

.....
(Original Signature of Member)

114TH CONGRESS
1ST SESSION

H. R.

To provide for the Secretary of Health and Human Services to carry out a grant program for co-prescribing opioid overdose reversal drugs.

IN THE HOUSE OF REPRESENTATIVES

Mr. SARBANES introduced the following bill; which was referred to the Committee on _____

A BILL

To provide for the Secretary of Health and Human Services to carry out a grant program for co-prescribing opioid overdose reversal drugs.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Co-Prescribing to Re-
5 duce Overdoses Act of 2015”.

6 **SEC. 2. CO-PRESCRIBING OPIOID OVERDOSE REVERSAL**
7 **DRUGS GRANT PROGRAM.**

8 (a) ESTABLISHMENT.—

1 (1) IN GENERAL.—Not later than six months
2 after the date of the enactment of this Act, the Sec-
3 retary of Health and Human Services shall estab-
4 lish, in accordance with this section, a four-year co-
5 prescribing opioid overdose reversal drugs grant pro-
6 gram (in this Act referred to as the “grant pro-
7 gram”) under which the Secretary shall provide not
8 more than a total of 12 grants to eligible entities to
9 carry out the activities described in subsection (c).

10 (2) MAXIMUM GRANT AMOUNT.—A grant made
11 under this section may not be for more than
12 \$200,000 per grant year.

13 (3) ELIGIBLE ENTITY.—For purposes of this
14 section, the term “eligible entity” means a federally
15 qualified health center (as defined in section
16 1861(aa) of the Social Security Act (42 U.S.C.
17 1395x(aa)), an opioid treatment program under part
18 8 of title 42, Code of Federal Regulations, or section
19 303(g) of the Controlled Substances Act (21 U.S.C.
20 823(g)), or any other entity that the Secretary
21 deems appropriate.

22 (4) CO-PRESCRIBING.—For purposes of this
23 section and section 3, the term “co-prescribing”
24 means, with respect to an opioid overdose reversal
25 drug, the practice of prescribing such drug in con-

1 junction with an opioid prescription for patients at
2 an elevated risk of overdose, or in conjunction with
3 an opioid agonist approved under section 505 of the
4 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
5 355) for the treatment of opioid abuse disorders, or
6 in other circumstances in which a provider identifies
7 a patient at an elevated risk for an intentional or
8 unintentional drug overdose from heroin or prescrip-
9 tion opioid therapies. For purposes of the previous
10 sentence, a patient may be at an elevated risk of
11 overdose if the patient meets the criteria under the
12 existing co-prescribing guidelines that the Secretary
13 deems appropriate, such as the criteria provided in
14 the Opioid Overdose Toolkit published by the Sub-
15 stance Abuse and Mental Health Services Adminis-
16 tration.

17 (b) APPLICATION.—To be eligible to receive a grant
18 under this section, an eligible entity shall submit to the
19 Secretary of Health and Human Services, in such form
20 and manner as specified by the Secretary, an application
21 that describes—

22 (1) the extent to which the area to which the
23 entity will furnish services through use of the grant
24 is experiencing significant morbidity and mortality
25 caused by opioid abuse;

1 (2) the criteria that will be used to identify eli-
2 gible patients to participate in such program; and

3 (3) how such program will work to try to iden-
4 tify State, local, or private funding to continue the
5 program after expiration of the grant.

6 (c) USE OF FUNDS.—An eligible entity receiving a
7 grant under this section may use the grant for any of the
8 following activities:

9 (1) To establish a program for co-prescribing
10 opioid overdose reversal drugs, such as naloxone.

11 (2) To train and provide resources for health
12 care providers and pharmacists on the co-prescribing
13 of opioid overdose reversal drugs.

14 (3) To establish mechanisms and processes for
15 tracking patients participating in the program de-
16 scribed in paragraph (1) and the health outcomes of
17 such patients.

18 (4) To purchase opioid overdose reversal drugs
19 for distribution under the program described in
20 paragraph (1).

21 (5) To offset the co-pays and other cost sharing
22 associated with opioid overdose reversal drugs to en-
23 sure that cost is not a limiting factor for eligible pa-
24 tients.

1 (6) To conduct community outreach, in con-
2 junction with community-based organizations, de-
3 signed to raise awareness of co-prescribing practices,
4 and the availability of opioid overdose reversal
5 drugs.

6 (7) To establish protocols to connect patients
7 who have experienced a drug overdose with appro-
8 priate treatment, including medication assisted
9 treatment and appropriate counseling and behavioral
10 therapies.

11 (d) EVALUATIONS BY RECIPIENTS.—As a condition
12 of receipt of a grant under this section, an eligible entity
13 shall, for each year for which the grant is received, submit
14 to the Secretary of Health and Human Services informa-
15 tion on appropriate outcome measures specified by the
16 Secretary to assess the outcomes of the program funded
17 by the grant, including—

18 (1) the number of prescribers trained;

19 (2) the number of prescribers who have co-pre-
20 scribed an opioid overdose reversal drugs to at least
21 one patient;

22 (3) the total number of prescriptions written for
23 opioid overdose reversal drugs;

1 (4) the percentage of patients at elevated risk
2 who received a prescription for an opioid overdose
3 reversal drug;

4 (5) the number of patients reporting use of an
5 opioid overdose reversal drug; and

6 (6) any other outcome measures that the Sec-
7 retary deems appropriate.

8 (e) **REPORTS BY SECRETARY.**—For each year of the
9 grant program under this section, the Secretary of Health
10 and Human Services shall submit to the appropriate Com-
11 mittees of the House of Representatives and of the Senate
12 a report aggregating the information received from the
13 grant recipients for such year under subsection (d) and
14 evaluating the outcomes achieved by the programs funded
15 by grants made under this section.

16 **SEC. 3. OPIOID OVERDOSE REVERSAL COPRESCRIBING**
17 **GUIDELINES.**

18 (a) **IN GENERAL.**—The Secretary of Health and
19 Human Services shall establish a grant program under
20 which the Secretary shall award grants to eligible State
21 entities to develop opioid overdose reversal co-prescribing
22 guidelines.

23 (b) **ELIGIBLE STATE ENTITIES.**—For purposes of
24 subsection (a), eligible State entities are State depart-
25 ments of health in conjunction with State medical boards;

1 city, county, and local health departments; and community
2 stakeholder groups involved in reducing opioid overdose
3 deaths.

4 (c) ADMINISTRATIVE PROVISIONS.—

5 (1) GRANT AMOUNTS.—A grant made under
6 this section may not be for more than \$200,000 per
7 grant.

8 (2) PRIORITIZATION.—In awarding grants
9 under this section, the Secretary shall give priority
10 to eligible State entities which propose to base their
11 guidelines on existing guidelines on co-prescribing to
12 speed enactment, including guidelines of—

13 (A) the Department of Veterans Affairs;

14 (B) nationwide medical societies, such as
15 the American Society of Addiction Medicine or
16 American Medical Association; and

17 (C) the Centers for Disease Control and
18 Prevention.

19 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

20 There is authorized to be appropriated to carry out
21 this Act \$4,000,000 for each of fiscal years 2016 through
22 2020.