

S 524

Comprehensive Addiction and Recovery Act of 2016

Congress: 114 (2015–2017, Ended)

Chamber: Senate

Policy Area: Crime and Law Enforcement

Introduced: Feb 12, 2015

Current Status: Became Public Law No: 114-198.

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Law: 114-198 (Enacted Jul 22, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/senate-bill/524>

Sponsor

Name: Sen. Whitehouse, Sheldon [D-RI]

Party: Democratic • **State:** RI • **Chamber:** Senate

Cosponsors (44 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Ayotte, Kelly [R-NH]	R · NH		Feb 12, 2015
Sen. Coons, Christopher A. [D-DE]	D · DE		Feb 12, 2015
Sen. Kirk, Mark Steven [R-IL]	R · IL		Feb 12, 2015
Sen. Klobuchar, Amy [D-MN]	D · MN		Feb 12, 2015
Sen. Portman, Rob [R-OH]	R · OH		Feb 12, 2015
Sen. Feinstein, Dianne [D-CA]	D · CA		Feb 24, 2015
Sen. Franken, Al [D-MN]	D · MN		Feb 24, 2015
Sen. Nelson, Bill [D-FL]	D · FL		Feb 24, 2015
Sen. Warren, Elizabeth [D-MA]	D · MA		Feb 24, 2015
Sen. Schumer, Charles E. [D-NY]	D · NY		Feb 26, 2015
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		Mar 11, 2015
Sen. Collins, Susan M. [R-ME]	R · ME		Apr 16, 2015
Sen. Hatch, Orrin G. [R-UT]	R · UT		May 20, 2015
Sen. Graham, Lindsey [R-SC]	R · SC		May 22, 2015
Sen. Baldwin, Tammy [D-WI]	D · WI		Jul 7, 2015
Sen. Menendez, Robert [D-NJ]	D · NJ		Sep 17, 2015
Sen. Shaheen, Jeanne [D-NH]	D · NH		Sep 17, 2015
Sen. King, Angus S., Jr. [I-ME]	I · ME		Sep 21, 2015
Sen. Manchin, Joe, III [D-WV]	D · WV		Sep 28, 2015
Sen. Blumenthal, Richard [D-CT]	D · CT		Sep 29, 2015
Sen. Leahy, Patrick J. [D-VT]	D · VT		Jan 12, 2016
Sen. Capito, Shelley Moore [R-WV]	R · WV		Jan 21, 2016
Sen. Donnelly, Joe [D-IN]	D · IN		Jan 27, 2016
Sen. Heinrich, Martin [D-NM]	D · NM		Jan 28, 2016
Sen. Sullivan, Dan [R-AK]	R · AK		Jan 28, 2016
Sen. Tester, Jon [D-MT]	D · MT		Feb 4, 2016
Sen. Rubio, Marco [R-FL]	R · FL		Feb 8, 2016
Sen. Udall, Tom [D-NM]	D · NM		Feb 9, 2016
Sen. Durbin, Richard J. [D-IL]	D · IL		Feb 11, 2016
Sen. Blunt, Roy [R-MO]	R · MO		Feb 22, 2016
Sen. Cornyn, John [R-TX]	R · TX		Feb 22, 2016
Sen. Grassley, Chuck [R-IA]	R · IA		Feb 22, 2016
Sen. Coats, Daniel [R-IN]	R · IN		Feb 23, 2016
Sen. Schatz, Brian [D-HI]	D · HI		Feb 24, 2016
Sen. Tillis, Thomas [R-NC]	R · NC		Feb 24, 2016
Sen. Boozman, John [R-AR]	R · AR		Feb 25, 2016
Sen. Kaine, Tim [D-VA]	D · VA		Feb 25, 2016
Sen. McCaskill, Claire [D-MO]	D · MO		Feb 25, 2016
Sen. Hirono, Mazie K. [D-HI]	D · HI		Feb 29, 2016
Sen. Murkowski, Lisa [R-AK]	R · AK		Feb 29, 2016
Sen. Sanders, Bernard [I-VT]	I · VT		Feb 29, 2016

Cosponsor	Party / State	Role	Date Joined
Sen. Stabenow, Debbie [D-MI]	D · MI		Feb 29, 2016
Sen. Booker, Cory A. [D-NJ]	D · NJ		Mar 7, 2016
Sen. Alexander, Lamar [R-TN]	R · TN		Jul 12, 2016

Committee Activity

Committee	Chamber	Activity	Date
Judiciary Committee	Senate	Reported By	Feb 22, 2016

Subjects & Policy Tags

Policy Area:

Crime and Law Enforcement

Related Bills

Bill	Relationship	Last Action
114 HR 4843	Related bill	Sep 19, 2016: Referred to the Subcommittee on Early Childhood, Elementary, and Secondary Education.
114 HRES 809	Procedurally related	Jul 7, 2016: Motion to reconsider laid on the table Agreed to without objection.
114 HR 3380	Related bill	Jun 3, 2016: Placed on the Union Calendar, Calendar No. 469.
114 S 3015	Related bill	May 26, 2016: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 HR 5249	Related bill	May 20, 2016: Referred to the Subcommittee on Health.
114 HR 5145	Related bill	May 17, 2016: Referred to the Subcommittee on Health.
114 HR 1818	Related bill	May 16, 2016: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 HR 4586	Related bill	May 16, 2016: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 HR 5046	Related bill	May 16, 2016: Received in the Senate and Read twice and referred to the Committee on the Judiciary.
114 S 32	Related bill	May 16, 2016: Became Public Law No: 114-154.
114 HRES 725	Procedurally related	May 13, 2016: Motion to reconsider laid on the table Agreed to without objection.
114 HR 3680	Related bill	May 12, 2016: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 HR 3691	Related bill	May 12, 2016: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
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.
114 HR 4641	Related bill	May 12, 2016: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 HR 4969	Related bill	May 12, 2016: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 HR 4976	Related bill	May 12, 2016: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 HR 4978	Related bill	May 12, 2016: Received in the Senate and Read twice and referred to the Committee on Finance.
114 HR 4981	Related bill	May 12, 2016: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 HR 4982	Related bill	May 12, 2016: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 HR 4063	Related bill	May 11, 2016: Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs.
114 HR 4892	Related bill	May 11, 2016: Forwarded by Subcommittee to Full Committee in the Nature of a Substitute (Amended) by Voice Vote .
114 HR 4985	Related bill	May 11, 2016: Received in the Senate and Read twice and referred to the Committee on the Judiciary.
114 HR 5048	Related bill	May 11, 2016: Received in the Senate and Read twice and referred to the Committee on the Judiciary.

Bill	Relationship	Last Action
114 HR 5052	Related bill	May 11, 2016: Received in the Senate and Read twice and referred to the Committee on the Judiciary.
114 S 2914	Related bill	May 10, 2016: Read twice and referred to the Committee on the Judiciary.
114 S 2872	Related bill	Apr 28, 2016: Read twice and referred to the Committee on Finance.
114 S 2256	Related bill	Apr 27, 2016: Placed on Senate Legislative Calendar under General Orders. Calendar No. 442.
114 HR 4876	Related bill	Mar 29, 2016: Referred to the Subcommittee on Health.
114 S 2678	Related bill	Mar 15, 2016: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 HR 1725	Related bill	Sep 9, 2015: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
114 S 1913	Related bill	Jul 30, 2015: Read twice and referred to the Committee on Finance.
114 HR 2463	Related bill	Jun 16, 2015: Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.
114 HR 953	Identical bill	Apr 29, 2015: Referred to the Subcommittee on Higher Education and Workforce Training.

(This measure has not been amended since the Conference Report was filed in the House on July 6, 2016. The summary of that version is repeated here.)

Comprehensive Addiction and Recovery Act of 2016

TITLE I--PREVENTION AND EDUCATION

(Sec. 101) This bill requires the Department of Health and Human Services (HHS) to convene a Pain Management Best Practices Inter-Agency Task Force to review best practices for pain management developed or adopted by federal agencies. The task force must propose updates to best practices and recommendations for addressing gaps or inconsistencies.

(Sec. 102) HHS must advance education and awareness regarding the risk of abuse of prescription opioids if they are not taken as prescribed. (Opioids are drugs with effects similar to opium, such as certain pain medications and heroin.)

(Sec. 103) The Office of National Drug Control Policy, in coordination with the Substance Abuse and Mental Health Services Administration, may award grants to implement community-wide strategies to address a high rate of, or sudden increase in, opioid or methamphetamine abuse or a sudden increase in opioid-related deaths.

(Sec. 104) HHS must report on the availability of information regarding the prescription of opioids after youth sports injury, including information on opioid use and misuse, injury treatments that do not involve opioids, and treatment for opioid addiction. The report must determine the extent this information is available to teenagers and adolescents who play youth sports, their families, youth sports groups, and health care providers. Taking into consideration the findings of the report, HHS may facilitate the development of such information.

(Sec. 105) This bill amends the Public Health Service Act to require HHS to award grants to states to: (1) streamline state requirements and procedures to assist certain veterans to meet state certification, licensure, and other requirements applicable to civilian health care professions; and (2) develop or expand career pathways at institutions of higher education to support veterans in meeting such requirements.

(Sec. 106) This bill amends the Federal Food, Drug, and Cosmetic Act to require the Food and Drug Administration (FDA) to refer new drug applications for opioids to an advisory committee before approval, unless the FDA finds that such a referral is scientifically unnecessary and not in the interest of protecting and promoting public health and the FDA notifies Congress of its rationale.

The FDA must convene an advisory committee on labeling opioids for pediatric use before approving any such labeling.

As part of its evaluation of the Extended-Release/Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy, the FDA must develop recommendations regarding education programs for prescribers of opioids.

The FDA must finalize the draft guidance entitled "General Principles for Evaluating the Abuse Deterrence of Generic Solid Oral Opioid Drug Products."

(Sec. 107) HHS must award grants to expand access to drugs or devices approved by the FDA for emergency treatment of opioid overdose (e.g., naloxone). Grant recipients may use the funds to purchase such treatments, establish a program for prescribing such treatments, train health care providers and pharmacists, offset patient cost sharing, and connect

patients to treatment.

HHS may provide information to prescribers in federally qualified health centers and Indian Health Service facilities on best practices for prescribing such treatments. The Department of Defense and the Department of Veterans Affairs may provide such information to prescribers in their medical facilities.

(Sec. 108) The National Institutes of Health (NIH) may intensify and coordinate NIH research into the understanding of pain, therapies for chronic pain, and alternatives to opioids for pain treatments. The prioritization and direction of federally funded pain research must consider recommendations made by the Interagency Pain Research Coordinating Committee.

(Sec. 109) The grant program for state prescription drug monitoring programs is extended through FY2021 and revised, including to:

- allow grants to be used to maintain and operate existing state prescription drug monitoring programs,
- require HHS to redistribute any returned funds among the remaining grantees,
- require a state to provide HHS with aggregate data to enable HHS to evaluate the success of the state's program, and
- expand the program to include any commonwealth or territory of the United States.

The Drug Enforcement Administration (DEA), HHS, a state Medicaid program, a state health department, or a state substance abuse agency receiving nonidentifiable information from a prescription drug monitoring database for research purposes may make that information available to other entities for research purposes.

A state receiving a grant must: (1) facilitate prescriber and dispenser use of the state's prescription drug monitoring system, and (2) educate prescribers and dispensers on the benefits of the system both to them and society.

(Sec. 110) HHS must make grants to states that allow standing orders (documents that allow a person to acquire, dispense, or administer a prescription medication without a person-specific prescription) for drugs or devices for emergency treatment of opioid overdose (e.g., naloxone). Grants may be used for:

- implementing strategies for pharmacists to dispense such treatments pursuant to a standing order,
- encouraging pharmacies to dispense such treatments pursuant to a standing order,
- developing or providing training materials for prescribers to use in educating the public on administration of such treatments, and
- educating the public on the availability of such treatments.

States must report on pharmacies that dispense such treatments under a standing order.

TITLE II--LAW ENFORCEMENT AND TREATMENT

(Sec. 201) This bill amends the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Department of Justice (DOJ) to award grants to state, local, and tribal governments to provide opioid abuse services, including:

- developing, implementing, or expanding a treatment alternative to incarceration program;
- enhancing collaboration between criminal justice and substance abuse agencies;
- developing, implementing, or expanding programs to prevent, treat, or respond to opioid abuse;
- training first responders to administer opioid overdose treatments; and
- investigating unlawful opioid distribution activities.

This bill amends the Justice Assistance Act of 1984 to eliminate existing authority for DOJ to award grants under the Emergency Federal Law Enforcement Assistance Program through FY2021.

The Family-Based Substance Abuse Treatment Program is expanded to include prison-based family treatment programs for pregnant women.

The Government Accountability Office (GAO) must report on how federal grant programs address substance use and substance use disorders among adolescents and young adults.

(Sec. 202) HHS must make grants to states, local governmental entities, Indian tribes, and tribal organizations to enable first responders and others to administer drugs or devices for emergency treatment of opioid overdose. Grants may be used to make such treatments available, train first responders and others on the use of such treatments, and establish processes to refer individuals receiving treatment to follow-up care.

(Sec. 203) DOJ must coordinate with law enforcement agencies, pharmacies, distributors of prescription medications, and others to expand or make available disposal sites for unwanted prescription medications.

TITLE III--TREATMENT AND RECOVERY

(Sec. 301) HHS must provide support to state substance abuse agencies, units of local government, nonprofit organizations, and Indian tribes and tribal organizations that have a high rate of, or a rapid increase in, use of opioids to expand treatment of addiction in the areas affected.

(Sec. 302) HHS must award grants to enable recovery community organizations to develop, expand, and enhance substance use disorder recovery services. A recovery community organization is a nonprofit organization governed by people in recovery for substance use disorders that mobilizes resources to increase the prevalence and quality of long-term recovery.

(Sec. 303) This bill amends the Controlled Substances Act to revise the qualifications required for a practitioner to administer, dispense, or prescribe narcotic drugs for maintenance or detoxification treatment in an office-based opioid treatment program.

The bill expands qualifying practitioners to include licensed nurse practitioners and physician assistants who have 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. Qualifying practitioners must comply with reporting requirements and have the capacity to provide all FDA-approved drugs for opioid use disorder and other ancillary services.

HHS may change the maximum patient limit for qualifying practitioners.

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

TITLE IV--ADDRESSING COLLATERAL CONSEQUENCES

(Sec. 401) The GAO must report on the collateral consequences for individuals with convictions for nonviolent drug-related offenses, including the effect of those consequences on individuals resuming their personal and professional activities and the justifications for imposing those consequences. Collateral consequences are penalties or disadvantages imposed on such individuals by law, an administrative agency, or a court, not including consequences

imposed at sentencing.

TITLE V--ADDICTION AND TREATMENT SERVICES FOR WOMEN, FAMILIES, AND VETERANS

(Sec. 501) Support for residential substance abuse treatment programs for pregnant and postpartum women is expanded to include outpatient treatment and extended through FY2021. Such programs must provide services to the children of participants, including therapeutic, comprehensive child care. Priority for support must be given to programs serving rural areas, health professional shortage areas, or areas with a shortage of family-based substance use disorder treatment options.

The Center for Substance Abuse Treatment must carry out a pilot program to make grants to state substance abuse agencies to support services for pregnant and postpartum women who have a primary diagnosis of a substance use disorder, including opioid use disorders. The Center for Behavioral Health Statistics and Quality must evaluate the pilot program.

(Sec. 502) DOJ may award grants to state, local, and tribal governments to establish or expand programs for veterans, including veterans treatment courts, peer-to-peer services, and treatment, rehabilitation, legal, or transitional services for incarcerated veterans.

(Sec. 503) This bill amends the Child Abuse Prevention and Treatment Act to require the national clearinghouse for information relating to child abuse to maintain and disseminate information about requirements and best practices relating to the development of plans of safe care for infants born affected by substance abuse symptoms, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder.

The plan of safe care for such infants that is required for a state to receive a grant to improve its child protective services system must: (1) address the health and substance use disorder treatment needs of the infant and affected family or caregiver, and (2) specify a system for monitoring whether and in what manner local entities are providing services in accordance with state requirements.

Annual state data reports must include the number of such infants, the number for whom a plan of safe care was developed, and the number for whom referrals are made for services, including services for the affected family or caregiver.

HHS must monitor state compliance with child protective services system grant requirements.

(Sec. 504) The GAO must report on:

- the prevalence of neonatal abstinence syndrome (NAS), which is the symptoms of withdrawal in a newborn;
- NAS treatment services for which coverage is available under state Medicaid programs;
- the care settings and reimbursement for NAS treatment;
- the prevalence of use of various care settings for NAS treatment under state Medicaid programs;
- any federal barriers to treating infants with NAS under state Medicaid programs;
- what is known about best practices for treating infants with NAS; and
- its recommendations for improvements that will ensure access to NAS treatment under state Medicaid programs.

TITLE VI--INCENTIVIZING STATE COMPREHENSIVE INITIATIVES TO ADDRESS PRESCRIPTION OPIOID ABUSE

(Sec. 601) HHS must award grants to establish and implement a comprehensive state and local response to opioid

abuse that includes education efforts, a prescription drug monitoring program, prescription drug and opioid addiction treatment programs, and overdose death prevention efforts. HHS must give priority to entities that: (1) provide civil liability protection for first responders, health professionals, or family members who are trained in administering an opioid overdose treatment; (2) enroll incarcerated drug offenders in community-based treatment services prior to reentry; (3) ensure that data from their prescription drug monitoring program can be shared with other states and is regularly updated; and (4) maximize use of prescription drug monitoring programs and ensure programs notify prescribers and dispensers of suspected abuse of controlled substances by patients.

TITLE VII--MISCELLANEOUS

(Sec. 701) Each fiscal year, DOJ's Office of the Inspector General must audit a number of opioid abuse services grant recipients. Grant recipients with unresolved audit findings are not eligible to receive grant funds for two years. Nonprofit organizations that hold money in offshore accounts to avoid tax liability may not receive grant funds.

DOJ and HHS must each enter into an arrangement with the National Academy of Sciences or a nonfederal entity to evaluate the effectiveness of grants pertaining to opioid abuse established by this bill. The bill limits expenditures for conferences under these grants.

(Sec. 702) This bill amends the Controlled Substances Act to allow a pharmacist to partially fill a prescription for a schedule II controlled substance (such as an opioid) if: (1) such partial fills are not prohibited by state law, (2) a partial fill is requested by the patient or prescribing practitioner, and (3) the total quantity dispensed in partial fillings does not exceed the quantity prescribed.

(Sec. 703) The GAO must report on the Office of National Drug Control Policy's review of state and local Good Samaritan laws that exempt from criminal or civil liability any individual who administers an opioid overdose reversal drug or device (e.g., naloxone) or who contacts emergency services providers in response to an overdose.

(Sec. 704) This bill amends part D (Voluntary Prescription Drug Benefit Program) of title XVIII (Medicare) of the Social Security Act (SSAct) to authorize prescription drug plan (PDP) sponsors to establish a drug management program for beneficiaries at-risk for prescription drug abuse. PDP sponsors with drug management programs must provide to the Centers for Medicare and Medicaid Services (CMS) data on limitations imposed on beneficiaries and data to identify patterns of drug use that may indicate fraudulent, medically unnecessary, or unsafe use.

PDP sponsors must have in place a utilization management tool designed to prevent the abuse and diversion of frequently abused drugs.

Medicare drug integrity contractors (MEDICs) may accept an individual's prescription and necessary medical records from pharmacies, PDPs, and physicians in order to provide information relevant to determining whether the individual is an at-risk beneficiary.

The Inspector General of HHS must study the effectiveness of MEDICs in identifying, combating, and preventing Medicare fraud.

Funds are made available to the Medicare Improvement Fund for services provided during and after FY2021.

(Sec. 705) This bill amends title XIX (Medicaid) of the SSAct to exclude abuse-deterring prescription drugs from the requirement that manufacturers of single-source or innovator drugs pay additional rebates to state Medicaid programs.

(Sec. 706) Under current law, the CMS must use analytic technologies to identify improper Medicaid claims. The bill prohibits a state agency from using or disclosing such technologies except for purposes of administering a state Medicaid program or Children's Health Insurance Program (CHIP). State agencies must have adequate data security and control policies to ensure that access to such information is restricted to authorized persons for authorized uses.

(Sec. 707) The bill places \$5 million in the Medicaid Improvement Fund to be available beginning in FY2021.

TITLE VIII--KINGPIN DESIGNATION IMPROVEMENT

(Sec. 801) This bill amends the Foreign Narcotics Kingpin Designation Act to allow classified information to be submitted to a reviewing court *ex parte* (without all parties present) or *in camera* (in private) in a judicial review of a determination by the President that a foreign person is subject to sanctions as a significant foreign narcotics trafficker.

TITLE IX--DEPARTMENT OF VETERANS AFFAIRS

Jason Simcakoski Memorial and Promise Act

Subtitle A--Opioid Therapy and Pain Management

(Sec. 911) This bill directs the Department of Veterans Affairs (VA) to expand its Opioid Safety Initiative to include all VA medical facilities.

The VA must direct its health care providers, before initiating opioid therapy, to use the VA's Opioid Therapy Risk Report tool, which must include: (1) information from state prescription drug monitoring programs, (2) a patient's most recent information, and (3) information on controlled substances prescribed to a patient outside the VA.

The VA must establish enhanced standards for urine drug tests before and during opioid therapy to help prevent substance abuse, dependence, and diversion.

The VA must use the Interdisciplinary Chronic Pain Management Training Team Program to provide education and training on pain management and safe opioid prescribing practices.

Each VA medical facility must designate a pain management team of health care professionals to coordinate pain management therapy for patients experiencing pain that is not related to cancer.

VA health care providers must provide information on prescriptions of controlled substances received by veterans to state prescription drug monitoring programs.

The VA must: (1) maximize the availability to veterans of opioid overdose reversal drugs, such as naloxone; (2) equip each VA pharmacy with such medications for outpatient use; and (3) expand the Overdose Education and Naloxone Distribution program to ensure that veterans receiving VA health care who are at risk of opioid overdose may access such drugs and training on the proper administration of such drugs.

The VA must modify its patient record system to ensure that health care providers who access a veteran's record will be immediately notified about whether the veteran is receiving opioid therapy, has a history of substance use disorder or overdose, or is at risk of developing an opioid use disorder.

(Sec. 912) The VA and the Department of Defense (DOD) must ensure that the VA/DOD Pain Management Working Group: (1) includes a focus on specified practices, (2) coordinates with other working groups, (3) consults with other

federal agencies, and (4) and consults with the VA and DOD regarding proposed updates to the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

The VA and DOD must update the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

(Sec. 913) The GAO must report on the VA's Opioid Safety Initiative and the opioid prescribing practices of VA health care providers.

The VA must report on opioid therapy and prescription rates for VA patients and notify Congress and investigate if a provider's or facility's prescription rate is inconsistent with safe care standards.

(Sec. 914) The bill makes mandatory the disclosure by the VA of certain information to a state prescription drug monitoring program in order to prevent misuse of prescription medicines by a veteran or dependent.

(Sec. 915) Veterans at high risk of an opioid overdose are exempt from paying a copayment to the VA for opioid overdose treatments. Veterans are exempt from paying a copayment to the VA for education on the use of such treatments.

Subtitle B--Patient Advocacy

(Sec. 921) At least once every 90 days, each VA medical facility must host a public meeting on improving health care furnished by the VA. Community-based VA outpatient clinics must host such meetings at least once every year.

(Sec. 922) Not more than 90 days after enactment of this bill, the VA must display: (1) the purposes of the Patient Advocacy Program and patient advocate contact information at VA medical facilities, and (2) the rights and responsibilities of patients and family members at medical and residential facilities.

(Sec. 923) The GAO must report on the Patient Advocacy Program and include an assessment of staffing, staff training, and awareness and use of the program.

(Sec. 924) The Office of Patient Advocacy is established in the VA's Office of the Under Secretary for Health. The office must carry out the Patient Advocacy Program and ensure that patient advocates are trained and advocate on behalf of veterans receiving or seeking health care through the VA.

Subtitle C--Complementary and Integrative Health

(Sec. 931) The bill establishes the Creating Options for Veterans' Expedited Recovery Commission or the COVER 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 treatments including music, acupuncture, yoga, meditation, and sports.

Not more than 90 days after receiving a report from the commission with recommendations, the VA must submit a report that includes: (1) an action plan for implementing recommendations and a time frame for implementing complementary and integrative treatments, and (2) a justification for any determination that a recommendation is not appropriate or feasible and an alternative solution to improve the therapy model.

(Sec. 932) The VA must develop a plan to expand the scope of its research and education on, and delivery and integration of, complementary and integrative health services.

(Sec. 933) The VA must carry out a pilot program to assess the feasibility and advisability of using complementary and integrative health and wellness-based services by complementing the provision of pain management and related health care services with such services. In selecting the medical centers for this pilot program, the VA must give priority to centers where the prescription rate of opioids conflicts or is inconsistent with the standards of appropriate and safe care.

Subtitle D--Fitness of Health Care Providers

(Sec. 941) As part of the VA's hiring process for health care providers, the VA must require from each medical board that licensed the provider information on any violation of the license and any settlement agreement for a disciplinary charge relating to the provider's practice of medicine.

(Sec. 942) The VA must provide information on any violation of a medical license by a VA health care provider to each medical board licensing that provider.

(Sec. 943) Not later than 180 days after enactment of this bill, the VA must report on its compliance with its policy to review each health care provider who transfers, resigns, retires, or is terminated to determine whether there are any concerns, complaints, or allegations of violations relating to the medical practice of the provider and take appropriate action.

Subtitle E--Other Matters

(Sec. 951) This bill amends the Veterans Access, Choice, and Accountability Act of 2014 to reduce the aggregate amount of awards and bonuses that may be paid by the VA in each of FY2017-FY2021.

Actions Timeline

- **Jul 22, 2016:** Signed by President.
- **Jul 22, 2016:** Became Public Law No: 114-198.
- **Jul 14, 2016:** Presented to President.
- **Jul 13, 2016:** Conference report considered in Senate. (consideration: CR S5022-5028, S5045-5058, S5058-5066)
- **Jul 13, 2016:** Cloture on the conference report to accompany S. 524 invoked in Senate by Yea-Nay Vote. 90 - 2. Record Vote Number: 126. (consideration: CR S5027-5028; text: CR S5027)
- **Jul 13, 2016:** Conference report agreed to in Senate: Senate agreed to conference report to accompany S. 524 by Yea-Nay Vote. 92 - 2. Record Vote Number: 129.
- **Jul 13, 2016:** Senate agreed to conference report to accompany S. 524 by Yea-Nay Vote. 92 - 2. Record Vote Number: 129.
- **Jul 13, 2016:** Message on Senate action sent to the House.
- **Jul 12, 2016:** Conference report considered in Senate. (consideration: CR S4955-4962, S4975-4993)
- **Jul 11, 2016:** Conference papers: Senate report and manager's statement and message on House action held at the desk in Senate.
- **Jul 11, 2016:** Conference report considered in Senate. (consideration: CR S4926-4929)
- **Jul 11, 2016:** Cloture motion on the conference report to accompany S. 524 presented in Senate. (consideration: CR S4926; text: CR S4926)
- **Jul 8, 2016:** CALLING UP CONFERENCE REPORT - Pursuant to the provisions of H. Res. 809, the Chair recognized Mr. Upton for the purpose of calling up the conference report to accompany S. 524.
- **Jul 8, 2016:** Mr. Upton brought up conference report H. Rept. 114-669 for consideration as a privileged matter. (consideration: CR H4554-4561)
- **Jul 8, 2016:** DEBATE - The House proceeded with one hour of debate on the conference report to accompany S. 524.
- **Jul 8, 2016:** The previous question was ordered pursuant to the rule. (consideration: CR H4561)
- **Jul 8, 2016:** Conference report agreed to in House: On agreeing to the conference report Agreed to by the Yeas and Nays: 407 - 5 (Roll No. 399). (consideration: CR H4561)
- **Jul 8, 2016:** On agreeing to the conference report Agreed to by the Yeas and Nays: 407 - 5 (Roll No. 399). (consideration: CR H4561)
- **Jul 8, 2016:** Motions to reconsider laid on the table Agreed to without objection.
- **Jul 7, 2016:** Rules Committee Resolution H. Res. 809 Reported to House. Rule provides for consideration of the conference report to S. 524 with 1 hour of general debate. Previous question shall be considered as ordered without intervening motions except motion to recommit. Sec. 2 provides that upon adoption of the resolution, the House shall be considered to have taken S. 2943 from the Speaker's table, stricken all after the enacting clause and inserted the provisions of H.R. 4909 as passed by the House. S. 2943 shall be considered as passed as amended. It shall also be in order for the Chair of the Committee on Armed services to move that the House insist on its amendment to S. 2943 and request a conference with the Senate thereon.
- **Jul 7, 2016:** Rule H. Res. 809 passed House.
- **Jul 6, 2016:** Conference committee actions: Conferees agreed to file conference report.
- **Jul 6, 2016:** Conferees agreed to file conference report.
- **Jul 6, 2016:** Conference report filed: Conference report H. Rept. 114-669 filed. (text of conference report: CR H4392-4419)
- **Jul 6, 2016:** Conference report H. Rept. 114-669 filed. (text of conference report: CR H4392-4419)
- **Jun 16, 2016:** Measure laid before Senate by unanimous consent. (consideration: CR S4277-4285)
- **Jun 16, 2016:** Motion to disagree to the House amendments to the Senate bill, agree to the request for conference, and the Presiding Officer appoint the following conferees: Grassley, Alexander, Hatch, Sessions, Leahy, Murray, and Wyden made in Senate. (consideration: CR S4277)
- **Jun 16, 2016:** Cloture motion on the motion to disagree to the House amendments to the Senate bill, agree to the request for conference, and the Presiding Officer appoint the following conferees: Grassley, Alexander, Hatch, Sessions, Leahy, Murray, and Wyden presented in Senate. (consideration: CR S4277; text: CR S4277)
- **Jun 16, 2016:** Cloture on the motion to disagree to the House amendments to the Senate bill, agree to the request for conference, and the Presiding Officer appoint the following conferees: Grassley, Alexander, Hatch, Sessions, Leahy, Murray, and Wyden invoked in Senate by Yea-Nay Vote. 95 - 1. Record Vote Number: 100. (consideration: CR S4283; text: CR S4283)

Jun 16, 2016: Motion to disagree to the House amendments to the Senate bill, agree to the request for conference, and the Presiding Officer appoint the following conferees: Grassley, Alexander, Hatch, Sessions, Leahy, Murray, and Wyden agreed to in Senate by Voice Vote.

- **Jun 16, 2016:** Senate disagrees to the House amendments to the Senate bill, agrees to the request for conference, and the Presiding Officer appoints the following conferees: Grassley, Alexander, Hatch, Sessions, Leahy, Murray, and Wyden.
- **Jun 16, 2016:** Motion by Senator Shaheen to instruct Senate conferees agreed to in Senate by Yea-Nay Vote. 66 - 29. Record Vote Number: 101. (consideration: CR S4284; text: CR S4284)
- **Jun 16, 2016:** Motion by Senator Whitehouse to instruct Senate conferees agreed to in Senate by Yea-Nay Vote. 70 - 24. Record Vote Number: 102. (consideration: CR S4284; text: CR S4284)
- **Jun 16, 2016:** Message on Senate action sent to the House.
- **May 17, 2016:** Considered as unfinished business. (consideration: CR H2456-2457)
- **May 17, 2016:** On motion that the House instruct conferees Failed by the Yeas and Nays: 182 - 236 (Roll no. 198).
- **May 17, 2016:** Motion to reconsider laid on the table Agreed to without objection.
- **May 17, 2016:** The Speaker appointed conferees for consideration of the Senate bill and the House amendments, and modifications committed to conference: Upton, Pitts, Lance, Guthrie, Kinzinger of Illinois, Bucshon, Brooks of Indiana, Goodlatte, Sensenbrenner, Smith of Texas, Marino, Collins of Georgia, Trott, Bishop of Michigan, McCarthy, Pallone, Ben Ray Luján of New Mexico, Sarbanes, Gene Green of Texas, Conyers, Jackson Lee, Judy Chu of California, Cohen, Esty, Kuster, and Courtney.
- **May 17, 2016:** The Speaker appointed conferees - from the Committee on Education and the Workforce for consideration of title VII of the House amendment, and modifications committed to conference: Barletta, Carter of Georgia, and Scott of Virginia.
- **May 17, 2016:** The Speaker appointed conferees - from the Committee on Veterans' Affairs for consideration of title III of the House amendment, and modifications committed to conference: Bilirakis, Walorski, and Ruiz.
- **May 17, 2016:** The Speaker appointed conferees - from the Committee on Ways and Means for consideration of sec. 705 of the Senate bill, and sec. 804 of the House amendment, and modifications committed to conference: Meehan, Dold, and McDermott.
- **May 17, 2016:** Message on House action received in Senate and at desk: House amendments to Senate bill and House requests a conference.
- **May 13, 2016:** Rule H. Res. 725 passed House.
- **May 13, 2016:** Considered under the provisions of rule H. Res. 725. (consideration: CR H2355-2374)
- **May 13, 2016:** Rule provides for consideration of S. 524. Motion to recommit with or without instructions allowed. Bill is closed to amendments.
- **May 13, 2016:** DEBATE - The House proceeded with one hour of debate on S. 524.
- **May 13, 2016:** DEBATE - The House continued with debate on S. 524.
- **May 13, 2016:** The previous question was ordered pursuant to the rule. (consideration: CR H2373)
- **May 13, 2016:** Passed/agreed to in House: On passage Passed by the Yeas and Nays: 400 - 5 (Roll no. 193). (text: CR H2355-2368)
- **May 13, 2016:** On passage Passed by the Yeas and Nays: 400 - 5 (Roll no. 193). (text: CR H2355-2368)
- **May 13, 2016:** Motion to reconsider laid on the table Agreed to without objection.
- **May 13, 2016:** The title of the measure was amended pursuant to H. Res. 725.
- **May 13, 2016:** Mrs. Brooks (IN) asked unanimous consent that the House insist upon its amendments, and request a conference. (consideration: CR H2374)
- **May 13, 2016:** On motion that the House insist upon its amendments, and request a conference Agreed to without objection.
- **May 13, 2016:** Ms. Esty moved that the House instruct conferees. (consideration: CR H2374-2375; text: CR H2374)
- **May 13, 2016:** DEBATE - The House proceeded with one hour of debate on the Esty motion to instruct conferees. The instructions contained in the motion seek to require the managers on the part of the House to recede to title III of the bill (relating to treatment and recovery programs).
- **May 13, 2016:** The previous question was ordered without objection. (consideration: CR H2376)
- **May 13, 2016:** POSTPONED PROCEEDINGS - The Chair put the question on adoption of the motion to instruct conferees and by voice vote, announced that the noes had prevailed. Ms. Esty demanded the yeas and nays and the Chair postponed further proceedings on the question of adoption of the motion until a time to be announced.

May 12, 2016: Rules Committee Resolution H. Res. 725 Reported to House. Rule provides for consideration of S. 524. Motion to recommit with or without instructions allowed. Bill is closed to amendments.

- **Mar 14, 2016:** Received in the House.
- **Mar 14, 2016:** Held at the desk.
- **Mar 10, 2016:** Considered by Senate. (consideration: CR S1403-1416)
- **Mar 10, 2016:** Passed/agreed to in Senate: Passed Senate with an amendment by Yea-Nay Vote. 94 - 1. Record Vote Number: 34.(text as passed Senate: CR S1404-1416)
- **Mar 10, 2016:** Passed Senate with an amendment by Yea-Nay Vote. 94 - 1. Record Vote Number: 34. (text as passed Senate: CR S1404-1416)
- **Mar 10, 2016:** Message on Senate action sent to the House.
- **Mar 9, 2016:** Considered by Senate. (consideration: CR S1357-1384)
- **Mar 9, 2016:** Cloture on the measure invoked in Senate by Yea-Nay Vote. 93 - 3. Record Vote Number: 33. (consideration: CR S1361; text: CR S1361)
- **Mar 8, 2016:** Considered by Senate. (consideration: CR S1328-1332, S1332-1341)
- **Mar 7, 2016:** Considered by Senate. (consideration: CR S1303-1313)
- **Mar 3, 2016:** Considered by Senate. (consideration: CR S1245-1273)
- **Mar 3, 2016:** Cloture motion on the measure presented in Senate. (consideration: CR S1273; text: CR S1273)
- **Mar 2, 2016:** Motion to proceed to consideration of measure agreed to in Senate by Unanimous Consent. (consideration: CR S1171)
- **Mar 2, 2016:** Measure laid before Senate by unanimous consent. (consideration: CR S1171-1218; text of measure as reported in Senate: CR S1171-1180)
- **Mar 2, 2016:** The committee substitute withdrawn by Unanimous Consent. (consideration: CR S1180)
- **Mar 1, 2016:** Motion to proceed to measure considered in Senate. (consideration: CR S1106-1115, S1115-1132)
- **Feb 29, 2016:** Motion to proceed to measure considered in Senate. (consideration: CR S1074-1080)
- **Feb 29, 2016:** Cloture on the motion to proceed to the measure invoked in Senate by Yea-Nay Vote. 89 - 0. Record Vote Number: 27. (consideration: CR S1076; text: CR S1076)
- **Feb 25, 2016:** Motion to proceed to consideration of measure made in Senate. (consideration: CR S1037-1038)
- **Feb 25, 2016:** Cloture motion on the motion to proceed to the measure presented in Senate. (consideration: CR S1037-1038; text: CR S1037)
- **Feb 22, 2016:** Committee on the Judiciary. Reported by Senator Grassley with an amendment in the nature of a substitute. Without written report.
- **Feb 22, 2016:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 369.
- **Feb 11, 2016:** Committee on the Judiciary. Ordered to be reported with an amendment in the nature of a substitute favorably.
- **Jan 27, 2016:** Committee on the Judiciary. Hearings held.
- **Feb 12, 2015:** Introduced in Senate
- **Feb 12, 2015:** Read twice and referred to the Committee on the Judiciary.