

BIPARTISAN TASK FORCE TO COMBAT THE HEROIN EPIDEMIC

Legislative Agenda

Summary

The Bipartisan Task Force to Combat the Heroin Epidemic supports the following bipartisan legislation to address the opioid crisis that continues to take thousands of lives in districts across the country. These bills do not represent *all* of the positive steps that Members of the House are advocating, but are bills that we hope House and Committee leadership will prioritize for rapid consideration on the floor or be incorporated into other legislation.

Comprehensive Legislation

The Comprehensive Addiction and Recovery Act H.R. 953 (Rep. Sensenbrenner R-WI, Rep. Duckworth D-IL, Rep. Scott D-VA)

Authorizes \$85 million annually to establish a comprehensive, coordinated and, balanced strategy to combat the epidemic through enhanced grant programs. These resources will expand prevention and education efforts while promoting treatment and recovery. The bill would also provide greater assistance to communities facing a prescription drug crisis to effectively address local issues with a new Community-Based Coalition Enhancement Grant program for current and former Drug-Free Communities grantees. **The Senate version of this legislation passed the Senate by a vote of 94 to 1 on March 10, 2016.**

In addition to passing CARA, we encourage the House Appropriations Committee to allocate adequate funding to the programs authorized in the legislation and to continue funding additional programs that strengthen law enforcement, prevention, treatment, and recovery.

STOP ABUSE Act H.R. 3719 (Rep. Guinta R-NH, Rep. Kuster D-NH)

Creates an interagency task force on heroin addiction and provides \$10 million for cross-state prescription drug monitoring. The bill also creates liability protection for trained individuals who administer overdose drugs in good faith while also reauthorizing three critical grant programs, including grants to High Intensity Drug Trafficking Areas.

The Prevent Drug Addiction Act of 2016 H.R. 4697 (Rep. Esty D-CT, Rep. Knight R-CA, Rep. Costello R-PA)

Establishes a grant program for consumer education about opioid addiction; strengthens training requirements for practitioners eligible to prescribe opioids/participating in opioid treatment programs; requires the government to collect information on overdose deaths; requires HHS to establish prescription drug addiction prevention/treatment quality measures; and, authorizes Medicare Part D Plan sponsors to establish a drug management program for those at-risk of prescription drug addiction.

Legislation to Improve Pain Management Practices

Promoting Responsible Opioid Prescribing Practices H.R. 4499 (Rep. Mooney R-WV, Rep. Kuster D-NH, Rep. Comstock R-VA, Rep. Guinta R-NH, Rep. Lynch D-MA, Rep. Rogers R-KY, Rep. Ryan D-OH)

Changes current law to eliminate an unintended incentive that could cause physicians to overprescribe opioid prescription medication. Specifically, the bill de-links Medicare reimbursement from patient satisfaction survey responses on pain management. This bill is supported by the American Medical Association, the American Hospital Association, Physicians for Responsible Opioid Prescribing, and the American Society of Addictive Medicine.

Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act H.R. 2805 (Rep. Brooks R-IN, Rep. Kennedy D-MA, Rep. Carson D-IN, Rep. Whitfield R-KY, Rep. Messer R-IN)

Requires the Department of Health and Human Services (HHS), in cooperation with the Department of Veterans Affairs, the Department of Defense, and the Drug Enforcement Administration, to convene a Pain Management Best Practices Inter-Agency Task Force to develop and study best practices for pain management and prescription of pain medication.

Opioid Overdose Reduction Act H.R. 1821 (Rep. Neal D-MA, Rep. Guinta R-NH)

Provides an exemption from civil liability for trained and certified officials during the administration of opioid overdose-reversing drugs.

The Stop Tampering of Prescription Pills (STOPP) Act H.R. 2335 (Rep. Keating D-MA, Rep. Rooney R-FL, Rep. Buchanan R-FL, Rep. Kennedy D-MA, Rep. Rogers R-KY, Rep. Schakowsky D-IL)

Creates a pathway to incentivize and eventually mandate the creation of physical and pharmacological tamper-resistant formulations for commonly abused painkillers by directing the FDA to deny approval to new oral opioids that do not have abuse-deterrent properties if an abuse-deterrent drug containing the same opioid is available.

The Reducing Unused Medications Act H.R. 4599 (Rep. Clark D-MA, Stivers R-OH)

Allows prescriptions for opioid medications to be partially filled by pharmacists at the request of patients or doctors. The remainder of the prescription could be filled but not beyond the date that the original prescription would have expired.

The Jason Simcakoski PROMISE Act H.R. 4063 (Rep. Bilirakis R-FL, Rep. Rice D-NY, Rep. Bost R-IL, Rep. Coffman R-CO, Rep. Crawford R-AR, Rep. Frankel D-FL, Rep. Kind D-WI, Rep. Kuster D-NH, Rep. McCaul R-TX, Rep. McKinley, Rep. Mica, Rep. Radewagen R-AS, Rep. Ross R-FL, Rep. Ryan D-OH, Rep. Walorski R-IN, Rep. Walz D-MN)

Directs the Department of Veterans Affairs (VA) and the Department of Defense (DOD) to jointly update the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain. This legislation includes a bill introduced by Rep. Walorski (R-IN) that improves prescription drug monitoring by requiring the Department of Veterans Affairs Medical Clinics to provide specific information about the prescription of opiates and other narcotics to their corresponding statewide prescription drug monitoring program. **This legislation passed the House Veterans Affairs Committee by a vote voice vote on February 25, 2016.**

Legislation to Improve Treatment

The Recovery Enhancement for Addiction Treatment Act H.R. 2536 (Rep. Higgins D-NY, Rep. Hanna R-NY , Rep. Katko R-NY, Rep Tonko D-NY)

Increases the number of patients a doctor could treat with buprenorphine for opioid addiction from 30 to 100 patients per year. It would also allow qualified nurse practitioners and physician assistants to prescribe the medication and give doctors the ability to remove the patient cap after one year.

The Reforming and Expanding Access to Treatment Act H.R. 4076 (Rep. Turner R-OH, Rep. Fudge D-NY, Rep. Tsongas D-MA)

Permits Substance Abuse and Mental Health Services Administration (SAMSHA) grants to be for treatment services to individuals who are incarcerated.

Cradle Act HR H.R. 3865 (Rep. Jenkins R-WV, Rep. Clark D-MA, Rep. Blackburn R-TN, Rep Boustany R-LA, Rep. Byrne R-AL, Rep. Davis R-IL, Rep. Dold R-IL, Rep. Grothman R-WI, Rep. Guinta, R-NH, Rep. Himes D-CT, Rep. Jolly R-FL, Rep. Kaptur D-OH, Rep Kuster D-NH, Rep Lance R-NJ, Rep. MacArthur R-NJ, Rep. McKinley R-WV, Rep. Mooney R-WV, Rep. Poliquin R-ME, Rep. Salmon R-AZ, Rep. Stivers R-OH, Rep. Tiberi R-OH, Rep. Turner R-OH, Rep. Wagner R-MO, Rep. Womack R-AR)

Establishes certification guidelines for treatment centers caring for newborns with Neonatal Abstinence Syndrome.

Lali's Law H.R. 4586 (Rep. Dold R-IL, Rep. Clark, D-MA)

Creates a competitive grant program that will help states increase access to naloxone. The primary purpose of the grant is to fund state programs that allow pharmacists to distribute naloxone without a prescription.

Opioid Addiction Treatment Modernization Act H.R. 2872 (Rep. Bucshon R-IN, Rep. Womack R-AR)

Modernizes the segregated opioid addiction treatment system to ensure opioid-dependent patients are provided with individualized, evidence-based treatment by requiring that OBOT providers are trained on and provide – either directly or by referral – all FDA-approved opioid addiction treatment medications (other than methadone) based on the clinical needs of the patients, as determined by the physician. In addition, the bill requires both addiction treatment settings to provide relapse prevention medication,

counseling and medication adherence monitoring, as well as develop individualized treatment plans and diversion control plans.

Sentencing Reform Legislation

Sentencing Reform Act H.R. 3713 (Rep. Goodlatte R-VA, Rep. Conyers D-MI, Rep. Bishop R-MI, Rep. Chabot R-OH, Rep. Chaffetz R-UT, Rep. Chu D-CA, Rep. Cicilline D-RI, Rep. Cohen D-TN, Rep. Collins R-GA, Rep. Conyers D-MI, Rep. DelBene D-WA, Rep. Deutch D-FL, Rep. Jackson Lee D-TX, Rep. Labrador R-ID, Rep. Nadler D-NY, Rep. Pierluisi D-PR, Rep. Rooney R-FL, Rep. Trott R-MI, Rep. Walters R-CA)

Reforms mandatory minimums for drug offenses by reducing the minimums for two and three strike offenders while strengthening sentencing for individuals convicted for trafficking in Fentanyl. The legislation also creates a safety valve to allow judges to sentence certain offenders below the required minimum. Finally, the bill allows mandatory minimums to be reduced retroactively.

