

HR 4981

Opioid Use Disorder Treatment Expansion and Modernization Act

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: Apr 18, 2016

Current Status: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and

Latest Action: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (May 12, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/4981>

Sponsor

Name: Rep. Bucshon, Larry [R-IN-8]

Party: Republican • State: IN • Chamber: House

Cosponsors (2 total)

| Cosponsor | Party / State | Role | Date Joined |
|----------------------------|---------------|------|--------------|
| Rep. Tonko, Paul [D-NY-20] | D · NY | | Apr 18, 2016 |
| Rep. Rokita, Todd [R-IN-4] | R · IN | | Apr 28, 2016 |

Committee Activity

| Committee | Chamber | Activity | Date |
|--|---------|-------------|--------------|
| Energy and Commerce Committee | House | Referred to | Apr 22, 2016 |
| Health, Education, Labor, and Pensions Committee | Senate | Referred To | May 12, 2016 |
| Judiciary Committee | House | Referred to | Apr 20, 2016 |

Subjects & Policy Tags

Policy Area:

Health

Related Bills

| Bill | Relationship | Last Action |
|-------------|--------------|--|
| 114 S 524 | Related bill | Jul 22, 2016: Became Public Law No: 114-198. |
| 114 HR 5189 | Related bill | Jun 7, 2016: Referred to the Subcommittee on Military Personnel. |
| 114 HR 4599 | Related bill | May 12, 2016: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions. |

Opioid Use Disorder Treatment Expansion and Modernization Act

(Sec. 3) This bill amends the Controlled Substances Act to revise the requirements for a practitioner to administer, dispense, or prescribe narcotic drugs for maintenance or detoxification treatment in an office-based opioid treatment program.

Currently, a practitioner must notify the Department of Health and Human Services (HHS) and certify that he or she is a qualifying physician (i.e., a state-licensed physician with certain expertise), has the capacity to refer patients for appropriate counseling and ancillary services, and will comply with a patient limit. The patient limit is how many patients the practitioner can treat under the office-based treatment program at one time.

This legislation expands qualifying practitioners to include nurse practitioners and physician assistants who are licensed in a state, have expertise (such as relevant training or expertise), and prescribe medications for opioid use disorder in collaboration with or under the supervision of a qualifying physician if state law requires physician oversight of prescribing authority.

Additionally, it requires a qualifying practitioner to also certify that he or she will comply with reporting requirements and has the capacity to provide directly or by referral, or in another manner prescribed by HHS, all drugs approved by the Food and Drug Administration to treat opioid use disorder.

HHS may issue regulations to change the maximum patient limit for a qualifying practitioner. If HHS increases the limit, then a qualifying practitioner must additionally certify that he or she will obtain written consent from each patient regarding available treatment options.

HHS must update the treatment improvement protocol containing best practice guidelines for the treatment of opioid-dependent patients in office-based settings.

HHS may recommend revoking or suspending the registration of a practitioner who fails to comply with the requirements of this Act.

(Sec. 4) The bill expresses the sense of Congress that HHS should consider raising from 100 to 250 the maximum patient limit for a qualifying physician.

(Sec. 5) It amends the Controlled Substances Act to allow a pharmacist to partially fill a prescription for a schedule II controlled substance (such as a prescription opioid painkiller) if: (1) it is not prohibited by state law, (2) it is prescribed in accordance with existing laws and regulations, (3) it is requested by the patient or prescribing practitioner, and (4) the total quantity dispensed in partial fillings does not exceed the total quantity prescribed.

Additionally, a pharmacist may partially fill a prescription for a schedule II controlled substance in other circumstances in accordance with existing Drug Enforcement Administration (DEA) regulations. (Current DEA regulations permit partial fills when a pharmacist cannot supply a full quantity, a patient resides in a long-term care facility, or a patient is terminally ill.)

The remaining of a partially filled prescription may be filled within 30 days or, in the case of an emergency situation, within 72 hours.

Actions Timeline

- **May 12, 2016:** Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
- **May 11, 2016:** Mr. Guthrie moved to suspend the rules and pass the bill, as amended.
- **May 11, 2016:** Considered under suspension of the rules. (consideration: CR H2276-2280)
- **May 11, 2016:** DEBATE - The House proceeded with forty minutes of debate on H.R. 4981.
- **May 11, 2016:** Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote.(text: CR H2276-2277)
- **May 11, 2016:** On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote. (text: CR H2276-2277)
- **May 11, 2016:** Motion to reconsider laid on the table Agreed to without objection.
- **May 10, 2016:** Reported (Amended) by the Committee on Energy and Commerce. H. Rept. 114-561, Part I.
- **May 10, 2016:** Committee on the Judiciary discharged.
- **May 10, 2016:** Placed on the Union Calendar, Calendar No. 435.
- **Apr 27, 2016:** Committee Consideration and Mark-up Session Held.
- **Apr 27, 2016:** Ordered to be Reported (Amended) by Voice Vote.
- **Apr 26, 2016:** Committee Consideration and Mark-up Session Held.
- **Apr 25, 2016:** Committee Consideration and Mark-up Session Held.
- **Apr 22, 2016:** Referred to the Subcommittee on Health.
- **Apr 20, 2016:** Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.
- **Apr 18, 2016:** Introduced in House
- **Apr 18, 2016:** Referred to the Committee on Energy and Commerce, and in addition to the Committee on 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.