
1. H.R. 4843: Improving Safe Care for the Prevention of Infant Abuse and Neglect Act
2. H.R. 4978: NAS Healthy Babies Act
3. H.R. 3680: Co-Prescribing to Reduce Overdoses Act of 2015
4. H.R. 3691: Improving Treatment for Pregnant and Postpartum Women Act of 2015
5. H.R. 1818: Veteran Emergency Medical Technician Support Act of 2016
6. H.R. 4969: John Thomas Decker Act of 2016
7. H.R. 4586: Lali's Law
8. H.R. 4599: Reducing Unused Medications Act of 2016
9. H.R. 4976: Opioid Review Modernization Act of 2016
10. H.R. 4982: Examining Opioid Treatment Infrastructure Act of 2016
11. H.R. 4981: Opioid Use Disorder Treatment Expansion and Modernization Act, as amended

# H.R. 4843: Improving Safe Care for the Prevention of Infant Abuse and Neglect Act (Barletta, R-PA)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 4843 would amend the Child Abuse Prevention and Treatment Act to strengthen safeguards and state abuse programs by requiring interventions for babies born with opioid addition and their affected caregivers be in place as a condition of receiving a federal grant for child abuse or neglect prevention.

## COST:

The Congressional Budget Office (CBO) estimates that implementing the legislation would cost less than $500,000 annually for additional personnel to carry out the new requirements; such spending would be subject to the availability of appropriated funds. Because enacting this bill would not affect direct spending or revenues, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 4843 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

According to a yearlong study done by Reuters, a baby is born dependent on opioids every nineteen minutes in America. H.R. 4843 bill would strengthen the national clearinghouse for information relating to child abuse and neglect by requiring it to maintain and disseminate information about the policies and procedures to address the needs of an infant born affected by an illegal substance. In addition, the clearinghouse must contain the best practices relating to the development of plans of safe care.

States applying for grants for child abuse or neglect prevention program would be required to include in their state plan how a child's safety will be ensured following the release from the care of a healthcare provider. This would include treatment for the child and affected caregiver as well as the implementation of state monitoring systems to ensure local entities are providing the appropriate services. Since 2010, Reuters identified 110 cases of infants who were born addicted to opioids dying preventable deaths due to being in a home situation where the family was ill-equipped and proper oversight from local services was lacking. States that receive a grant must report on the number of infants for whom a referral for services was made and the number of infants for whom a plan of safe care was developed.

Finally, the Department of Health and Human Services (HHS) would monitor the compliance of each grant-receiving state with applicable current law requirements, including required state policies and procedures regarding care of such infants.

## COMMITTEE ACTION:

This bill was introduced by Representative Barletta on March 23, 2016 and referred to the House Committee on Education and the Workforce. The committee held a mark-up on April 28, 2016, and the bill was reported, as amended, by voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: Article I, Section 8. No specific enumerating clause was included.

# H.R. 4978: NAS Healthy Babies Act (Jenkins, R-WV)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 4978 would require the Government Accountability Office (GAO) to report on neonatal abstinence syndrome (NAS) in the United States and its treatment under Medicaid. In addition, this bill would make unrelated changes to the rebates associated with abuse-deterrent formulations of medications and limit the disclosure of predictive modeling technologies for Medicare and Medicaid.

## COST:

The Congressional Budget Office (CBO) estimates that enacting H.R. 4978 would not, on net, change direct spending over the 2017-2026 period. Some provisions of the bill would increase direct spending by $80 million over that period while other provisions would decrease direct spending by the same amount. In addition, CBO estimates that implementing H.R. 4978 would have a discretionary cost of less than $500,000; any such spending would be subject to the availability of appropriated funds. Pay-as-you-go procedures apply because enacting the legislation would affect direct spending. Enacting the legislation would not affect revenues.

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?**
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

**Neonatal Provisions**

This bill would require the GAO to submit to Congress a report on neonatal abstinence syndrome (NAS). Included in the report would be: (1) the prevalence of NAS in the United States; (2) the services for which coverage is available under state Medicaid programs; (3) the settings for treatment for infants born with NAS and the reimbursement methodology associated with such treatment, and; (4) the prevalence of utilization of various care settings for treatment of infants.

**Unrelated Provisions**

H.R. 4978 would also exempt the abuse-deterrent formulation of a drug from the definition of line extension when calculating Medicaid rebates. This would increase the net cost of such medications to the Medicaid system.

Finally, to offset the costs of the rebate exemption, this bill would limit the disclosure of predictive modeling technologies and other analytics technologies to identify and prevent waste, fraud, and abuse with respect to Medicare, Medicaid, and the Children's Health Insurance Program. This would prevent fraudsters from utilizing the information to circumvent detection and would result in lower fraud rates.

$5,000,000 would be made available to the Medicaid Improvement Fund for fiscal year 2021 and beyond. This fund and its Medicare counterpart have been used as "parking spots" to bank savings to offset future spending.

## COMMITTEE ACTION:

This bill was introduced by Representative Jenkins on April 18, 2016, and referred to the House Committee on Energy and Commerce. The committee held a mark-up on April 26, 2016, and the bill was reported out by a voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: Article I, Section 8. No specific enumerating clause was included.

# H.R. 3680: Co-Prescribing to Reduce Overdoses Act of 2015 (Sarbanes, D-PA)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 3680 would allow the Secretary of Health and Human Services (HHS) to carry out a grant program for co-prescribing opioid overdose reversal drugs.

## COST:

The Congressional Budget Office (CBO) estimates that implementing H.R. 3680 would reduce net discretionary costs by $1 million over the 2017-2021 period.

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill creates a new federal grant program.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

This bill would allow the secretary to establish a five-year opioid overdose reversal drugs prescribing grant program. No grants made under this program would be made for more than $200,000 per grant year. To be eligible for a grant, eligible entities, such as federally qualified health centers and opioid treatment programs, would be required to submit an application that described criteria used to identify patients, how the program will leverage local, state or private funds after the expiration of the grant, and the extent of abuse the area where the program will offer services is experiencing opioid abuse.

Entities receiving a grant could use the money to: (1) establish a program for prescribing opioid overdose reversal drugs; (2) train and provide resources for health care providers and pharmacists on the prescribing of overdose reversal drugs; (3) establish mechanisms to track patients participating in the program; (4) purchase opioid overdose reversal drugs; (5) offset costs for patients to ensure that cost is not a limiting factor for eligible patients; and, (6) community outreach. As a condition of receipt for the grant, entities must submit to HHS metrics on prescribers and the use of opioid overdose reversal drugs.

Finally, this bill would allow the secretary to provide information to prescribers within federally qualified health centers and health care facilities of the Indian Health Service on the best practices for prescribing opioid overdose reversal drugs. It is important to note, the information on best practices is not to be construed as establishing a medical standard of care.

This bill would authorize to be appropriated $5,000,000 and would reduce the authorization of Section 319D of the Public Health Service Act- the Public Health Emergency Fund - for $5,000,000 for fiscal year 2018 to bring the legislation into compliance with cut-go.

## COMMITTEE ACTION:

This bill was introduced by Representative Sarbanes and referred to the House Committee on Energy and Commerce. The committee held a mark-up and the bill was reported out, as amended, by voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: Article I, Section 8. No specific enumerating clause was included.

# H.R. 3691: Improving Treatment for Pregnant and Postpartum Women Act of 2015 (Lujan, D-NM)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 3691 would amend the Public Health Service Act to reauthorize residential treatment programs for pregnant and postpartum women. The bill would also establish a pilot program for states to develop models for treating women with substance abuse.

## COST:

The Congressional Budget Office (CBO) estimates that implementing H.R. 3691 would have a net discretionary cost of $65 million over the 2017-2021 period assuming appropriation actions consist with the bill.

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would create a new federal grant program, though it would be limited to a pilot project.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

This bill would amend section 508 of the Public Health Service Act to reauthorize residential treatment programs for pregnant and postpartum women. The last authorization expired in 2003 and authorized such sums as necessary. This bill would authorize $16,900,000 for each of fiscal years 2017 through 2021

In addition, this bill would create a new pilot program in which competitive grants are made to state substance abuse agencies to enhance flexibility in these of funds designed to support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, and help states to identify gaps and coordinate services furnished to these women. The Director of the Center for Substance Abuse would specify a minimum set of services required to be made available to eligible women though the grant for the pilot program. This pilot program would not exceed five years.

The Director of the Center for Behavioral Health Statistics and Quality, in coordination with the Director of the Center for Substance Abuse Treatment, would be required to submit to Congress a report on the pilot program including any resulting reductions in the use of alcohol and other drugs, engagement in treatment programs and access to approved medication.

This bill would reduce the authorization of Section 319D - revitalizing the Centers for Disease Control and Prevention - of the Public Health Service Act for $5,000,000 for fiscal year 2018 to bring the legislation into compliance with cut-go.

## COMMITTEE ACTION:

This bill was introduced by Representative Lujan and referred to the House Committee on Energy and Commerce. The committee held a mark-up and the bill was reported out, as amended, by voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: Article I, Section 8. No specific enumerating clause was included.

# H.R. 1818: Veteran Emergency Medical Technician Support Act of 2016 (Kinzinger, R-IL)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 1818 would amend the Public Health Service Act to provide grants to states to streamline requirements and procedures for veterans with military emergency medical training to become civilian emergency medical technicians.

## COST:

The Congressional Budget Office (CBO) estimates that implementing H.R. 1818 would cost $30 million over the 2017-2021 period; any such spending would be subject to the availability of appropriated funds. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues. CBO estimates that enacting H.R. 1818 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill creates a nbew federal grant program.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

This bill would direct the Secretary of Health and Human Services (HHS) to establish a program to award demonstration grants to states to streamline state requirements and procedures in order to assist veterans who completed military emergency medical technician training while serving in the Armed Forces to meet certification, licensure, and other requirements applicable to becoming an emergency medical technician in the state.

Funds received as part of the demonstration grant would be used to prepare and implement a plan to streamline state requirements. A state must have a shortage of emergency medical technicians to be eligible for a grant.

No additional funds are authorized to be appropriated.

## COMMITTEE ACTION:

This bill was introduced by Representative Kinzinger and referred to the House Committee on Energy and Commerce. The committee held a mark-up and the bill was reported out, as amended, by voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, "Congress has the power to enact this legislation pursuant to the following:

According to clause 7 of Section 9 of Article I of the Constitution, Congress has the authority to control the expenditures of the federal government."

# H.R. 4969: John Thomas Decker Act of 2016 (Meehan, R-PA)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 4969 would amend the Public Health Service Act to direct the Centers for Disease Control and Prevention (CDC) to provide informational materials to educate and prevent addiction in teenagers and adolescents who are injured playing sports.

**COST:** The Congressional Budget Office (CBO) estimates that implementing H.R. 4969 would cost $2 million over the 2017-2021 period, assuming the availability of appropriated funds.

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

This bill would require the secretary to make publically available a report detailing what information and resources are available to prevent opioid addiction among teenagers and adolescents who play youth sports and are prescribed an opioid after an injury. After the release of the report, the secretary would coordinate with youth sports groups and disseminate informational materials and resources on the dangers of opioid use and misuse.

## COMMITTEE ACTION:

This bill was introduced by Representative Meehan and referred to the House Committee on Energy and Commerce. The committee held a mark-up and the bill was reported out, as amended, by voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: Article I, Section 8. No specific enumerating clause was included.

# H.R. 4586: Lali's Law (Dold, R-IL)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 4586 would authorize grants to states for opioid overdose reversal medication access and education programs.

## COST:

The Congressional Budget Office (CBO) estimates that implementing H.R. 4586 would not affect discretionary costs over the 2017-2021 period. Enacting H.R. 4586 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would create a new federal grant program.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

This bill would establish grants for states to develop standing orders for pharmacies regarding opioid overdose reversal medication and encourage pharmacies to dispense this medication pursuant to a standing order.

A standing order is a prescription that permits another person to acquire, dispense, or administer medication without the prescription specifying who will be treated with the medication. In addition, the grant could be used to implement best practices and training materials and methods for providers authorized to prescribe or dispense opioid overdose reversal medications.

In making these grants, the secretary would 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, or other nonprofit entities to acquire, dispense or administer opioid overdose reversal medicine; (3) authorize standing orders that permit law enforcement or emergency medical service agencies to acquire and administer opioid overdose reversal medication; and, (4) have a higher per capita rate of opioid overdose than other applicant states. States could only receive one grant that would not exceed $500,000.

This bill would reduce the authorization for Section 319D of the Public Health Service Act by $5,000,000 for fiscal year 2017 to bring the legislation into compliance with cut-go.

## COMMITTEE ACTION:

This bill was introduced by Representative Dold and referred to the House Committee on Energy and Commerce. The committee held a mark-up and the bill was reported out, as amended, by voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8, Clause 3 of the United States Constitution.

# H.R. 4599: Reducing Unused Medications Act of 2016 (Clark, D-MA)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 4599 would amend the Controlled Substances Act to permit certain partial fillings of certain prescriptions.

## COST:

No Congressional Budget Office (CBO) estimate is available.

Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

This bill would amend the Controlled Substances Act would allow for a schedule II controlled substance prescription to be partially filled if not prohibited by state law and if requested by the patient or practitioner who wrote the prescription. The total quantity dispensed in all partial fillings must not exceed the total quantity prescribed and must be fully filled not later than 30 days after the date writing the prescription.

## COMMITTEE ACTION:

This bill was introduced by Representative Clark and referred to the House Committee on Energy and Commerce. The committee held a mark-up and the bill was reported out, as amended, by voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: Article I, Section 8. No specific enumerating clause was included.

# H.R. 4976: Opioid Review Modernization Act of 2016 (Maloney, D-NY)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 4976 would require new opioids to be referred to an advisory committee at the FDA prior to the approval. The bill would also seek recommendations on education programs for opioid prescribers.

## COST:

The Congressional Budget Office (CBO) estimates that enacting H.R. 4976 would not have a significant budgetary effect because FDA is currently implementing similar requirements through their action plan on opioids

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

This bill would require a new drug that is an opioid and does not have abuse-deterrent properties to be referred to an advisory committee at the Food and Drug Administration (FDA) prior to approval. A referral to the advisory committee would not be required if it is not in the interest of protecting public health or it is not necessary based on the review of relevant scientific data. In addition, the Pediatric Advisory Committee at the FDC would convene to make recommendations for the inclusion of information in the labeling of opioids used in pediatric populations.

This bill would seek recommendations from the FDA and relevant stakeholders on education programs for prescribers of opioids including which prescribers should participate and how often participation is necessary.

Finally, this bill would direct the commissioner of the FDA to publish guidance on evaluating the abuse deterrence of generic solid oral opioid drug products.

## COMMITTEE ACTION:

This bill was introduced by Representative Maloney and referred to the House Committee on Energy and Commerce. The committee held a mark-up and the bill was reported out by voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: Article I, Section 8. No specific enumerating clause was included.

# H.R. 4982: Examining Opioid Treatment Infrastructure Act of 2016 (Foster, D-IL)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 4982 would direct the comptroller general to evaluate and report on the inpatient and outpatient treatment capacity in the United States.

## COST:

The Congressional Budget Office (CBO) estimates that implementing H.R. 4982 would cost less than $500,000 over the 2017-2021 period; any such spending would be subject to the availability of appropriated funds. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

This bill would require the comptroller general to report to Congress on the inpatient and outpatient treatment capacity, availability and needs in the United States. This report would include capacity rates of resident and inpatient detoxification and stabilization programs. It would also include the availability of residential and outpatient treatment based on reliable scientific evidence, including the use of Food and Drug Administration (FDA) approved medicines and non-pharmacological therapies. Finally, it would require an assessment of the need for residential and outpatient treatment across the continuum of care.

## COMMITTEE ACTION:

This bill was introduced by Representative Foster and referred to the House Committee on Energy and Commerce. The committee held a mark-up and the bill was reported out, as amended, by voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clauses 1 and 18 of the United States Constitution.

# H.R. 4981: Opioid Use Disorder Treatment Expansion and Modernization Act, as amended (Bucshon, R-IN)

**CONTACT:** Rebekah Armstrong, 202-226-0678

## FLOOR SCHEDULE:

May 11, 2016 under a suspension of the rules, which requires a 2/3 majority for passage.

## TOPLINE SUMMARY:

H.R. 4981 would amend the Controlled Substances Act to increase the number of patients a qualified practitioner could treat for opioid use disorder. This bill would also require enhanced training for qualified practitioners administering these medications.

## COST:

No Congressional Budget Office (CBO) estimate is available.

Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

## CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

## DETAILED SUMMARY AND ANALYSIS:

This bill would amend the Controlled Substances Act to allow qualified practitioners to provide schedule III, IV, and V drugs, or combinations of drugs, as well as unscheduled medications approved by the Food and Drug Administration (FDA) for the treatment of opioid use disorder.

Practitioners would be able to treat 30 patients at any one time unless the practitioner submits notification to the secretary of the need and intent to treat up to 100 patients. In addition, the secretary could change the total number of patients treated at any time through regulation. If the secretary increases the total number of patients a practitioner is permitted to treat, the secretary would require a written agreement from each patient on their treatment plan. Qualified practitioners include qualified physicians and nurse practitioners or physician assistants who are licensed under state law to prescribe schedule III, IV, or V medications for the treatment of pain in addition to participating in at least 24 hours of training on the management and treatment of opioid dependent patients. Qualifying physicians would be required to complete at least eight hours of training on opioid detoxification, individualized treatment planning, and counseling and recovery support services.

The secretary may recommend the attorney general that the registration of a practitioner be revoked or suspend if the practitioner is not in compliance with the requirements in this bill.

Finally, this bill would allow for partial fills of schedule II controlled substances if not prohibited by state law, and the partial fill is requested by the patient or practitioner.

## COMMITTEE ACTION:

This bill was introduced by Representative Bucshon and referred to the House Committee on Energy and Commerce. The committee held a mark-up and the bill was reported out, as amended, by voice vote.

## ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

## CONSTITUTIONAL AUTHORITY:

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8, Clause 3 of the United States Constitution.