1. H.R. 449 – Synthetic Drug Awareness Act of 2018
2. H.R. 3331 - To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology
3. H.R. 4284 – INFO Act
4. H.R. 4684 – Ensuring Access to Quality Sober Living Act of 2018
5. H.R. 5002 – ACE Research Act
6. H.R. 5009 – Jessie's Law
7. H.R. 5041 – Safe Disposal of Unused Medication Act
8. H.R. 5102 – Substance Use Disorder Workforce Loan Repayment Act of 2018
9. H.R. 5176 – Preventing Overdoses While in Emergency Rooms Act
10. H.R. 5228 – SCREEN Act
11. H.R. 5261 – TEACH to Combat Addiction Act of 2018
12. H.R. 5272 – To ensure that programs and activities that are funded by a grant, cooperative agreement, loan, or loan guarantee from the Department of Health and Human Services, and whose purpose is to prevent or treat a mental health or substance use disorder, are evidence-based
13. H.R. 5327 – Comprehensive Opioid Recovery Centers Act of 2018
14. H.R. 5329 – Poison Center Network Enhancement Act of 2018
15. H.R. 5353 – Eliminating Opioid Related Infectious Diseases Act of 2018
16. H.R. 5473 – Better Pain Management Through Better Data Act of 2018
17. H.R. 5483 – Special Registration for Telemedicine Clarification Act of 2018
18. H.R. 5582 – Abuse Deterrent Access Act of 2018
19. H.R. 5583 – To amend title XI of the Social Security Act to require States to annually report on certain adult health quality measures, and for other purposes
20. H.R. 5587 – Peer Support Communities of Recovery Act
21. H.R. 5685 – Medicare Opioid Safety Education Act of 2018
22. H.R. 5800 – Medicaid IMD ADDITIONAL INFO Act
23. H.R. 5812 – CONNECTIONS Act
24. S. 916 – Ensuring Patient Access to Substance Use Disorder Treatments Act of 2018
25. H.R. 4275 – Empowering Pharmacists in the Fight Against Opioid Abuse Act
26. H.R. 5197 – ALTO Act

H.R. 449: Synthetic Drug Awareness Act of 2018 (Rep. Jeffries, D-LA)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 499 would require the U.S. Surgeon General to submit a comprehensive report to Congress on the public health effects of the rise in synthetic drug use among youth aged 12 to 18.

COST:

The Congressional Budget Office (CBO) "estimates that implementing H.R. 449 would cost approximately $1 million over the 2019-2023 period."

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:

H.R. 449 would require the U.S. Surgeon General to submit a comprehensive report to Congress on the public health effects of the rise in synthetic drug use among youth aged 12 to 18.

Synthetic drugs, such as synthetic cannabinoids (Spice, K2), cathinones (Bath Salts), and psychedelic phenethylamines (N-Bomb) are produced in labs and can have chemical structures that can be either identical to or different from naturally occurring drugs. Their effects are designed to mimic or enhance those of natural drugs. Synthetic drugs can be modified to circumvent the Drug Enforcement Administration's (DEA) scheduling regime. Fentanyl, a substance that is 50 times more potent than heroin and 100 times more potent than morphine, has numerous analogs. Before DEA's recently issued order to schedule all fentanyl-related compounds under Schedule I, when the agency would temporarily control one given fentanyl substance, illicit manufacturers abroad would produce new analogs through minor structural modifications to be smuggled and distributed as a purportedly "noncontrolled substances."

COMMITTEE ACTION:

H.R. 449 was introduced on January 11, 2017, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 18 of the United States Constitution (``Congress shall have the power . . . To make all Laws which shall be necessary and proper for carrying into Execution . . .all other Powers vested in this Constitution in the Government of the United States, or in any Department or Officerthereof [sic]).

H.R. 3331: To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology (Rep. Jenkins, R-KS)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 3331 would explicitly allow the Center for Medicare and Medicaid Innovation (CMMI) to make incentive payments to behavioral health providers to adopt and use electronic health record technology.

COST:

The Congressional Budget Office (CBO) "estimates that enacting the legislation would not affect federal spending" because "it is already clear to CMMI that it has that authority".

CONSERVATIVE CONCERNS:

Some conservatives have expressed concerns that CMMI, which was created by Obamacare, is an example of a program that gave significant authority to unelected bureaucrats.

Many conservatives have long argued for fully repealing Obamacare, and some may be concerned this legislation would codify a provision within a program created by Obamacare.

- **Expand the Size and Scope of the Federal Government?** According to CBO, "it is already clear to CMMI that it has that authority" under current law.
- **Encroach into State or Local Authority?** Some conservatives may believe that the adoption of electronic health records is something that would be more appropriately incentivized by state or local governments, or by market forces.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

Obamacare created the Center for Medicare and Medicaid Innovation (CMMI) "to test models that improve care, lower costs, and better align payment systems to support patient-centered practices."

H.R. 3331 would add a model to make incentive payments to behavioral health providers to adopt and use electronic health record technology.

According to CBO, "it is already clear to CMMI that it has that authority" under current law.

COMMITTEE ACTION:

H.R. 3331 was introduced on July 20, 2017, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article I, Section 8: The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defense and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States. Article I, Section 9: No Money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law."

H.R. 4284: Indexing Narcotics, Fentanyl, and Opioids Act (INFO) Act (Rep. Latta, R-OH)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 4284 would require the Department of Health and Human Services to establish a public information dashboard providing data on opioid abuse. The bill would create an Interagency Substance Use Disorder Coordinating Committee.

COST:

The Congressional Budget Office (CBO) estimates that enacting H.R. 4284 would "increase authorization levels, but CBO has not completed estimates of amounts. All authorizations would be subject to future appropriation action."

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would create a public dashboard and an Interagency Substance Use Disorder Coordinating Committee.
- **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:

H.R. 4284 would direct the Department of Health and Human Services to create a public and easily accessible electronic dashboard linking to all of the nationwide efforts and strategies to combat the opioid crisis.

Additionally, this legislation would create an Interagency Substance Use Disorder Coordinating Committee to review and coordinate opioid use disorder and other substance use disorder research, services, and prevention activities across all relevant Federal agencies, evaluate the effectiveness of these activities, and make specific recommendations for actions that agencies can take to better coordinate the administration of services for patients with opioid use disorder and substance abuse disorder. The Committee would terminate after six years.

COMMITTEE ACTION:

H.R. 4284 was introduced on November 7, 2017, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 3: Congress shall have the Power . . . ``to regulate Commerce with foreign Nations, and among the several States, and with the Indian tribes.''"

H.R. 4864: Ensuring Access to Quality Sober Living Act of 2018 (Rep. Chu, D-CA)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 4684 would require the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop, publish, and disseminate best practices, including model laws, for operating recovery housing that promotes a safe environment for sustained recovery from substance use disorder (SUD).

COST:

The Congressional Budget Office (CBO) estimates that "implementing H.R. 4684 would cost $3 million over the 2019-2023 period."

CONSERVATIVE CONCERNS:

Some conservatives may be concerned the bill would authorize appropriations without offsetting reductions to authorizations.

- **Expand the Size and Scope of the Federal Government?** The bill would require SAMSHA to establish best practices.
- **Encroach into State or Local Authority?** Some conservatives may believe that establishing best practices for housing would be more appropriately handled by state and local governments, or by civil society.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 4684 would require the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop, publish, and disseminate best practices, including model laws, for operating recovery housing that promotes a safe environment for sustained recovery from substance use disorder (SUD).

The bill would authorize the appropriation of $3 million over the FY 2019 – 2021 period.

COMMITTEE ACTION:

H.R. 4684 was introduced on December 19, 2017, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 17, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

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

H.R. 5002: ACE Research Act (Rep. Dingell, D-MI)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5002 would provide the National Institutes of Health (NIH) with new authority to conduct "high impact cutting-edge research that fosters scientific creativity and increases fundamental biological understanding leading to the prevention, diagnosis, or treatment of diseases and disorders, or research urgently required to respond to a public health threat."

COST:

The Congressional Budget Office (CBO) estimates that enacting H.R. 5002 "would increase authorization levels, but CBO has not completed estimates of amounts. All authorizations would be subject to future appropriation action."

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would expand research initiatives at the NIH.
- **Encroach into State or Local Authority?** Some conservatives may believe that the Constitution provides that "Congress shall have Power… To promote the Progress of Science… by securing for limited Times to… Inventors the exclusive Right to their… Discoveries." Some conservatives may also believe that the Tenth Amendment provides that "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5002 would provide the National Institutes of Health (NIH) with new authority to conduct "high impact cutting-edge research that fosters scientific creativity and increases fundamental biological understanding leading to the prevention, diagnosis, or treatment of diseases and disorders, or research urgently required to respond to a public health threat."

COMMITTEE ACTION:

H.R. 5002 was introduced on February 13, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article I Section VIII."

H.R. 5009: Jessie's Law (Rep. Walberg, R-MI)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5009 would require the Department of Health and Human Services (HHS) to develop and disseminate best practices regarding the display of substance use disorder history in patient records.

COST:

The Congressional Budget Office (CBO) estimates that "implementing H.R. 5009 would have an insignificant effect on spending over the 2019-2023 period."

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would require HHS to develop best practices.
- **Encroach into State or Local Authority?** Some conservatives may believe that establishing best practices for health records would be more appropriately handled by state and local governments, or by civil society.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5009 would require the Department of Health and Human Services (HHS) to develop and disseminate best practices regarding the prominent display of substance use disorder (SUD) history in patient records of patients who have previously provided this information to a health care provider and who request the display of the information.

The bill would also require HHS to annually develop and disseminate information to health care providers regarding permitted disclosures of information to families, caregivers, and health care providers.

COMMITTEE ACTION:

H.R. 5009 was introduced on February 13, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clauses 3 and 18 of the United States Constitution."

H.R. 5041: Safe Disposal of Unused Medication Act (Rep. Walberg, R-MI)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5041 would allow hospice employees to dispose of controlled substances without being subject to registration requirements under the Controlled Substances Act.

COST:

The Congressional Budget Office (CBO) estimates that "implementing the bill would cost less than $500,000 over the 2019-2023 period."

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:

The Controlled Substances Act requires persons who manufacture, distribute, or dispense controlled substances to register with the Department of Justice.

H.R. 5041 provide that an employee of a hospice program to handle and dispose of controlled substances for the person receiving the care without having to register with the Department of Justice.

The bill would require training for hospice employees and would require hospice programs to have written policies regarding disposal of controlled substances.

COMMITTEE ACTION:

H.R. 5041 was introduced on February 15, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause I and Article I, Section 8, Clause 3 of the U.S. Constitution."

H.R. 5102: Substance Use Disorder Workforce Loan Repayment Act of 2018 (Rep. Clark, D-MA)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5102 would create a loan repayment program for substance use disorder treatment providers.

COST:

The Congressional Budget Office (CBO) estimates that H.R. 5102 "would authorize $25 million per year over the 2019-2028 period... Based on historical spending patterns for similar activities, CBO estimates that implementing H.R. 5102 would cost $100 million over the 2019-2023 period; the remaining amounts would be spent in years after 2023."

CONSERVATIVE CONCERNS:

Some conservatives may be concerned that the bill would create a new program and authorize appropriations without offsetting reductions, in violation of the Majority Leader's Cut-Go for Discretionary Authorizations Floor Protocol.

Some conservatives may be concerned the bill would authorize the new program for ten years, in violation of the Majority Leader's Sunset Requirement Floor Protocol.

- **Expand the Size and Scope of the Federal Government?** Yes, the bill authorizes a new loan repayment program for substance use disorder treatment employees.
- **Encroach into State or Local Authority?** Many conservatives may believe loan repayment programs would be more appropriately established by state or local governments, or by civil society and market forces.
- **Delegate Any Legislative Authority to the Executive Branch?** This legislation will allow the Secretary of HHS to establish rules to carry out this program as the Secretary determines are needed in addition to the criteria and rules in the legislation.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5102 would create a loan repayment program for substance use disorder treatment providers.

Specifically, the bill would offer student loan repayment of up to $250,000 for participants who agree to work as a substance use disorder treatment professional in areas most in need of their services. The program would be available to a wide range of direct care providers, including physicians, registered nurses, social workers, and other behavioral health professionals.

The bill would authorize the appropriation of $25 million for each year over the FY 2019 – 2028 period.

COMMITTEE ACTION:

H.R. 5102 was introduced on February 27, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8, Clauses 1 and 18 of the United States Constitution."

H.R. 5176: Preventing Overdoses While in Emergency Rooms Act (Rep. McKinley, R-WV)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5176 would require the Department of Health and Human Services (HHS) to establish a program to develop protocols for discharging patients who have presented with an opioid overdose.

COST:

The Congressional Budget Office (CBO) estimates that "implementing H.R. 5176 would cost $50 million over the 2019-2023 period."

CONSERVATIVE CONCERNS:

Some conservatives may be concerned that the bill would create a new program and authorize appropriations without offsetting reductions, in violation of the Majority Leader's Cut-Go for Discretionary Authorizations Floor Protocol.

- **Expand the Size and Scope of the Federal Government?** Yes, the bill would create a new program.
- **Encroach into State or Local Authority?** Some conservatives may believe such a program would be more appropriately handled by state and local government, or civil society.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5175 would require the Department of Health and Human Services (HHS) to establish a program to develop protocols for discharging patients who have presented with an opioid overdose.

The bill would establish a grant to up to 20 health care sites to carry out the program. Grants would be used to establish polices to address the administration of overdose reversal medication and best practices for treating overdoses, and could be used to hire medical professionals, establishing models of care, and other uses.

The bill would authorize the appropriation of $50 million for the FY 2019 – 2023 period.

COMMITTEE ACTION:

H.R. 5176 was introduced on March 6, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 3: Congress shall have the Power . . . ``to regulate Commerce with foreign Nations, and among the several States, and with the Indian tribes.''”

H.R. 5228: SCREEN Act (Rep. Pallone, D-NJ)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5228 would allow the Food and Drug Administration (FDA) to seize a destroy certain imported drugs, withdraw applications for certain drugs, and would establish a FDA Opioid and Substance Use Epidemic Response Fund.

COST:

The Congressional Budget Office (CBO) estimates that enacting H.R. 5228 "would increase authorization levels, but CBO has not completed estimates of amounts. All authorizations would be subject to future appropriation action." The bill "would have a negligible effect on revenues."

The bill would transfer $110 million annually over the FY 2019 – 2023 period from the General Fund of the Treasury to the new FDA Opioid and Substance Use Epidemic Response Fund. The bill would authorize appropriations from the Fund.

The bill would also impose mandates on the private sector.

CONSERVATIVE CONCERNS:

Some conservatives may be concerned the bill may violate the Fourth Amendment right to be secure against unreasonable searches and seizures by allowing the FDA to seize and destroy certain imported drugs.

Some conservatives may be concerned that the bill would create a new program and authorize appropriations without offsetting reductions, in violation of the Majority Leader's Cut-Go for Discretionary Authorizations Floor Protocol.

- **Expand the Size and Scope of the Federal Government?** Yes, in several ways. The bill would allow the FDA to seize and destroy certain drugs. The bill would increase the authority of the FDA to deny or withdraw approval of certain drugs. The bill would establish a new FDA Opioid and Substance Use Epidemic Response Fund.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** Yes, the bill would allow the FDA to increase to maximum dollar amount of drugs that may be destroyed.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

The bill would provide authority for Food and Drug Administration (FDA) to authority destroy certain drugs imported into the United States through the mail. The bill would increase the maximum dollar amount of drugs that may be destroyed, if the FDA Commissioner determines it is in the interest of public health.

The bill would allow the FDA to order a distributer of a drug to cease distribution of the drug upon a determination that use, consumption, or exposure to the drug may present an imminent or substantial

hazard to the public health. The bill would provide an informal hearing within 10 days for the person subject to the order. The bill would allow the FDA to recall the drug.

The bill would allow the FDA to seize all drugs being offered for importation by a manufacturer, distributor, or importer as adulterated or misbranded, if the FDA "identifies a pattern of adulterated or misbranded drugs being offered for import from the same manufacturer, distributor, or importer."

The bill would establish a new FDA Opioid and Substance Use Epidemic Response Fund "to strengthen and facilitate the Food and Drug Administration's efforts to address the opioid and substance use epidemic." The bill would transfer $110 million annually over the FY 2019 – 2023 period from the General Fund of the Treasury to the new Fund. The bill would authorize appropriations from the Fund as high as the annual transfer. The bill would provide that for FY 2019 – 2023, the total amount of appropriations out of the Fund shall be subtracted from the CBO estimate of discretionary Budget Authority and Outlays and the amount transferred to the Fund shall be reduced by the same amount in order to offset the budgetary effects of the appropriations for CBO scoring purposes. The bill would limit the applicability of transfer authority provided in appropriations bills to require that the funds appropriated from the Fund be limited to the uses specified by the bill.

The bill would allow the FDA to refuse an application for a new drug "if the drug is or contains a controlled substance for which a listing in any schedule is in effect under the Controlled Substances Act or that is permanently scheduled pursuant to section 201 of such Act, on the basis of information submitted to him as part of the application, or upon the basis of any other information before him with respect to such drug, the drug is unsafe for use due to the risks of abuse or misuse or there is insufficient information to show that the drug is safe for use considering such risks." The bill would allow the FDA to withdraw approval of a drug if the Secretary finds "that, in the case of a drug that is or contains a controlled substance for which a listing in any schedule is in effect under the Controlled Substances Act or that is permanently scheduled pursuant to section 201 of such Act, on the basis of new information before him with respect to such drug, evaluated together with the information available to him when the application was approved, that the drug is unsafe for use due to the risks of abuse or misuse."

COMMITTEE ACTION:

H.R. 5228 was introduced on March 8, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 17, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8, clause 3 of the U.S. Constitution. That provision gives Congress the power ``to regulate commerce with foreign nations, and among the several states, and with the Indian tribes.'"

H.R. 5261: TEACH to Combat Addiction Act of 2018 (Rep. Johnson, R-OH)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5261 would allow for the designation of Regional Centers of Excellence in Substance Use Disorder Education.

COST:

The Congressional Budget Office (CBO) estimates that "the bill would authorize $4 million annually for grants to those programs over the 2019-2023 period. Based on historical spending patterns for similar activities, CBO estimates that implementing H.R. 5261 would cost $16 million over the 2019-2023 period; the remaining amounts would be spent in years after 2023."

CONSERVATIVE CONCERNS:

Some conservatives may be concerned that the bill would create a new program and authorize appropriations without offsetting reductions, in violation of the Majority Leader's Cut-Go for Discretionary Authorizations Floor Protocol.

- **Expand the Size and Scope of the Federal Government?** Yes, the bill would allow for the designation of Regional Centers of Excellence in Substance Use Disorder Education.
- **Encroach into State or Local Authority?** Some conservatives may believe such activities would be more appropriately handled by state and local governments, or civil society.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

The bill would allow for the designation of Regional Centers of Excellence in Substance Use Disorder Education. Eligible entities would include health systems, medical schools, teaching hospitals, and other health profession schools.

The bill would authorize the appropriation of $4 million for each year over the FY 2019 – 2023 period.

COMMITTEE ACTION:

H.R. 5261 was introduced on March 13, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

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

H.R. 5272: To ensure that programs and activities that are funded by a grant, cooperative agreement, loan, or loan guarantee from the Department of Health and Human Services, and whose purpose is to prevent or treat a mental health or substance use disorder, are evidence-based (Rep. Stivers, R-OH)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5272 would direct the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide guidance for entities applying for substance use disorder and mental illness grants.

COST:

The Congressional Budget Office (CBO) estimates that "enacting this bill would cost approximately $4 million over the 2019-2023 period."

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:

The bill would direct the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide guidance for entities applying for substance use disorder and mental illness grants, including guidance to grantees on how best to articulate the rationale for a given program or activity.

COMMITTEE ACTION:

H.R. 5272 was introduced on March 14, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"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. 5327: Comprehensive Opioid Recovery Centers Act of 2018 (Rep. Guthrie, R-KY)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5327 would establish grants for at Comprehensive Opioid Recovery Centers.

COST:

The Congressional Budget Office (CBO) estimates H.R. 5327 "would authorize $10 million per year over the 2019-2023... Based on historical spending patterns for similar activities, CBO estimates that implementing H.R. 5327 would cost $41 million over the 2019-2023 period; the remaining amounts would be spent in years after 2023."

CONSERVATIVE CONCERNS:

Some conservatives may be concerned that the bill would create a new program and authorize appropriations without offsetting reductions, in violation of the Majority Leader's Cut-Go for Discretionary Authorizations Floor Protocol.

- **Expand the Size and Scope of the Federal Government?** Yes, the bill would establish a new grant program.
- **Encroach into State or Local Authority?** Some conservatives may believe such activities would be more appropriately handled by state and local governments, or by civil society.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5327 would establish grants for at least ten Comprehensive Opioid Recovery Centers (CORCs) that would serve as models for comprehensive treatment and recovery. CORCs would utilize the full range of FDA-approved medications and evidence-based treatments, have strong linkages with the community, generate meaningful outcomes data, and dramatically improve the opportunities for individuals to establish and maintain long-term recovery as productive members of society.

The bill would authorize the appropriation of $10 million each year over the FY 2019 – 2023 period.

COMMITTEE ACTION:

H.R. 5327 was introduced on March 19, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8."

H.R. 5329: Poison Center Network Enhancement Act of 2018 (Rep. Brooks, R-IN)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5329 would reauthorize the national network of Poison Control Centers.

COST:

The Congressional Budget Office (CBO) estimates that H.R. 5329 would "authorize a total of about $30 million per year over the 2019-2023 period. Based on historical spending patterns for similar activities, CBO estimates that implementing H.R. 5329 would cost $125 million over the 2019-2023 period; the remaining amounts would be spent in years after 2023."

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** Some conservatives may believe these activities would be more appropriately handled by state and local governments, or by civil society.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5329 would reauthorize the national network of Poison Control Centers, which offer free, confidential, and expert medical advice 24 hours a day, seven days a week. Often times these programs serve as the primary resource for poisoning information and help reduce Emergency Room visits through in-home treatment.

The bill would reauthorize a public awareness campaign regarding poison control centers.

The bill would reauthorize the Poison Control Center Grant Program.

The bill would authorize a total of $30.1 million annually over the FY 2019 – 2023 period for these activities.

COMMITTEE ACTION:

H.R. 5329 was introduced on March 19, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 17, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

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

H.R. 5353: Eliminating Opioid Related Infectious Diseases Act of 2018 (Rep. Lance, R-NJ)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5353 would reauthorize the Centers for Disease Control and Prevention (CDC) to undertake an injection drug use-associated infection elimination initiative.

COST:

The Congressional Budget Office (CBO) estimates that H.R. 5353 "would authorize $40 million per year over the 2019-2023 period for that purpose. Based on historical spending patterns for similar activities, CBO estimates that implementing H.R. 5353 would cost $166 million over the 2019-2023 period; the remaining amounts would be spent in years after 2023."

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** This legislation would reauthorize and expand a program of surveillance and education, carried out by the Centers for Disease Control and Prevention, regarding infections associated with injection drug use.
- **Encroach into State or Local Authority?** Some conservatives may believe these activities would be more appropriately handled by state and local governments, or by civil society.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5353 would reauthorize and expand a program to provide grants to public and nonprofit entities to:

- Cooperate with the States and Indian tribes in implementing or maintaining a surveillance system to determine the incidence of infections commonly associated with illicit drug use, including infections commonly associated with injection drug use
- Identify, counsel, and offer testing to individuals who are at risk of infections as a result of injection drug use, receiving blood transfusions prior to July 1992, or other risk factors.
- Provide appropriate referrals for counseling, testing, and medical treatment of at risk individuals
- Develop and disseminate public information and education programs for the detection and control of infections
- Improve the education, training, and skills of health professionals in the detection and control of infections and the coordination of treatment of addiction and infectious diseases

The bill would allow the Centers for Disease Control and Prevention (CDC) to carry out programs, including by grants, to provide for improvements to clinical-laboratory procedures.

The bill would authorize the appropriation of $40 million in each fiscal year over the FY 2019 – 2023 period.

COMMITTEE ACTION:

H.R. 5353 was introduced on March 20, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8 of the Constitution of the United States provides that the Congress shall have power to lay and collect taxes, duties, imposts and excises, to pay the debts and provide for the common defence and general welfare of the United States; Article 1, Section 8, of the Constitution of the United States provides Congress the authority to make all laws which shall be necessary and proper for carrying into execution the foregoing powers, and all other powers vested by this Constitution in the government of the United States, or in any department or officer thereof."

H.R. 5473: Better Pain Management Through Better Data Act of 2018 (Rep. Comstock, R-VA)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5473 would require the Food and Drug Administration (FDA) to issue guidance to address alternative methods for data collection on the use of drugs to enable the reduction, replacement, or avoidance of opioids.

COST:

The Congressional Budget Office (CBO) estimates that "implementing H.R. 5473 would cost about $1 million over the 2019-2023 period."

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?** Yes, the bill would require the FDA to issue guidance.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5473 would require the Food and Drug Administration (FDA) to conduct a public meeting and issue one or more guidances to address alternative methods for data collection on opioid sparing, alternative methods for inclusion of such data in product labeling; and investigations other than clinical trials, including partially controlled studies and objective trials without matched controls such as historically controlled analyses, open-label studies, and meta-analyses, on opioid sparing for inclusion in product labeling.

The terms ''opioid sparing'' refer to the use of drugs or devices that reduce pain while enabling the reduction, replacement, or avoidance of oral opioids.

COMMITTEE ACTION:

H.R. 5473 was introduced on April 11, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 3."

H.R. 5483: Special Registration for Telemedicine Clarification Act of 2018 (Rep. Carter, R-GA)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5483 would require interim final regulations regarding special registration of health care providers to prescribe controlled substances by telemedicine to be promulgated within one year.

COST:

The Congressional Budget Office (CBO) estimates that "implementing the bill would cost less than $500,000 over the 2019-2023 period."

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?** The bill would require the issuance of regulations.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

Current law permits the Attorney General to issue a special registration to health care providers to prescribe controlled substances via telemedicine in legitimate emergency situations, such as a lack of access to an in-person specialist. The waiver process has never been implemented through regulation.

H.R. 5483 would require interim final regulations to be promulgated within one year after enactment of the bill.

COMMITTEE ACTION:

H.R. 5483 was introduced on April 12, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"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 of the United States Constitution."

H.R. 5582: Abuse Deterrent Access Act of 2018 (Rep. Carter, R-GA)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5582 would require a report from the Secretary of Health and Human Services (HHS) regarding the adequacy of access to abuse-deterrent opioid formulations for individuals with chronic pain for Medicare patients.

COST:

The Congressional Budget Office (CBO) estimates that "implementing the legislation would cost less than $500,000 over the 2019-2023 period."

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:

H.R. 5582 would require a report from the Secretary of Health and Human Services (HHS) regarding the adequacy of access to abuse-deterrent opioid formulations for individuals with chronic pain for Medicare patients.

COMMITTEE ACTION:

H.R. 5582 was introduced on April 23, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"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 of the United States Constitution."

H.R. 5583: To amend title XI of the Social Security Act to require States to annually report on certain adult health quality measures, and for other purposes (Rep. Clark, D-NY)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5583 would state Medicaid programs to report on the behavioral health measures that are included in CMS's 2018 Core Set of Adult Health Care Quality Measures for Medicaid.

COST:

The Congressional Budget Office (CBO) estimates that enacting the H.R. 5583 "would not have a significant budgetary effect because most states have systems in place for reporting such measures to the federal government."

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:

H.R. 5583 would require state Medicaid programs to report on the behavioral health measures that are included in CMS's 2018 Core Set of Adult Health Care Quality Measures for Medicaid.

According to CBO, "most states have systems in place for reporting such measures to the federal government."

COMMITTEE ACTION:

H.R. 5583 was introduced on April 23, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 17, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: the power granted to Congress under Article I of the United States Constitution and it subsequent amendments, and further clarified and interpreted by the Supreme Court of the United States." No enumerated powers were cited.

H.R. 5587: Peer Support Communities of Recovery Act (Rep. Lujan, D-NM)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5587 would expand the Building Communities of Recovery grant program.

COST:

The Congressional Budget Office (CBO) estimates that H.R. 5587 "would authorize $15 million per year for the 2019-2023 period. Based on historical spending patterns for similar activities, CBO estimates that implementing H.R. 5587 would cost $62 million over the 2019-2023 period; the remaining amounts would be spent in years after 2023."

CONSERVATIVE CONCERNS:

Some conservatives may be concerned the bill would increase the authorized funding level from $ 1 million annually to $15 million annually.

- **Expand the Size and Scope of the Federal Government?** Yes, the bill would expand a grant program.
- **Encroach into State or Local Authority?** Some conservatives may believe these activities would be more appropriately handled by state and local governments, or civil society.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5587 would expand the Building Communities of Recovery grant program. The bill would authorize the Department of Health and Human Services to award grants to peer support specialist organizations for the development and expansion of recovery services.

The bill would authorize appropriations of $15 million for each fiscal year over the 2019 – 2023 period. This is an increase from the $1 million that is currently authorized for this program.

COMMITTEE ACTION:

H.R. 5587 was introduced on April 23, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 17, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article I, Section VIII."

H.R. 5685: Medicare Opioid Safety Education Act of 2018 (Rep. Faso, R-NY)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5685 would direct the Centers for Medicare and Medicaid Services (CMS) to compile education resources for beneficiaries regarding opioid use, pain management, and alternative pain management treatments, and include these resources in the "Medicare and You" Handbook.

COST:

The Congressional Budget Office (CBO) estimates that "because H.R. 5685 would add information to an existing administrative document, CBO estimates that enacting the bill would have no budgetary effect."

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:

H.R. 5685 would direct the Centers for Medicare and Medicaid Services (CMS) to compile education resources for beneficiaries regarding opioid use, pain management, and alternative pain management treatments, and include these resources in the "Medicare and You" Handbook.

COMMITTEE ACTION:

H.R. 5685 was introduced on May 7, 2018, and referred to the Energy and Commerce Committee and the Ways and Means Committee. The Energy and Commerce Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

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

H.R. 5800: Medicaid IMD ADDITIONAL INFO Act (Rep. Upton, R-MI)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5800 would direct the Medicaid and CHIP Payment and Access Commission (MACPAC) to conduct a study on institutions for mental disease (IMD) that receive Medicaid reimbursement.

COST:

The Congressional Budget Office (CBO) estimates that "implementing H.R. 5800 would cost about $1 million over the 2019-2023 period."

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:

H.R. 5800 would direct the Medicaid and CHIP Payment and Access Commission (MACPAC) to conduct a study on institutions for mental disease (IMD) that receive Medicaid reimbursement. The study would be required to report on the requirements and standards that state Medicaid programs have for IMDs. MACPAC, considering input from stakeholders, will summarize the findings and make recommendations on improvements and best practices and data collection. The report would be due no later than January 2020.

COMMITTEE ACTION:

H.R. 5800 was introduced on May 15, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 17, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article I, Section 8."

H.R. 5812: CONNECTIONS Act (Rep. Griffith, R-VA)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5812 would authorize funding for prescription drug monitoring programs.

COST:

The Congressional Budget Office (CBO) estimates that enacting H.R. 5812 "would increase authorization levels, but CBO has not completed estimates of amounts. All authorizations would be subject to future appropriation action."

The bill would authorize the appropriation of $486 million each year over the FY 2019 – 2023 period.

CONSERVATIVE CONCERNS:

Some conservatives may be concerned that the bill would create a new program and authorize appropriations without offsetting reductions, in violation of the Majority Leader's Cut-Go for Discretionary Authorizations Floor Protocol.

- **Expand the Size and Scope of the Federal Government?** Yes, the bill would establish new grants and would authorize appropriations without offsets.
- **Encroach into State or Local Authority?** Some conservatives may believe these activities would be more appropriately handled by state and local governments.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5812 would allow the Centers for Disease Control and Prevention (CDC) to award grants to states and local governments, and provide training and technical assistance to states and local governments for evidenced based prevention activities, including prescription drug monitoring programs, health system interventions, evaluating interventions, and public awareness education regarding opioids.

The bill would also allow the CDC to provide grants to carry out controlled substance overdose surveillance, including enhancing data reporting.

The bill would require the CDC to support states use of Prescription Drug Monitoring Programs.

The bill would authorize the appropriation of $486 million each year over the FY 2019 – 2023 period for these grants and the Prescription Drug Monitoring Program.

COMMITTEE ACTION:

H.R. 5812 was introduced on May 15, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 17, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"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 of the United States Constitution."

S. 916: Ensuring Patient Access to Substance Use Disorder Treatments Act of 2018 (Sen. Cassidy, R-LA)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

S. 916 would modify law regarding delivering controlled substances.

COST:

The Congressional Budget Office (CBO) estimates that "the net budgetary effect would be negligible. Enacting the bill would not affect revenues… The bill also would require the Government Accountability Office (GAO) to prepare a report for the Congress on the potential abuse of certain controlled substances. Based on the costs of similar activities, we estimate that the GAO report would cost less than $500,000, 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?** The bill would allow the Attorney General to change the time period specified in the bill by which prescribed drugs must be administered.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

S. 916 would allow a pharmacy to deliver a controlled substance to a practitioner if:

- The controlled substance is delivered by the pharmacy to the proscribing practitioner at the location listed on the practitioner's certificate of registration
- If the controlled substance is for the purpose of detoxification, it is to be administered by injection or implantation
- The pharmacy and the practitioner are authorized to conduct the activities specified in the bill by their state
- The prescription is not issued to supply any practitioner with a stock of controlled substances for the purpose of general dispensing to patients,
- The controlled substance is to be administered only to the patient named in the prescription within 14 days after the date of receipt of the controlled substance by the practitioner
- The prescribing practitioner and the administering practitioner keep complete and accurate records of controlled substances delivered, received, and administered under the bill.

During the two-year period after enactment of the bill, the Attorney General would be allowed to reduce the 14-day time period in which the controlled substance must be administered, if the Attorney General determines it would reduce the risk of diversion or protect the public health. After two years, the Attorney General would be permitted to modify the 14-day period without qualification. The modifications would be limited to not less than 7-days.

The bill would require a report from the Government Accountability Office (GAO) on access to and potential diversion of controlled substances administered by injection or implantation.

COMMITTEE ACTION:

S. 916 was introduced on April 24, 2017, and referred to the Senate Committee on Health, Education, Labor, and Pensions. The Committee marked up and reported the bill on April 26, 2017, by voice vote. The Senate passed the bill with an amendment by unanimous consent on May 23, 2018.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

Constitutional authority statements are not required for Senate bills.

H.R. 4275: Empowering Pharmacists in the Fight Against Opioid Abuse Act (Rep. DeSaulnier, D-CA)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 4275 would require the Department of Health and Human Services (HHS) to develop and disseminate training programs and materials for pharmacists, health care providers, and patients on circumstances where a pharmacist may decline to fill a prescription he feels is fraudulent or is indicative of diversion.

COST:

The Congressional Budget Office (CBO) estimates that enacting H.R. 4275 would not be significant.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would require the development of training materials.
- **Encroach into State or Local Authority?** Some conservatives may believe the training materials would be more appropriately produced by state and local governments, or by civil society and market forces.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 4275 would require the Department of Health and Human Services (HHS) to develop and disseminate training programs and materials for pharmacists, health care providers, and patients on circumstances where a pharmacist may decline to fill a prescription he feels is fraudulent or is indicative of diversion.

COMMITTEE ACTION:

H.R. 4275 was introduced on November 7, 2017, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8, Clause 3."

H.R. 5197: ALTO Act (Rep. Pascrell, D-NJ)

CONTACT: Matt Dickerson, 202-226-9718

FLOOR SCHEDULE:

June 12, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

H.R. 5197 would require the Department of Health and Human Services (HHS) to carry out a demonstration program to award grants to hospitals and emergency departments to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescription of opioids in emergency departments.

COST:

The Congressional Budget Office (CBO) estimates that H.R. 5197 "would authorize $10 million annually in grants for fiscal years 2019 through 2021. Based on historical spending patterns for similar programs, CBO estimates that implementing H.R. 5197 would cost $30 million over the 2019-2023 period."

CONSERVATIVE CONCERNS:

Some conservatives may be concerned that the bill would create a new program and authorize appropriations without offsetting reductions, in violation of the Majority Leader's Cut-Go for Discretionary Authorizations Floor Protocol.

- **Expand the Size and Scope of the Federal Government?** Yes, the bill would create a new grant program.
- **Encroach into State or Local Authority?** Some conservatives may believe these activities would be more appropriately handled by state and local governments, or by civil society.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5197 would require the Department of Health and Human Services (HHS) to carry out a demonstration program to award grants to hospitals and emergency departments to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescription of opioids in emergency departments.

The bill would authorize appropriation of $10 million each fiscal year of the FY 2019 – 2021 period.

COMMITTEE ACTION:

H.R. 5197 was introduced on March 7, 2018, and referred to the Energy and Commerce Committee. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

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

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