenser de-  
11 scribed in subparagraph (A); and

12 (C) any additional information that the  
13 Secretary and Administrator may require to  
14 support surveillance and evaluation of trends in  
15 prescribing or dispensing of schedule II, III, or  
16 IV opioids, or to identify possible non-medical  
17 use and diversion of such substances.

18 (2) ANNUAL REPORT.—Not later than 1 year  
19 after the date of enactment of this Act, and annually  
20 thereafter, the Secretary of Health and Human  
21 Services, in consultation with the Administrator of  
22 the Drug Enforcement Administration, the Secretary  
23 of Defense, the Secretary of Veterans Affairs, and  
24 the Director of the Indian Health Service, shall sub-  
25 mit to Congress, and make public, a report identi-

1       fying outliers among the medical specialties and geo-  
2       graphic areas with the highest rates of opioid pre-  
3       scribing in the Nation, by ZIP code.

4           (3) DEVELOPMENT OF ACTION PLAN.—

5           (A) INITIAL PLAN.—Not later than 1 year  
6       after the date of enactment of this Act, the Sec-  
7       retary of Health and Human Services, in con-  
8       sultation with the Administrator of the Drug  
9       Enforcement Administration, the Secretary of  
10      Defense, the Secretary of Veterans Affairs, and  
11      the Director of the Indian Health Service, shall  
12      submit to Congress a plan of action, including  
13      warning letters and enforcement mechanisms,  
14      for addressing outliers in opioid prescribing  
15      practices and ensuring an adequate Federal re-  
16      sponse to protect the public health.

17          (B) UPDATED PLAN.—The Secretary of  
18      Health and Human Services shall submit to  
19      Congress updates to the plan of action de-  
20      scribed in subparagraph (A), as such Secretary,  
21      in consultation with the heads of agencies de-  
22      scribed in such subparagraph, determines ap-  
23      propriate.

24          (c) PROGRAMS DESCRIBED.—The programs de-  
25      scribed in this subsection are—

1           (1) the Harold Rogers Prescription Drug Moni-  
2           toring Program established under the Departments  
3           of Commerce, Justice, and State, the Judiciary, and  
4           Related Agencies Appropriations Act, 2002 (Public  
5           Law 107–77; 115 Stat. 748);

6           (2) the controlled substance monitoring pro-  
7           gram under section 3990 of the Public Health Serv-  
8           ice Act (42 U.S.C. 280g–3);

9           (3) the Prescription Drug Overdose: Prevention  
10          for States program of the Centers for Disease Con-  
11          trol and Prevention;

12          (4) the Prescription Drug Overdose: Data-Driv-  
13          en Prevention Initiative of Centers for Disease Con-  
14          trol and Prevention;

15          (5) the Enhanced State Opioid Overdose Sur-  
16          veillance program of the Centers for Disease Control  
17          and Prevention;

18          (6) the opioid grant program under section  
19          1003 of the 21st Century Cures Act (Public Law  
20          114–255); and

21          (7) the State Opioid Response Grant program  
22          described under the heading “SUBSTANCE ABUSE  
23          TREATMENT” under the heading “SUBSTANCE  
24          ABUSE AND MENTAL HEALTH SERVICES ADMINIS-  
25          TRATION” of title II of division A of the Further

1 Consolidated Appropriations Act, 2020 (Public Law  
2 116–94).

3 (d) DEFINITIONS.—In this section, the terms “dis-  
4 penser” and “practitioner” have the meanings given such  
5 terms in section 102 of the Controlled Substances Act (21  
6 U.S.C. 802).

7 **SEC. 12. INTEROPERABILITY OF CERTIFIED HEALTH IN-**  
8 **FORMATION TECHNOLOGY.**

9 Section 3001(c)(5) of the Public Health Service Act  
10 (42 U.S.C. 300jj–11(c)(5)) is amended by adding at the  
11 end the following:

12 “(F) INTEROPERABILITY.—Beginning on  
13 January 1, 2021, the National Coordinator  
14 shall not certify electronic health records as  
15 health information technology that is in compli-  
16 ance with applicable certification criteria under  
17 this paragraph unless such technology is inter-  
18 operable with the prescription drug monitoring  
19 programs of each State that, at the time of the  
20 request for such certification, has such a pro-  
21 gram.”.

22 **SEC. 13. STUDIES RELATED TO OVERDOSE DISCHARGE AND**  
23 **FOLLOW-UP POLICIES.**

24 (a) STUDY.—Not later than January 1, 2021, the  
25 Secretary of Health and Human Services shall—

1           (1) conduct a study on the scope and cir-  
2           cumstances of non-fatal opioid overdoses, the policies  
3           and procedures that States, health care systems, and  
4           first responders have implemented; and

5           (2) in partnership with stakeholder organiza-  
6           tions with subject matter expertise, establish guide-  
7           lines for hospital procedures following non-fatal  
8           opioid overdose and the administration of overdose  
9           reversal medication.

10          (b) STUDY AND DEVELOPMENT OF QUALITY MEAS-  
11          URES UNDER MEDICARE RELATED TO OPIOID ABUSE  
12          AND SUBSTANCE USE DISORDER.—Section 1890A(e) of  
13          the Social Security Act (42 U.S.C. 1395aaa–1(e)) is  
14          amended—

15                 (1) by striking “MEASURES.—The Adminis-  
16                 trator” and inserting “MEASURES.—

17                 “(1) IN GENERAL.—The Administrator”; and

18                 (2) by adding at the end the following new  
19                 paragraph:

20                 “(2) STUDY AND DEVELOPMENT OF QUALITY  
21                 MEASURES RELATED TO OPIOID ABUSE AND SUB-  
22                 STANCE USE DISORDER.—Beginning not later than  
23                 1 year after the date of enactment of this para-  
24                 graph, the Administrator of the Center for Medicare  
25                 & Medicaid Services shall study, and through con-



1       tracts develop, in coordination with appropriate sub-  
2       ject matter organizations (such as the entity with a  
3       contract under section 1890), for use under this Act,  
4       quality measures related to standards of care for  
5       treating individuals with non-fatal opioid overdose,  
6       discharge procedures, and linkages to appropriate  
7       substance use disorder treatment and community  
8       support services.”.

9       **SEC. 14. MEDICAID OPIOID DRUG MAPPING TOOL.**

10       (a) IN GENERAL.—The Secretary of Health and  
11       Human Services shall create an interactive opioid drug  
12       mapping tool, which shall be made publicly available on  
13       the internet website of the Centers for Medicare & Med-  
14       icaid Services, showing prescribing practices of providers  
15       that participate in State Medicaid programs and geo-  
16       graphic comparisons, at the State, county, and ZIP code  
17       levels, of de-identified opioid prescription claims made  
18       under State Medicaid programs under title XIX of the So-  
19       cial Security Act (42 U.S.C. 1396 et seq.).

20       (b) COLLECTION OF DATA FROM STATES.—The Sec-  
21       retary of Health and Human Services may request from  
22       States such data as the Secretary determines necessary  
23       to create the opioid mapping tool described in subsection  
24       (a).

1 **SEC. 15. NATIONAL ACADEMIES STUDY.**

2 (a) STUDY.—The Secretary of Health and Human  
3 Services shall enter into a contract with the National  
4 Academies of Science, Engineering, and Medicine (re-  
5 ferred to in this section as the “National Academies”) to  
6 carry out a study on the addition of coverage under the  
7 Medicare program under title XVIII of the Social Security  
8 Act of alternative treatment modalities (such as integra-  
9 tive medicine, including acupuncture and exercise therapy,  
10 neural stimulation, biofeedback, radiofrequency ablation,  
11 and trigger point injections) furnished to Medicare bene-  
12 ficiaries who suffer from acute or chronic lower back pain.  
13 Such study shall, pursuant to the contract under this  
14 paragraph, include an analysis of—

15 (1) scientific research on the short-term and  
16 long-term impact of the addition of such coverage on  
17 clinical efficacy for pain management of such bene-  
18 ficiaries;

19 (2) whether the lack of Medicare coverage for  
20 alternative treatment modalities impacts the volume  
21 of opioids prescribed for beneficiaries; and

22 (3) the cost to the Medicare program of the ad-  
23 dition of such coverage to treat pain and mitigate  
24 the progression of chronic pain, as weighed against  
25 the cost of opioid use disorder, overdose, readmis-

1 sion, subsequent surgeries, and utilization and ex-  
2 penditures under parts B and D of such title.

3 (b) REPORT.—Not later than 1 year after the date  
4 of enactment of this Act, pursuant to the contract under  
5 subsection (a), the National Academies shall submit to  
6 Congress a report on the study under subsection (a).

7 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry  
8 out this section, there are authorized to be appropriated  
9 such sums as may be necessary.

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