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House To Take Up Opioid Legislation, But Does Senate Have Enough Time

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Last month, the House Energy and Commerce Committee (E&C) advanced eleven opioid-related pieces of legislation. While the House version of the Senate-passed Comprehensive Addiction and Recovery Act of 2016 (CARA) has yet to be marked up by the House Judiciary Committee, E&C advanced a bill which included language from CARA and in total five of the bills advanced out of committee have Senate counterparts. The House is scheduled to vote on all the legislation listed below this week, including the measures advanced by the House Judiciary Committee.

Whether the Senate takes up that legislation during the next work period remains to be seen, especially considering the rare inter-party pressure Senate members are putting on the House GOP to take up CARA.

The following bills have Senate counterparts or have language in Senate bills:

H.R. 4641 – Rep. Susan Brooks (R-IN) — This legislation would establish a task force to review, modify, and update best practices for pain management and prescribing pain medication. This bill appears under section 101 of CARA.

H.R. 4978 – Rep. Evan Jenkins (R-WV) — The Nurturing and Supporting Healthy Babies Act would require the Comptroller General to issue a report one year after enactment on Neonatal Abstinence Syndrome. The House included an amendment which would exempt abuse-deterrent formulations (ADF) of prescription drugs from the definition of “line extension” when calculating Medicaid rebates. Similar legislation was introduced this month by Senator Sherrod Brown (D-OH), Senator Shelly Moore Capito (R-WV), and Senator Angus King (I-ME).

H.R. 4599 – Rep. Katherine Clark (D-MA) — The Reducing Unused Medications Act of 2016 would clarify when a prescription for a drug listed on Schedule II may be partially filled. Identical legislation was introduced by Senator Elizabeth Warren (D-MA) and referred to the Senate Committee on Health, Education, Labor, and Pensions.

H.R. 4982 – Rep. Bill Foster (D-IL) — The Examining Opioid Treatment Infrastructure Act of 2016 would require the Comptroller General to issue a report to Congress on substance abuse treatment availability and infrastructure needs throughout the United States. Two amendments were approved as well: one examines barriers to access real-time data on overdoses and the other studies access to treatment in the Indian health program. Similar legislation appears in Senator Ed Markey’s (D-MA) bill, S. 1410, as well as Senator Brown’s bill, S. 2562.

H.R. 3680 – Rep. John Sarbanes (D-MD) — The Co-Prescribing to Reduce Overdoses Act of 2015 would allow entities to create a demonstration program for prescribing naloxone to patients at an elevated risk of overdose as well as to a close relative of such patient. This bill also appears as language in Senator Brown’s S. 2562, the

Heroin and Prescription Drug Abuse Prevention and Reduction Act.

H.R. 3691 – Rep. Ben Ray Lujan (D-NM) — This legislation reauthorizes the Pregnant and Postpartum Women program and creates a pilot program to allow for up to 25 percent of the grants to be made for outpatient treatment services. The bill would increase the authorization of this program to \$16.9 million for each of fiscal years 2016 through 2020. Similar legislation appears in Senator Brown’s bill, S. 2562, as well as Senator Ayotte’s (R-NH) bill, S. 2226.

The other bills without a Senate counterpart:

H.R. 4981 – Rep. Larry Bucshon (R-IN) — This legislation, also known as the Opioid Use Disorder Treatment Expansion and Modernization Act, would amend the Controlled Substances Act to expand access to medication-assisted treatment, while ensuring that patients receive the full array of quality evidence-based services and minimizing the potential for drug diversion.

H.R. 4969 – Rep. Pat Meehan (R-PA) — The John Thomas Decker Act would direct HHS to study what information and resources are available to youth athletes and their families regarding the dangers of opioid abuse, non-opioid treatment options, and how to seek addiction treatment.

H.R. 4976 – Rep. Patrick Maloney (D-NY) — The Opioid Review Modernization Act would require the FDA to work closely with expert advisory committees before making critical product approval and labeling decisions, and to make recommendations regarding education programs for prescribers.

H.R. 3250 – Rep. Bill Johnson (R-OH) — The DXM Abuse Prevention Act would prohibit the sale of a drug containing dextromethorphan (DXM) to an individual under 18, unless the individual has a prescription or is actively enrolled in the military. This bill appeared in a Senate bill from a previous Congress, but a Senate counterpart has yet to be introduced this Congress.

H.R. 4586 – Rep. Bob Dold (R-IL) — This legislation, known as Lali’s Law, would authorize grants to states for developing standing orders for naloxone prescriptions and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions.

It is worth noting that the House Judiciary Committee recently advanced [three pieces](#) of legislation related to opioids; although, CARA was not one of them.

It is unclear how the House will approach passing these bills or packaging them for the Senate to take up in short order. While the relevant Senate committees have yet to schedule further hearings or markups, it does not preclude leadership from hotlining this legislation across the finish line.

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