

Conference Report to S. 524, Comprehensive Addiction and Recovery Act of 2016

FLOOR SITUATION

On Friday, July 8, 2016, the House will consider the [Conference Report to S. 524](#), the Comprehensive Addiction and Recovery Act of 2016, under a [rule](#). S. 524 was introduced on February 12, 2015 by Sen. Sheldon Whitehouse (D-RI) and passed the Senate, with an amendment, on March 10, 2016, by a vote of [94 to 1](#). The House passed a House Amendment to S. 524 on May 13, 2016 by a vote of [400-5](#) and insisted upon its amendments. A request to go to conference was agreed to without objection.

SUMMARY

The Conference Report to S. 524 authorizes the Attorney General and the Secretary of Health and Human Services to award grants to address the national epidemics of addiction to heroin and prescription opioids, and make various other changes to Federal law to combat opioid addiction and abuse.

Major provisions of the Conference Report include¹:

Title I: Prevention and Education

- Requires the Secretary of Health and Human Services (HHS) to convene a task force comprised of Federal agencies and non-governmental stakeholders to identify, review, and as appropriate, determine whether there are gaps or inconsistencies between best practices for chronic and acute pain management that have been developed or adopted by Federal agencies.
- Directs the Secretary of HHS to advance education and awareness of issues related to opioid abuse.

¹ See the [Joint Explanatory Statement of the Committee of Conference](#)

- Authorizes the Office of National Drug Control Policy to award grants to implement community-wide prevention strategies for addressing the local drug crisis or emerging drug abuse issues in areas with high rates of opioid or methamphetamine abuse.
- Allows NIH to intensify and coordinate fundamental, translational, and clinical research with respect to the understanding of pain, the discovery and development of therapies for chronic pain, and the development of alternatives to opioids for effective pain treatments in order to advance the discovery and development of novel, safe, non-addictive, effective, and affordable pharmaceuticals and other therapies for chronic pain.
- Reauthorizes the National All Schedules Prescription Electronic Reporting (NASPER) Act to provide grants to establish, implement, and improve state-based prescription drug monitoring programs.

Title II: Law Enforcement and Treatment

- Creates a comprehensive grant program at the Department of Justice to address the problems of opioid addiction and abuse. The Conference Report authorizes \$103 million for each of fiscal years 2017 through 2021, which is fully offset and in accordance with House CUTGO procedures.
- Codifies an existing grant program at the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand access to life-saving opioid overdose reversal drugs by supporting the purchase and distribution of opioid overdose reversal drugs and training for first responders.
- Authorizes the Attorney General to coordinate with certain entities in expanding or making available disposal sites for unwanted prescription medications.

Title III: Treatment and Recovery

- Codifies an existing grant program at SAMSHA to support states in expanding access to addiction treatment services for individuals with an opioid use disorder.
- Allows HHS to provide grants to community organizations to develop, expand, and enhance recovery services and build connection between recovery networks, including physicians, the criminal justice system, employers, and other recovery support systems.
- Amends the Controlled Substances Act to expand access to medication-assisted treatment by authorizing nurse practitioners and physician assistants to prescribe buprenorphine, while ensuring that patients receive the full array of quality evidence-based services and minimizing the potential for diversion.

Title IV: Addressing Collateral Consequences

- Directs GAO to submit a report on recovery and collateral consequences of drug-related criminal convictions.

Title V: Addiction and Treatment Services for Women, Families, and Veterans

- Reauthorizes a grant program for residential treatment for pregnant and postpartum women who have an opioid use disorder.
- Makes necessary definitions to “qualified veterans” and programs available to help veterans through Veterans Treatment Courts.

- Requires HHS to review and confirm states have Child Abuse Prevention and Treatment Act policies in place as required under the law, strengthens protections for infants born with substance exposure by clarifying the intent of safe care plans, and requires HHS to share best practices for developing plans to keep infants and their caregivers safe and healthy.
- Requires a GAO report on neonatal abstinence syndrome

Title VI: Incentivizing State Comprehensive Initiatives to Address Prescription Opioid Abuse

- Authorizes HHS to award grants to states to carry out a comprehensive opioid abuse response, including education, treatment, and recovery efforts, maintaining prescription drug monitoring programs, and effort to prevent overdose deaths.

Title VII: Miscellaneous

- Authorizes DOJ and HHS to evaluate grants authorized by this Act.
- Clarifies that pharmacists coordinating with a patient and their doctor in accordance with state law, do not need to fill the entire amount of a prescription for a Schedule II substance, such as opioids.
- Allows prescription drug plans in Medicare to develop a safe prescribing and dispensing program for beneficiaries that are at risk of abuse or diversion of drugs that are frequently abused or diverted.
- Corrects an unintended consequence in current law which subjects abuse-deterrent formulations of drugs to a higher rebate under the Medicaid program.

Title VIII: Kingpin Designation Improvement

- Incorporates the text of H.R. 4985, the Kingpin Designation Improvement Act of 2016, which protects classified information from disclosure during a federal court challenge to kingpin designations.

Title IX: Department of Veterans Affairs

- Requires the Secretary of Veterans Affairs (VA) to include all VA medical facilities in the Opioid Safety Initiative and establish enhanced standards with respect to the use of routine and random drug tests for all patients before and during opioid therapy.
- Directs the VA and DOD to ensure opioid use and prescribing practices is a focus of the Health Executive Committee's Pain Management Working Group, and requires an update of the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.
- Directs GAO to report on the Opioid Safety Initiative.
- Requires the VA to disclose certain veteran information to state controlled substance monitoring programs.
- Improves awareness of the Patient Advocacy Program and Patient Bill of Rights of the Department of Veterans Affairs.
- Establishes an office of patient advocacy within the Office of the Undersecretary for Health of the Department of Veterans Affairs.
- Establishes a Commission to examine the evidence-based therapy treatment model used by the VA for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health as standards practice throughout the Department.

- Creates a pilot program on the integration of complementary and integrative health and related issues for veterans and family members of veterans.
- Limits the amounts of funds available for payment as bonuses and awards.

Click [here](#) for the previous Legislative Digest on the House-passed version of the House Amendment to S. 524 and [here](#) for a summary of the Conference Report, provided by the Committee on Energy and Commerce.

BACKGROUND

The United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin). During 2014, a total of 47,055 drug overdose deaths occurred in the United States, with more than 28,000 deaths involving some type of opioid, including heroin. Natural and semisynthetic opioids, which include the most commonly prescribed opioid pain relievers (oxycodone and hydrocodone), continue to be involved in more overdose deaths than any other opioid derived drug.²

COST

The Congressional Budget Office (CBO) [estimates](#) that enacting the Conference Report to S. 524 would decrease the budget deficits by \$47 million over the 2017 to 2026 period.

STAFF CONTACT

For questions or further information please contact [Jake Vreeburg](#) with the House Republican Policy Committee by email or at 5-0190.

² See CDC: [Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014](#)