

HR 4697

Prevent Drug Addiction Act of 2016

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: Mar 3, 2016

Current Status: Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.

Latest Action: Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations. (Apr 1, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/4697>

Sponsor

Name: Rep. Esty, Elizabeth H. [D-CT-5]

Party: Democratic • **State:** CT • **Chamber:** House

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Costello, Ryan A. [R-PA-6]	R · PA		Mar 3, 2016
Rep. Knight, Stephen [R-CA-25]	R · CA		Mar 3, 2016
Rep. Courtney, Joe [D-CT-2]	D · CT		Apr 20, 2016

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Mar 4, 2016
Judiciary Committee	House	Referred to	Apr 1, 2016
Ways and Means Committee	House	Referred to	Mar 9, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 S 1913	Related bill	Jul 30, 2015: Read twice and referred to the Committee on Finance.
114 S 1431	Related bill	May 21, 2015: Read twice and referred to the Committee on Finance.

Prevent Drug Addiction Act of 2016

This bill amends the Public Health Service Act to require the Substance Abuse and Mental Health Services Administration (SAMHSA) to award grants for consumer education about opioid addiction. (Opioids are drugs with effects similar to opium, such as heroin or certain prescription painkillers.)

This bill amends the Controlled Substances Act to require medical practitioners to be trained in the treatment of opioid-dependent patients, pain management, and early detection of opioid addiction before they can be registered by the Drug Enforcement Administration to dispense opioids.

Opioid treatment programs that close on any day must make arrangements for each patient to receive treatment during the closure, as necessary.

A report must be submitted to SAMHSA for each individual who dies while receiving treatment in an opioid treatment program. In states receiving funding for controlled substance monitoring programs, deaths where an opioid drug is detected in the body must be reported to SAMHSA.

The National Center for Health Statistics of the Centers for Disease Control and Prevention must establish a National Opioid Death Registry to track opioid-related deaths.

The Agency for Healthcare Research and Quality must develop and apply prescription drug addiction prevention and treatment quality measures.

This bill amends part D (Voluntary Prescription Drug Benefit Program) of title XVIII (Medicare) of the Social Security Act to allow prescription drug plan (PDP) sponsors to limit the access of certain beneficiaries to addictive drugs. PDP sponsors must have a utilization management tool to prevent drug addiction.

Medicare Drug Integrity Contractors may accept prescription and medical records to determine whether a beneficiary is at risk for prescription drug addiction.

Actions Timeline

- **Apr 1, 2016:** Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.
- **Mar 9, 2016:** Referred to the Subcommittee on Health.
- **Mar 4, 2016:** Referred to the Subcommittee on Health.
- **Mar 3, 2016:** Introduced in House
- **Mar 3, 2016:** Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.