



U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON ENERGY AND COMMERCE

**Summary of the House–Senate Conference Report on
S. 524, the Comprehensive Addiction and Recovery Act**

TITLE I – PREVENTION AND EDUCATION

- Requires the Secretary of Health and Human Services (HHS) to convene a task force to identify, review, and, as appropriate, determine whether there are gaps or inconsistencies between best practices for chronic and acute pain management.

Section 102 – Community-based coalition enhancement grants to address local drug crises

- Allows HHS to make publically available a report determining the extent to which informational materials and resources are available with respect to youth sports injuries for which opioids are potentially prescribed. The Secretary may then disseminate materials if gaps are found in resources that are currently available.
- Creates a grant program to streamline the licensure requirements for veterans who have already completed military emergency medical technician training to more easily meet civilian emergency medical technician licensure requirements.
- Requires that the Food and Drug Administration (FDA) consult with advisory committees regarding new opioids or any changes to opioid labels for children.
- Allows the Secretary of HHS to provide information to prescribers on co-prescribing or prescribing a drug or device for emergency treatment of known or suspected opioid overdose.
- Allows NIH to intensify and coordinate fundamental, translational, and clinical research with respect to the understanding of pain, the discovery and development of therapies for chronic pain, and the development of alternatives to opioids for effective pain treatments in order to advance the discovery and development of novel, safe, non-addictive, effective, and affordable pharmaceuticals and other therapies for chronic pain.
- Reauthorizes NASPER and provides grants to states to establish, implement, and improve state-based prescription drug monitoring programs (PDMPDs).
- Encourages the Secretary of Health and Human Services to make grants available for states to implement standing orders for opioid reversal drugs.

TITLE II – LAW ENFORCEMENT AND TREATMENT

Section 201 – Comprehensive Opioid Abuse Grant Program

- Codifies a grant program at the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand access to life-saving opioid overdose reversal

drugs by supporting the purchase and distribution of opioid overdose reversal drugs and training for first responders and other key community sectors.

Section 203 – Prescription drug take back expansion

TITLE III – TREATMENT AND RECOVERY

- Codifies a grant program at SAMHSA to support states in expanding access to addiction treatment services for individuals with an opioid use disorder, including evidence-based medication assisted treatment.
- Allows HHS to provide grants to community organizations to develop, expand, and enhance recovery services and build connections between recovery networks, including physicians, the criminal justice system, employers, and other recovery support systems.
- Would amend the Controlled Substances Act to expand access to medication-assisted treatment by authorizing nurse practitioners and physician assistants to prescribe buprenorphine, while ensuring that patients receive the full array of quality evidence-based services and minimizing the potential for diversion.

TITLE IV – ADDRESSING COLLATERAL CONSEQUENCES

- GAO report on recovery and collateral consequences

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

- Reauthorizes a grant program for residential treatment for pregnant and postpartum women who have an opioid use disorder and for their children. It creates a new pilot program to enhance the flexibility of the funds so states can more broadly support family-based services for pregnant and postpartum women and their children.

Section 502 – Veterans treatment courts

- Requires HHS to review and confirm states have *Child Abuse Prevention and Treatment Act* (CAPTA) policies.
- Report on opioid abuse and treatment at the Department of Veterans Affairs
- Requires the Comptroller General of the United States to issue a report on neonatal abstinence syndrome (NAS).

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

- Authorizes HHS to award grants to States and combinations of States to carry out a comprehensive opioid abuse response, including education, treatment, and recovery efforts, maintaining prescription drug monitoring programs, and efforts to prevent overdose deaths.

TITLE VII – MISCELLANEOUS

- Authorizes DOJ and HHS to evaluate grants authorized in this Act.
- Clarifies that pharmacists coordinating with the doctor and patient and in accordance with state law, may not fill the entire amount of a prescription for a Schedule II substance, such as opioids. This change could lead to fewer opioids in medicine cabinets.

Section 703 – Good Samaritan assessment

- Allows prescription drug plans in Medicare to develop a safe prescribing and dispensing program for beneficiaries that are at risk of abuse or diversion of drugs that are frequently abused or diverted. Allows HHS to work with private health plan sponsors to facilitate the creation and management of “lock-in” programs to curb identified fraud, abuse, and misuse of prescribed medications while at the same time ensuring that legitimate beneficiary access to needed medications is not impeded.
- Corrects an unintended consequence in current law which subjects abuse-deterrent formulations of drugs (ADFs) to a higher rebate under the Medicaid program, thus disincentivizing their development. This policy exempts ADFs from the definition of “line extension” for purpose of calculating Medicaid rebates.

TITLE VIII – KINGPIN DESIGNATION IMPROVEMENT

Section 801 – Short Title

Section 802 – Protection of classified information in Federal court challenges relating to designations under the Narcotics Kingpin Designation Act