

On April 25, 2018, the House Energy & Commerce Subcommittee on Health convened for a [markup](#) of 63 bills, most of which were previously considered in a series of three hearings looking at legislative solutions to the opioid epidemic. The chart below provides a brief description of each and a record of how the subcommittee voted at the markup. In all, 56 bills were advanced to the full committee – 34 by voice vote, 13 en bloc, and nine by individual role call votes. Seven bills did not receive a vote at all. As the Committee did in their [background memo](#), the bills below are organized by category based on the area of current law they seek to amend.

CONTROLLED SUBSTANCES ACT			
Bill	Summary	Sponsor	Status
H.R. 4275, Empowering Pharmacists in the Fight Against Opioid Abuse Act ( <a href="#">Text</a> )	Would support the development and dissemination of materials giving pharmacists greater understanding and ability to decline to fill controlled substances when they suspect the prescriptions are fraudulent, forged, or appear to be for abuse or diversion.	Rep. DeSaulnier (D-CA) and Rep. Carter (R-GA); 6 Cosponsors	Introduced 11/7/2017; Approved, as <a href="#">amended</a> , by voice vote;
H.R. 5041 – Safe Disposal of Unused Medication Act ( <a href="#">Text</a> )	Allows hospice workers to safely dispose of unused controlled substances in patients’ homes, helping to reduce the number at risk of diversion or misuse.	Rep. Walberg (R-MI) and Rep. Dingell (D-MI); 8 Cosponsors	Introduced 2/15/2018; Approved, as <a href="#">amended</a> , by voice vote
H.R. 5202, Ensuring Patient Access to Substance Use Disorder Treatments Act ( <a href="#">Text</a> )	Updates federal law to improve dispensing of implantable and injectable therapies – developed to make abuse, misuse, and diversion more difficult.	Rep. Costello (R-PA) and Rep. Nolan (D-MN); 4 Cosponsors	Introduced 3/7/2018; Approved by voice vote
H.R. 5483, Special Registration for Telemedicine Clarification Act ( <a href="#">Text</a> )	Directs HHS to promulgate interim final regulations to implement an existing law which permits the Attorney General to issue a special registration to health care providers to prescribe controlled substances via telemedicine in legitimate emergency situations, such as a lack of access to an in-person specialist.	Rep. Carter (R-GA) and Rep. Bustos (D-IL); 7 Cosponsors	Introduced 4/12/2018, Approved, as <a href="#">amended</a> , by voice vote
H.R. __, Improving Access to Remote Behavioral Health Treatment Act ( <a href="#">Text</a> )	Directs the Attorney General and HHS to promulgate interim final regulations to allow for community mental health or addiction treatment centers to register with the DEA to engage in the practice of telemedicine.	Rep. Gregg Harper (R-MS) and Rep. Doris Matsui (D-CA)	Discussion Draft; Approved by voice vote
PUBLIC HEALTH SERVICE ACT			
Bill	Summary	Sponsor	Status
H.R. 449 – Synthetic Drug Awareness Act ( <a href="#">Text</a> )	Requires Surgeon General to report on synthetic drugs’ public health impact on youth ages 12-18	Rep. Jeffries (D-NY) 42 Cosponsors	Introduced 1/11/2017; Approved, as <a href="#">amended</a> , en bloc

HR 3545 – Overdose Prevention and Patient Safety Act ( <a href="#">Text</a> )	Would align the use of SUD treatment records with HIPAA for the purposes of treatment, payment, and healthcare operations. An <a href="#">amendment</a> in the nature of a substitute to H.R. 3545 will also enhance the penalties in the event of disclosure SUD treatment records, add breach notification requirements, and provide strong discrimination prohibitions to protect people seeking and receiving SUD treatment.	Rep. Mullin (R-OK) and Rep. Blumenauer (D-OR); 35 Cosponsors	Introduced 7/28/2017; Noticed but not considered
H.R. 3692 – Addiction Treatment Access Improvement Act ( <a href="#">Text</a> )	Expands access to MAT by allowing clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists to prescribe buprenorphine and permanently authorize all non-physician providers to prescribe buprenorphine. Codifies regulations that increased the cap on the number of patients a waived-practitioner can treat with buprenorphine to 275 patients. An <a href="#">amendment</a> in the nature of a substitute would also permit waived-practitioners to immediately start treating 100 patients at a time (skipping the initial 30 patient cap) if they meet certain requirements.	Rep. Tonko (D-NY) and Rep. Lujan (D-NM); 23 Cosponsors	Introduced 9/7/2017; Noticed but not considered
H.R. 4284 – Indexing Narcotics, Fentanyl, and Opioids (INFO) Act ( <a href="#">Text</a> )	Directs HHS to create a public and easily accessible electronic dashboard linking to all of the nationwide efforts to combat the opioid crisis. An amendment in the nature of a substitute will also create an Interagency SUD Coordinating Committee to review and coordinate opioid use disorder (OUD) and other SUD research, services, and prevention activities across all relevant Federal agencies, evaluate the effectiveness of these activities, and make specific recommendations for actions.	Rep. Latta (R-OH); 3 Cosponsors	Introduced 11/7/2017; Approved, as <a href="#">amended</a> , by voice vote
H.R. 4684, Ensuring Access to Quality Sober Living Act ( <a href="#">Text</a> )	Authorizes SAMHSA to develop, publish, and disseminate best practices for operating recovery housing that promotes a safe environment and sustained recovery from SUD.	Rep. Chu (D-CA), Rep. Walters (R-CA); 13 Cosponsors	Introduced 12/22/2017; Approved, as <a href="#">amended</a> , by voice vote
H.R. 5002 – Advancing Cutting Edge (ACE) Research Act ( <a href="#">Text</a> )	Grants NIH flexible authority to research new, non-addictive pain medications.	Rep. Dingell (D-MI) and Rep. Upton (R-MI); 3 Cosponsors	Introduced 2/13/2018; Approved en bloc
H.R. 5009 – Jessie’s Law ( <a href="#">Text</a> )	Directs HHS to implement standards for display of opioid addiction in medical records.	Rep. Walberg (R-MI) 13 Cosponsors	Introduced 3/17/2017; Approved en bloc
H.R. 5102 – Substance Use Disorder Workforce Loan Repayment Act ( <a href="#">Text</a> )	Creates a program to offer student loan repayment of up to \$250,000 for a wide range of health professionals who agree to work as a SUD treatment professional in areas most in need of their services.	Rep. Clark (D-MA), Rep. Rogers (R-KY); 11 cosponsors	Introduced 2/27/2018; Approved en bloc

H.R. 5176 – Preventing Overdoses While in Emergency Rooms Act ( <a href="#">Text</a> )	Provides resources for hospitals to develop protocols on discharging patients who have presented with an opioid overdose, addressing the provision of naloxone upon discharge, connection with peer-support specialists, and the referral to treatment and other services that best fit the patient’s needs.	Rep. McKinley (R-WV) and Rep. Doyle (D-PA); 4 Cosponsors	Introduced 3/6/2018; Approved, as <a href="#">amended</a> , by voice vote
H.R. 5197 – Alternatives to Opioids (ALTO) in the Emergency Department Act ( <a href="#">Text</a> )	Establishes a demonstration program to test alternative pain management protocols to limit to use of opioids in hospital emergency departments.	Rep. Pascrell (D-NJ) and Rep. McKinley (R-WV); 4 Cosponsors	Introduced 3/7/2018; Approved, as <a href="#">amended</a> , by voice vote
H.R. 5261 – Treatment, Education, and Community Help (TEACH) to Combat Addiction Act ( <a href="#">Text</a> )	Authorizes HHS to designate and support Centers of Excellence and institutions of learning that champion SUD treatment and pain management education to improve how health professionals are taught about both SUD and pain.	Rep. Johnson (R-OH) and Rep. Tonko (D-NY); 2 Cosponsors	Introduced 3/13/2018; Approved, as <a href="#">amended</a> , en bloc
H.R. 5272 – Reinforcing Evidence-Based Standards Under Law in Treating Substance Abuse (RESULTS) Act ( <a href="#">Text</a> )	Requires entities applying for federal mental health or SUD funding to submit materials demonstrating that the proposed programs or activities are evidence-based	Rep. Stivers (R-OH) and Rep. Engel (D-NY); 6 Cosponsors	Introduced 3/14/2018; Approved, as <a href="#">amended</a> , by voice vote
H.R. 5327, Comprehensive Opioid Recovery Centers Act ( <a href="#">Text</a> )	Establishes Comprehensive Opioid Recovery Centers (CORCs) to serve as models for comprehensive treatment and recovery, utilizing the full range of FDA-approved medications and evidence-based treatments.	Rep. Guthrie (R-KY) and Rep. Green (D-TX); 3 Cosponsors	Introduced 3/19/2018; Approved, as <a href="#">amended</a> , by voice vote
H.R. 5329, Poison Center Network Enhancement Act ( <a href="#">Text</a> )	Reauthorizes the national network of Poison Control Centers that serve as the primary resource for poisoning information. These centers reduce ER visits and report year over year increases in all analgesic exposures, including opioids and sedatives.	Rep. Brooks (R-IN) and Rep. Engel (D-NY); 3 Cosponsors	Introduced 3/19/2018; Approved by voice vote
H.R. 5353, Eliminating Opioid-Related Infectious Diseases Act ( <a href="#">Text</a> )	Authorizes CDC to undertake an injection drug use-associated infection elimination initiative and work with states to improve education, surveillance, and treatment of infections associated with injection drug-use.	Rep. Lance (R-NJ); Rep. Kennedy (D-MA); 7 Cosponsors	Introduced 3/20/2018; Approved, as <a href="#">amended</a> , by voice vote
H.R. __, A Bill to Enhance and Improve State-run Prescription Drug Monitoring Programs ( <a href="#">Text</a> )	Authorizes the CDC to carry out certain controlled substances overdose prevention and surveillance activities to improve data collection, timeliness, and accuracy for providers and dispensers in state-run prescription drug monitoring programs (PDMPs).	Rep. Griffin (R-VA) and Rep. Pallone (D-NJ)	Discussion Draft; Approved by voice vote
H.R. __, A Bill to Improve Fentanyl Testing and Surveillance ( <a href="#">Text</a> )	Authorizes grants to federal, state, and local agencies for the establishment or operation of public health laboratories to detect fentanyl, its analogs, and other synthetic opioids.	Rep. Kuster (D-NH)	Discussion Draft; Approved en bloc

H.R. ____, A Bill to Support the Peer Support Specialist Workforce ( <a href="#">Text</a> )	Enhances CARA’s Building Communities of Recovery Program and authorizes HHS to award grants to peer support specialist organizations for the development and expansion of recovery services.	Rep. Lujan (D-NM) and Rep. Johnson (R-OH)	Discussion Draft; Approved by voice vote
<b>MEDICARE PART B</b>			
<b>Bill</b>	<b>Summary</b>	<b>Sponsor</b>	<b>Status</b>
H.R. 3331, To incentivize adoption and use of certified electronic health record technology ( <a href="#">Text</a> )	Amends title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology.	Rep. Jenkins (R-KS); 7 Cosponsors	Introduced 7/20/2017; Approved by voice vote
H.R. ____, CMS Action Plan ( <a href="#">Text</a> )	Establishes an Action Plan, including studies, reports to Congress, and meetings with stakeholders, for the purpose of addressing the opioid crisis.	Rep. Kinzinger (R-IL), Rep. Clarke (D-NY), Rep. LaHood (R-IL), and Rep. Davis (D-IL)	Discussion Draft; Approved en bloc
H.R. ____, Welcome to Medicare ( <a href="#">Text</a> )	Adds a pain assessment as part of the Welcome to Medicare initial examination, and provide intervention about nonopioid alternatives, as appropriate.	Rep. Bucshon (R-IN) and Rep. Paulsen (R-MN)	Discussion Draft; Approved by voice vote
H.R. ____, Adding Resources on Non-Opioid Alternatives to the Medicare Handbook ( <a href="#">Text</a> )	Directs CMS to compile education resources for beneficiaries regarding opioid use, pain management, and alternative pain management treatments, and include these resources in the “Medicare and You” handbook.	N/A	Discussion Draft; Approved en bloc
H.R. ____, Post-Surgical Injections as an Opioid Alternative ( <a href="#">Text</a> )	Seeks to incentivize post-surgical injections as a pain treatment alternative to opioids by reversing a reimbursement cut for these treatments.	Rep. Shimkus (R-IL) and Rep. Roskam (R-IL)	Discussion Draft; Approved by vote of 17-10
H.R. ____, Alternative Payment Model for Treating Substance Use Disorder ( <a href="#">Text</a> )	Creates a demonstration project for an Alternative Payment Model (APM) for treating substance use disorder, including the development of measures to evaluate the quality and outcomes of treatment.	Rep. Ruiz (D-CA)	Discussion Draft; Approved by voice vote
H.R. ____, Use of Telehealth to Treat Opioid Use Disorder ( <a href="#">Text</a> )	Instructs CMS to evaluate the utilization of telehealth services in treating opioid use disorder.	Rep. Matsui (D-CA)	Introduced 4/24/2017; Approved by voice vote
H.R. ____, Incentivizing Non-Opioid Drugs ( <a href="#">Text</a> )	Creates a temporary pass through payment to encourage the development of non-opioid drugs for post-surgical pain management in Medicare.	Rep. Peters (D-CA) and Rep. Bucshon (R-IN)	Discussion Draft; Approved by a vote of 18-11
<b>MEDICARE PART D</b>			
<b>Bill</b>	<b>Summary</b>	<b>Sponsor</b>	<b>Status</b>
H.R. 3528, Every Prescription Conveyed Securely Act ( <a href="#">Text</a> )	Requires e-prescribing, with exceptions, for coverage of prescribed controlled substances under the Medicare Part D program.	Rep. Clark (D-MA) and Rep. Mullin (R-OK); 41 Cosponsors	Introduced 7/28/2017; Approved, as <a href="#">amended</a> , by voice vote

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act ( <a href="#">Text</a> )	Seeks to standardize electronic prior authorization for prescription drugs under Medicare Part D.	Rep. Schweikert (R-AZ); 17 Cosponsors	Introduced 1/18/2018; Approved en bloc
H.R. ____, Mandatory Lock-In ( <a href="#">Text</a> )	Builds off of work done in the Comprehensive Addiction Recovery Act (CARA) to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries.	Rep. Bilirakis (R-FL), Rep. Lujan (D-NM), and Rep. Roskam (R-IL)	Discussion Draft; Approved by voice vote
H.R. ____, Beneficiary Education ( <a href="#">Text</a> )	Requires prescription drug plans under Medicare Part D to include information on the adverse effects of opioid overutilization and coverage of non-pharmacological therapies and non-opioid medications or devices used to treat pain.	Rep. Paulsen (R-MN)	Discussion Draft; Approved by voice vote
H.R. 5582 Abuse Deterrent Access Act ( <a href="#">Text</a> )	Directs CMS to evaluate the use of abuse-deterrent opioids in Medicare plans. Formerly a discussion draft titled “Evaluating Abuse Deterrent Formulations.” Rep. Schakowsky offered an <a href="#">amendment</a> , which failed.	Rep. Carter (R-GA) and Rep. Loeb sack (D-IA); 2 Cosponsors	Introduced 4/23/2018; Approved by voice vote
H.R. ____, Prescriber Notification ( <a href="#">Text</a> )	Requires CMS to establish a prescriber threshold based on specialty and geographic area, which could designate a prescriber as an outlier opioid prescriber. CMS would then be responsible for notifying prescribers identified as outliers of their status.	Rep. Roskam (R-IL)	Discussion Draft; Approved en bloc
H.R. ____, Prescriber Education ( <a href="#">Text</a> )	Directs CMS to work with Quality Improvement Organizations to engage in outreach with prescribers identified as clinical outliers to share best practices.	N/A	Discussion Draft; Approved en bloc
H.R. ____, Medication Therapy Management (MTM) Expansion ( <a href="#">Text</a> )	Adds beneficiaries at-risk for prescription drug abuse to the list of targeted beneficiaries to be eligible for MTM under Part D.	Rep. Kelly (R-PA) and Rep. McMorris Rodgers (R-WA)	Discussion Draft; Approved en bloc
H.R. ____, CMS/Plan Sharing ( <a href="#">Text</a> )	Would help to facilitate communication between MA organizations, Part D plan sponsors, and CMS relating to substantiated fraud, waste, and abuse investigations.	Rep. Renacci (R-OH) and Rep. Sewell (D-AL)	Discussion Draft; Approved en bloc
<b>MEDICAID</b>			
<b>Bill</b>	<b>Summary</b>	<b>Sponsor</b>	<b>Status</b>
H.R.1925, At-Risk Youth Medicaid Protection Act ( <a href="#">Text</a> )	Prohibits state Medicaid programs from terminating a juvenile's medical assistance eligibility because the juvenile is incarcerated. A state may suspend coverage while the juvenile is an inmate but must restore coverage upon release without requiring a new application unless the individual no longer meets the eligibility requirements for medical assistance.	Rep. Cardenas (D-CA) and Rep. Griffith (R-VA)	Introduced 4/5/2017; Approved, as amended, by voice vote

H.R. 3192, CHIP Mental Health Parity Act ( <a href="#">Text</a> )	Requires all Children’s Health Insurance Program (CHIP) plans to cover treatment of mental illness and substance use disorders.	Rep. Kennedy III (D-MA); 18 Cosponsors	Introduced 7/12/2017; Approved by voice vote
H.R. 4005, Medicaid Reentry Act ( <a href="#">Text</a> )	Allows state Medicaid programs to receive federal matching dollars for medical services furnished to an incarcerated individual during the 30-day period preceding the individual’s release. An <a href="#">amendment</a> was offered by the Minority.	Rep. Tonko (D-NY) and Rep. Turner (R-OH)	Introduced 10/10/2017; Noticed but not considered
H.R. 4998, Health Insurance for Former Foster Youth Act ( <a href="#">Text</a> )	Currently, foster youth with Medicaid coverage before they turn 18 may stay in Medicaid until the age of 26, unless they move out of their state. The bill allows for continued coverage even if they move to another state. An <a href="#">amendment</a> was offered by the Minority.	Rep. Bass (D-CA); 5 Cosponsors	Introduced 2/13/2018; Noticed but not considered
H.R. 5477, Rural Development of Opioid Capacity Services (DOCS) Act ( <a href="#">Text</a> )	Requires CMS to carry out a demonstration project to provide an enhanced Federal matching rate for state Medicaid expenditures related to the expansion of substance-use treatment and recovery services and provider capacity. Formerly an unnamed discussion draft. An <a href="#">amendment</a> was also offered by the minority.	Rep. O’Halloran (D-AZ)	Introduced 4/11/2018; Noticed but not considered
H.R. 5562, Protecting NAS Babies Act ( <a href="#">Text</a> )	Requires HHS to establish a strategy to implement recommendations from the report, “ <i>Protecting Our Infants Act: Final Strategy</i> ,” with the aim to enhance the treatment and care of newborns suffering from Neonatal Abstinence Syndrome (NAS). An <a href="#">amendment</a> was offered by Chairman Burgess that would removed language in the bill relating to the HHS recommendation that women who give birth to newborns with NAS should have access to birth control. Another <a href="#">amendment</a> was offered by Rep. Guthrie.	Rep. Jenkins (R-WV); 2 Cosponsors	Introduced 4/18/2018; Noticed but not considered
H.R. ____, Limited repeal of the IMD Exclusion for adult Medicaid beneficiaries with substance use disorder ( <a href="#">Text</a> )	Draft now includes a maintenance of effort requirement to say states must continue to offer a continuum of care. Allows state Medicaid programs from FYs 2019-2023 to remove the IMD exclusion for Medicaid beneficiaries aged 21-64 with a substance use disorder. Medicaid would pay for up to 90 total days of care in an IMD during the calendar year, with an assessment required after 30 days. Compared to the draft discussed in the legislative hearing, the bill now includes a maintenance of effort requirement that states must maintain the level of funding and number of beds in IMDs once the option is adopted.	N/A	Discussion Draft; Approved by vote of 16-10



H.R.____, Medicaid Pharmaceutical Home Act ( <a href="#">Text</a> )	Includes improvements to the previous draft discussed in the legislative hearing. Requires all state Medicaid programs to have a beneficiary assignment program that identifies Medicaid beneficiaries at-risk for SUD and assigns them to a pharmacy home program. Must set reasonable limits on the number of prescribers and dispensers that beneficiaries may utilize, whether under a fee-for-service or managed care arrangement. Also codifies a requirement (currently, a regulation) that Medicaid managed care plans have a similar program.	N/A	Discussion Draft; Approved by vote of 18-14
H.R.____, Medicaid DRUG Improvement Act ( <a href="#">Text</a> )	Includes improvements to the previous draft discussed in the legislative hearing. Requires all state Medicaid programs to use common sense Drug utilization review (DUR) activities to help combat the opioid crisis. State Medicaid programs will be required to put limitations in place for opioid refills, monitor concurrent prescribing of opioids and other drugs (such as benzodiazepines and antipsychotics), monitor antipsychotic prescribing for children, and have at least one buprenorphine/naloxone combination drug on the Medicaid drug formulary.	N/A	Discussion Draft; Approved by vote of 18-9
H.R.____, Medicaid PARTNERSHIP Act ( <a href="#">Text</a> )	Includes improvements to the previous draft discussed in the legislative hearing. Would require the Medicaid program in each state to integrate prescription drug monitoring program (PDMP) usage into a Medicaid provider's clinical workflow and require such providers to check the PDMP before prescribing a controlled substance. Establishes standard criteria that a PDMP must meet to be counted as a qualified PDMP and requires state Medicaid programs to report to CMS on a number of PDMP issues.	N/A	Discussion Draft; Approved by vote of 18-9
H.R. _____, Incentives to Create Medicaid Health Homes to Treat Substance Use Disorder ( <a href="#">Text</a> )	Extends the enhanced match from eight quarters to 12 quarters for states to provide health home wrap-around services for treatment, if they meet quality, cost, and access targets set by CMS.	N/A	Discussion Draft; Approved by voice vote
H.R. _____, Medicaid IMD ADDITIONAL INFO Act ( <a href="#">Text</a> )	Directs the Medicaid and CHIP Payment and Access Commission (MACPAC) to conduct a study on IMDs, due no later than January 2020. The study shall report on the requirements, standards, and oversight that State Medicaid programs have for IMDs.	N/A	Discussion Draft; Approved by voice vote

H.R. ____, Medicaid Graduate Medical Education Transparency Act ( <a href="#">Text</a> )	Based on stakeholder feedback, includes improvements to the previous draft discussed in the legislative hearing. Requires state Medicaid programs to report periodically to CMS data and information on how GME funds are being used to train physicians in substance use disorder and specialties essential in the opioid crisis (i.e., psychiatry, addiction medicine, etc).	N/A	Discussion Draft; Approved by vote of 18-10
H.R. ____, HUMAN CAPITAL in Medicaid Act ( <a href="#">Text</a> )	Provides enhanced federal medical assistance percentage to use toward the recruitment and retention of talented leaders with specific expertise and capabilities for Medicaid Director and state Medicaid program leadership roles.	N/A	Discussion Draft; Approved by vote of 18-12
H.R. ____, Require State Medicaid Programs to Report on All Core Behavioral Health Measures ( <a href="#">Text</a> )	Requires state Medicaid programs to report on the 11 behavioral health measures that are included in CMS's 2018 Core Set of Adult Health Care Quality Measures for Medicaid.	N/A	Discussion Draft; Approved by voice vote
H.R. ____, Medicaid coverage protections for pregnant and postpartum women in treatment ( <a href="#">Text</a> )	Amends title XIX of the Social Security Act to improve access to inpatient treatment services for women with substance use disorder who are pregnant or who are suffering from postpartum depression.	N/A	Discussion Draft; Approved by voice vote
<b>FEDERAL FOOD, DRUG, AND COSMETIC ACT</b>			
<b>Bill</b>	<b>Summary</b>	<b>Sponsor</b>	<b>Status</b>
H.R. 5228, Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now (SCREEN) Act ( <a href="#">Text</a> )	Provides FDA with stronger recall and seizure authority, among other things, to disrupt the entry of counterfeit and illicit drugs through IMFs. This bill was not considered during the prior legislative hearings.	Rep. Pallone (D-NJ)	Introduced 3/8/2018; Approved, as <a href="#">amended</a> , by voice vote
H.R. __, FDA and International Mail ( <a href="#">Text</a> )	Streamlines and enhances FDA's tools to intercept illegal products including illicit or unapproved drugs entering the U.S through International Mail Facilities	Rep. Blackburn (R-TN)	Discussion Draft; Approved, as <a href="#">amended</a> , by voice vote
H.R. ____, 21st Century Tools for Pain and Addiction Treatments ( <a href="#">Text</a> )	Would leverage existing pathways to help combat the opioid crises by directing FDA to issue or update existing guidance on ways accelerated approval pathways can be leveraged to bring novel non-addictive treatments for pain and addiction to patients. The bill is a modified version of a <a href="#">discussion draft</a> considered previously in hearings.	N/A	Discussion Draft; Approve by vote of 19-10
H.R. __, FDA Opioid Sparing ( <a href="#">Text</a> )	Required FDA to update or issue guidance addressing alternative methods for data collection on opioid sparing and inclusion of such data in produce labeling. <i>Opioid sparing is defined as the development of novel, non-addictive analgesics and utilization of currently available non-addictive analgesics that may replace, delay, or reduce use of opioids</i>	Rep. Comstock (R-VA)	Discussion Draft; Approved by voice vote



H.R. __, FDA Packaging and Disposal ( <a href="#">Text</a> )	Directs FDA to work with manufacturers to establish programs for efficient return or destruction of unused Schedule II drugs, with an emphasis on opioids. Facilitates utilization of packaging to reduce opioid overprescribing. Requires GAO to study safe disposal of unused opioids and other medications.	Rep. Hudson (R-NC)	Discussion Draft; Approved by voice vote
Discussion Draft of H.R. __, FDA Misuse/Abuse ( <a href="#">Text</a> )	Clarifies and strengthens FDA authority to consider misuse and abuse when determining if overall benefits outweigh risks as part of the drug approval and assessment process for opioids	Rep. Green (D-TX)	Discussion Draft; Approved by voice vote
H.R. __, FDA Long-term Efficacy ( <a href="#">Text</a> )	Enhances FDA authority and enforcement tools to ensure timely post-marketing studies for chronically administered opioids in light of currently limited data regarding long-term efficacy of opioids, increased addictive tendencies over time, and their overall place in treating pain	Rep. McNerney (D-CA)	Discussion Draft; Noticed, but not considered