

[COMMITTEE PRINT]

(SHOWING H.R. 4586, AS FORWARDED BY THE SUBCOMMITTEE ON HEALTH
ON APRIL 20, 2016)

114TH CONGRESS
2^D 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 The Public Health Service Act is amended by insert-
4 ing after section 399VV-5 of such Act (42 U.S.C. 280g-
5 16) the following:

6 **“SEC. 399VV-6. OPIOID OVERDOSE REVERSAL MEDICATION**
7 **ACCESS AND EDUCATION GRANT PROGRAMS.**

8 “(a) GRANTS TO STATES.—The Secretary may make
9 grants to States for—

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

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

15 “(3) implementing best practices for persons
16 authorized to prescribe medication regarding—

17 “(A) prescribing opioids for the treatment
18 of chronic pain;

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

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

24 “(4) developing or adapting training materials
25 and methods for persons authorized to prescribe or

1 dispense medication to use in educating the public
2 regarding—

3 “(A) when and how to administer opioid
4 overdose reversal medication; and

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

7 “(5) educating the public regarding—

8 “(A) the public health benefits of opioid
9 overdose reversal medication; and

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

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

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

20 “(1) have not issued standing orders regarding
21 opioid overdose reversal medication;

22 “(2) authorize standing orders that permit com-
23 munity-based organizations, substance abuse pro-
24 grams, or other nonprofit entities to acquire, dis-

1 pense, or administer opioid overdose reversal medica-
2 tion;

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

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

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

11 “(d) GRANT TERMS.—

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

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

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

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

21 “(e) APPLICATIONS.—To be eligible to receive a grant
22 under this section, a State shall submit an application to
23 the Secretary in such form and manner and containing
24 such information as the Secretary may require, including
25 detailed proposed expenditures of grant funds.

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

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

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

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

16 “(g) DEFINITIONS.—In this section:

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

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

22 “(B) inhibits the effects of opioids on
23 opioid receptors.

24 “(2) STANDING ORDER.—The term ‘standing
25 order’ means a document prepared by a person au-

1 thorized to prescribe medication that permits an-
2 other person to acquire, dispense, or administer
3 medication without a person-specific prescription.

4 “(h) AUTHORIZATION OF APPROPRIATIONS.—

5 “(1) IN GENERAL.—To carry out this section,
6 there is authorized to be appropriated \$10,815,000
7 for the period of fiscal years 2017 through 2019.

8 “(2) ADMINISTRATIVE COSTS.—Not more than
9 3 percent of the amounts made available to carry
10 out this section may be used by the Secretary for
11 administrative expenses of carrying out this sec-
12 tion.”.