

114TH CONGRESS
2D SESSION

H. R. 4586

To amend the Public Health Service Act to authorize grants to States for developing standing orders and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 23, 2016

Mr. DOLD (for himself and Ms. CLARK of Massachusetts) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize grants to States for developing standing orders and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions, and for other purposes.

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 “Lali’s Law”.

1 **SEC. 2. OPIOID OVERDOSE REVERSAL MEDICATION ACCESS**
2 **AND EDUCATION GRANT PROGRAMS.**

3 Part B of title III of the Public Health Service Act
4 is amended by inserting after section 317T of such Act
5 (42 U.S.C. 247b–22) the following:

6 **“SEC. 317U. OPIOID OVERDOSE REVERSAL MEDICATION AC-**
7 **CESS AND EDUCATION GRANT PROGRAMS.**

8 “(a) GRANTS TO STATES.—The Secretary, acting
9 through the Director of the Centers for Disease Control
10 and Prevention, may make grants to States for—

11 “(1) developing standing orders for pharmacies
12 regarding opioid overdose reversal medication;

13 “(2) encouraging pharmacies to dispense opioid
14 overdose reversal medication pursuant to a standing
15 order;

16 “(3) implementing guidelines and best practices
17 for persons authorized to prescribe medication re-
18 garding—

19 “(A) prescribing opioids for the treatment
20 of chronic pain;

21 “(B) co-prescribing opioid overdose rever-
22 sal medication with opioids; and

23 “(C) discussing the purpose and adminis-
24 tration of opioid overdose reversal medication
25 with patients;

1 “(4) developing or adapting training materials
2 and methods for persons authorized to prescribe or
3 dispense medication to use in educating the public
4 regarding—

5 “(A) when and how to administer opioid
6 overdose reversal medication; and

7 “(B) steps to be taken after administering
8 opioid overdose reversal medication; and

9 “(5) educating the public regarding—

10 “(A) the public health benefits of opioid
11 overdose reversal medication; and

12 “(B) the availability of opioid overdose re-
13 versal medication without a person-specific pre-
14 scription.

15 “(b) CERTAIN REQUIREMENT.—A grant may be
16 made under this section only if the State involved has au-
17 thorized standing orders regarding opioid overdose rever-
18 sal medication.

19 “(c) PREFERENCE IN MAKING GRANTS.—In making
20 grants under this section, the Secretary shall give pref-
21 erence to States that—

22 “(1) have not issued standing orders regarding
23 opioid overdose reversal medication;

24 “(2) authorize standing orders that permit com-
25 munity-based organizations, substance abuse pro-

1 grams, or other nonprofit entities to acquire, dis-
2 pense, or administer opioid overdose reversal medica-
3 tion;

4 “(3) authorize standing orders that permit po-
5 lice, fire, or emergency medical services agencies to
6 acquire and administer opioid overdose reversal
7 medication;

8 “(4) have a higher per capita rate of opioid
9 overdoses than other applicant States; or

10 “(5) meet any other criteria deemed appro-
11 priate by the Secretary.

12 “(d) GRANT TERMS.—

13 “(1) NUMBER.—A State may not receive more
14 than 1 grant under this section.

15 “(2) PERIOD.—A grant under this section shall
16 be for a period of 3 years.

17 “(3) AMOUNT.—A grant under this section may
18 not exceed \$500,000.

19 “(4) LIMITATION.—A State may use not more
20 than 20 percent of a grant under this section for
21 educating the public pursuant to subsection (a)(5).

22 “(e) APPLICATIONS.—To be eligible to receive a grant
23 under this section, a State shall submit an application to
24 the Secretary in such form and manner and containing

1 such information as the Secretary may require, including
2 detailed proposed expenditures of grant funds.

3 “(f) REPORTING.—Not later than 3 months after the
4 Secretary disburses the first grant payment to any State
5 under this section and every 6 months thereafter for 3
6 years, such State shall submit a report to the Secretary
7 that includes the following:

8 “(1) The name and ZIP Code of each pharmacy
9 in the State that dispenses opioid overdose reversal
10 medication under a standing order.

11 “(2) The total number of opioid overdose rever-
12 sal medication doses dispensed by each such phar-
13 macy, specifying how many were dispensed with or
14 without a person-specific prescription.

15 “(3) The number of pharmacists in the State
16 who have participated in training pursuant to sub-
17 section (a)(4).

18 “(g) DEFINITIONS.—In this section:

19 “(1) OPIOID OVERDOSE REVERSAL MEDICA-
20 TION.—The term ‘opioid overdose reversal medica-
21 tion’ means any drug, including naloxone, that—

22 “(A) blocks opioids from attaching to, but
23 does not itself activate, opioid receptors; or

24 “(B) inhibits the effects of opioids on
25 opioid receptors.

1 “(2) STANDING ORDER.—The term ‘standing
2 order’ means a document prepared by a person au-
3 thorized to prescribe medication that permits an-
4 other person to acquire, dispense, or administer
5 medication without a person-specific prescription.

6 “(h) AUTHORIZATION OF APPROPRIATIONS.—

7 “(1) IN GENERAL.—To carry out this section,
8 there is authorized to be appropriated \$10,815,000
9 for the period of fiscal years 2016 through 2019.

10 “(2) ADMINISTRATIVE COSTS.—Not more than
11 3 percent of the amounts made available to carry
12 out this section may be used by the Secretary for
13 administrative expenses of carrying out this sec-
14 tion.”.

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