

114TH CONGRESS  
1ST SESSION

# H. R. 3680

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

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 1, 2015

Mr. SARBANES introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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.—

9 (1) IN GENERAL.—Not later than six months  
10 after the date of the enactment of this Act, the Sec-

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

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

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

20              (4) CO-PRESCRIBING.—For purposes of this  
21       section and section 3, the term “co-prescribing”  
22       means, with respect to an opioid overdose reversal  
23       drug, the practice of prescribing such drug in con-  
24       junction with an opioid prescription for patients at  
25       an elevated risk of overdose, or in conjunction with

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

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

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

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

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

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

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

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

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

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

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

23          (6) To conduct community outreach, in con-  
24      junction with community-based organizations, de-  
25      signed to raise awareness of co-prescribing practices,

1 and the availability of opioid overdose reversal  
2 drugs.

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

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

15 (1) the number of prescribers trained;

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

19 (3) the total number of prescriptions written for  
20 opioid overdose reversal drugs;

21 (4) the percentage of patients at elevated risk  
22 who received a prescription for an opioid overdose  
23 reversal drug;

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



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

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

9                   (A) the Department of Veterans Affairs;

10                   (B) nationwide medical societies, such as  
11 the American Society of Addiction Medicine or  
12 American Medical Association; and

13                   (C) the Centers for Disease Control and  
14 Prevention.

15 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

16           There is authorized to be appropriated to carry out  
17 this Act \$4,000,000 for each of fiscal years 2016 through  
18 2020.

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