



2015 Federal Bills

(114th Congress of the United States)

Research current through October 10, 2015

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| | HOUSE | |
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| HR 262 | <p><i>States' Medical Marijuana Property Rights Protection Act</i></p> <p>Official Title: To amend the Controlled Substances Act so as to exempt real property from civil forfeiture due to medical-marijuana-related conduct that is authorized by State law.</p> <p>Introduced by: Barbara Lee (D-CA-13) (1 Co-sponsor)</p> <p>Exempts real property from civil forfeiture under the Controlled Substances Act due to medical marijuana-related conduct that is authorized by state law.</p> | <p>2/2/15 – Referred to the House Subcommittee on Crime, Terrorism, Homeland Security and Investigations</p> <p>1/9/15 – Referred to the House Committees on the Judiciary, and on Energy and Commerce</p> |
| HR 471 (companion to S 483) | <p><i>Ensuring Patient Access and Effective Drug Enforcement Act of 2015</i></p> <p>Official Title: To improve enforcement efforts related to prescription drug diversion and abuse, and for other purposes.</p> <p>Introduced by: Tom Marino (R-PA-10) (6 Co-sponsors)</p> <p>Amends the Controlled Substances Act to define: (1) "factors as may be relevant to and consistent with the public health and safety," for purposes of the Attorney General's determination of whether registering an applicant to manufacture or distribute a controlled substance in Schedule I or II is in the public interest, as factors that are relevant to and consistent with the findings of such Act; and (2) "imminent danger to the public health or safety," for purposes of the suspension of such a registration, to mean that in the absence of an immediate suspension order, controlled substances will continue to be intentionally diverted outside of legitimate distribution channels or distributed or dispensed outside the usual course of professional practices or in a manner that poses a present or foreseeable risk of serious adverse health consequences or death; Requires an order to show cause as to why such a registration should not be denied, revoked, or suspended to: (1) contain a statement of the basis for the denial, revocation, or suspension, including specific citations to any laws or regulations alleged to be violated; (2) direct the applicant or registrant to appear before the Attorney General at a specific place and time within 30 days after receipt of the order; and (3) notify the applicant or registrant of the opportunity to submit a corrective action plan on or before such appearance; Requires the Attorney General, upon review of any such plan, to determine whether denial, revocation, or suspension</p> | <p>4/22/15 – Referred to the Senate Judiciary Committee</p> <p>4/20/15 – Reported by the House Energy and Commerce Committee. H. Rept. 114-85, Part I; Placed on the Union Calendar, Calendar No. 63</p> <p>2/19/15 - Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations</p> <p>2/12/15 – Ordered to be Reported - House Committee on Energy and Commerce</p> <p>2/04/15 – Ordered to be Reported - House Subcommittee on Health</p> <p>1/22/15 – Referred to the Senate Committees on Energy and Commerce; and Judiciary</p> |

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| | <p>proceedings should be discontinued or deferred for purposes of modifications to such plan; Makes such requirements inapplicable to the issuance of an immediate suspension order; and Directs the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs and the Director of the Centers for Disease Control and Prevention, to submit a report identifying: (1) obstacles to legitimate patient access to controlled substances; (2) issues with diversion of controlled substances; and (3) how collaboration between federal, state, local, and tribal law enforcement agencies and the pharmaceutical industry can benefit patients and prevent diversion and abuse of controlled substances.</p> | |
| HR 613 | <p><i>Servicemember Assistance for Lawful Understanding, Treatment, and Education Act or the "SALUTE Act"</i></p> <p>Official Title: To amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize veterans' treatment courts and encourage services for veterans.</p> <p>Introduced by: Patrick Meehan (R-PA-07) (20 Co-sponsors)</p> <p>Authorizes the U.S. Attorney General to award grants for developing, implementing, or enhancing veterans' treatment courts or expanding operational mental health or drug courts to serve veterans to ensure that such courts effectively integrate substance abuse treatment, mental health treatment, sanctions and incentives, and transitional services, in a judicially supervised court setting with jurisdiction over non-violent offenders who are veterans; and orders the GAO to conduct a study to assess the effectiveness and impact of the veterans' treatment court grant program.</p> | <p>3/17/15 – Referred to the House Crime, Terrorism, Homeland Security, and Investigations Subcommittee</p> <p>1/28/15 – Referred to the House Judiciary Committee</p> |
| HR 667 | <p><i>Veterans Equal Access Act</i></p> <p>Official Title: To authorize Department of Veterans Affairs health care providers to provide recommendations and opinions to veterans regarding participation in State marijuana programs.</p> <p>Introduced by: Earl Blumenauer (D-OR-03) (20 Co-sponsors)</p> <p>Requires the Secretary of Veterans Affairs to authorize physicians and other health care providers employed by the Department of Veterans Affairs to provide recommendations and opinions to veterans who are residents of states with state</p> | <p>2/13/15 – Referred to the House Health Subcommittee</p> <p>2/3/15 – Referred to the House Veterans' Affairs Committee</p> |

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| | marijuana programs regarding the participation of veterans in such marijuana programs. | |
| HR 759 | <p><i>Recidivism Risk Reduction Act</i></p> <p>Official Title: To enhance public safety by improving the effectiveness and efficiency of the Federal prison system with offender risk and needs assessment, individual risk reduction incentives and rewards, and risk and recidivism reduction.</p> <p>Introduced by Jason Chaffetz (R-UT-03) (9 Co-sponsors)</p> <p>Enhances public safety by improving the effectiveness and efficiency of the federal prison system; Reduce the recidivism rates of Federal offenders; Establishes offender risk and needs assessments as the cornerstone of a more effective and efficient federal prison system; Implements a validated post-sentencing risk and needs assessment system that relies on dynamic risk factors (like substance abuse) to provide Federal prison officials with a roadmap to address the individual criminogenic needs of federal offenders, manage limited resources, and enhance public safety; Enhances existing recidivism reduction programs and prison jobs by incentivizing federal prisoners to reduce their individual risk of recidivism by participating and successfully completing such programs, and by satisfactorily holding such jobs over time; Rewards federal prisoners who actually reduce their individual risk of recidivism by providing them with the ability to earn and accrue time credits, and to transfer into prerelease custody when they are assessed as low risk and have earned sufficient time credits; Expands the implementation of evidence-based intervention and treatment programs designed to reduce recidivism so all federal prisoners have access to them during their entire terms of incarceration; Performs regular outcome evaluations of programs and interventions to assure that they are evidence-based and to suggest changes, deletions, and expansions based on the results; and Assists the U.S. Department of Justice to address the underlying cost structure of the federal prison system and ensures that DOJ can continue to run prisons safely and securely without compromising the scope or quality of DOJ's other critical law enforcement missions.</p> | <p>3/16/15 – Referred to the House Crime, Terrorism, Homeland Security, and Investigations Subcommittee</p> <p>2/5/15 – Referred to the House Judiciary Committee</p> |

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| <p>HR 953 (companion to S 524)</p> | <p><i>Comprehensive Addiction and Recovery Act of 2015</i></p> <p>Official Title: To authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.</p> <p>Introduced by Jim Sensenbrenner (R-WI-05) (40 Co-sponsors)</p> <p>Convenes a “Pain Management Best Practices Inter-Agency Task Force;” Provides grants to eligible entities to expand educational efforts to prevent abuse of opioids, heroin, and other substances of abuse, understand addiction as a chronic disease, and promote treatment and recovery; Provides community-based coalition enhancement grants; Provides grants to eligible entities to create a demonstration law enforcement program to prevent opioid and heroin overdose death; Such law enforcement grants must be used to develop, implement, or expand a treatment alternative to incarceration program to (1) make naloxone available to be carried and administered by law enforcement officers; (2) train and provide resources for law enforcement officers on carrying and administering naloxone for the prevention of opioid and heroin overdose death; and (3) establish processes, protocols, and mechanisms for referral to treatment; Provides grants to eligible entities to expand or make available disposal sites for unwanted prescription medications; Provides grants to state and local entities, nonprofit organizations, and Indian tribes or tribal organizations that have a high rate, or have had a rapid increase, in the use of heroin or other opioids, to permit such entities to expand activities, including an expansion in the availability of medication assisted treatment, with respect to the treatment of addiction in the specific geographical areas of such entities where there is a rate or rapid increase in the use of heroin or other opioids; Provides grants to eligible entities to implement medication assisted treatment programs through criminal justice agencies; Provides grants to eligible entities to help them (1) provide substance use recovery support services to young people in high school and enrolled in institutions of higher education; (2) build communities of support for young people in recovery through a spectrum of activities such as counseling and health and wellness-oriented social activities; and (3) start initiatives designed to help young people achieve and sustain recovery from substance use disorders; Provides grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services; Provides grants to eligible entities to design, implement, and expand</p> | <p>4/29/15 – Referred to the House Higher Education and Workforce Training Subcommittee</p> <p>2/12/2015 - Referred to the House Committees on the Judiciary; Energy and Commerce; and Education and the Workforce 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.</p> |
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| | <p>educational programs for offenders in prisons, jails, and juvenile facilities, through the Correctional Education Demonstration Grant Program; Provides joint grants to a state substance abuse agency and a state criminal justice agency to address the use of opioids and heroin among pregnant and parenting female offenders in the state to promote public safety, public health, family permanence, and well-being as well as to families and veterans; and Provides grants to states, and combinations thereof, to prepare a comprehensive plan for, and implementation of, an integrated opioid abuse response initiative.</p> | |
| HR 1013 | <p><i>Regulate Marijuana Like Alcohol Act</i></p> <p>Official Title: To decriminalize marijuana at the federal level to leave to the states a power to regulate marijuana that is similar to the power they have to regulate alcohol, and for other purposes.</p> <p>Introduced by: Jared Polis (D-CO-2) (18 Co-sponsors)</p> <p>Removes marijuana in any form from all schedules under the Controlled Substances Act; Amends the Federal Alcohol Administration Act to (1) make it unlawful to import or sell marijuana; (2) manufacture or cultivate marijuana; or (3) resell marijuana unless a permit is issued by the Secretary of the U.S. Treasury; and Lists the requirements for obtaining a permit to import, sell, or resell marijuana, among other things.</p> | <p>3/16/15 – Referred to the House Federal Lands and Crime, Terrorism, Homeland Security, and Investigations Subcommittees.</p> <p>3/9/15 – Referred to the House Conservation and Forestry Subcommittee</p> <p>2/20/15 – Referred to the Committees on the Judiciary; Energy and Commerce; Ways and Means; Natural Resources; and Agriculture</p> |
| HR 1014 | <p><i>Marijuana Tax Revenue Act of 2015</i></p> <p>To amend the Internal Revenue Code of 1986 to provide for the taxation of marijuana, and for other purposes.</p> <p>Introduced by: Earl Blumenauer (D-OR-3) (7 Co-sponsors)</p> <p>Amends the Internal Revenue Code to impose an excise tax on: (1) the sale of marijuana by producers or importers; and (2) each person who is engaged in a marijuana enterprise; Defines "marijuana enterprise" to mean a producer, importer, manufacturer, distributor, retailer, or any person who transports, stores, displays, or otherwise participates in any business activity that handles marijuana or marijuana products; Requires</p> | <p>2/20/15 – Referred to the House Ways and Means Committee</p> |

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| | anyone who engages in a marijuana enterprise to obtain a permit to engage in such an enterprise; Imposes civil penalties for failure to comply with the requirements of the Act and criminal penalties for engaging in a marijuana enterprise without a permit, failing to keep or make required records or for making false records, or refusing to pay or evading a tax imposed by this Act and for other offenses related to the sale of marijuana. | |
| HR 1462 (companion to S 799) | <p><i>Protecting Our Infants Act of 2015</i></p> <p>Official Title: A bill to combat the rise of prenatal opioid abuse and neonatal abstinence syndrome</p> <p>Introduced by: Katherine Clark (D-MA-05) (99 Co-sponsors)</p> <p>Directs of HHS to conduct a study and develop recommendations for preventing and treating prenatal opioid abuse and neonatal abstinence syndrome, soliciting input from nongovernmental entities, and other entities, as appropriate; Directs HHS to publish on the Web a report on the study and recommendations that include: (1) a comprehensive assessment of existing research with respect to the prevention, identification, treatment, and long-term outcomes of neonatal abstinence syndrome, including the identification and treatment of pregnant women or women who may become pregnant who use opioids or other drugs; (2) an evaluation of the causes of, and risk factors for, opioid use disorders among women of reproductive age, including pregnant women; the barriers to identifying and treating opioid use disorders among women of reproductive age, including pregnant and postpartum women and women with young children; current practices in the health care system to respond to and treat pregnant women with opioid use disorders and infants born with neonatal abstinence syndrome; medically indicated use of opioids during pregnancy; access to treatment for opioid use disorders in pregnant and postpartum women; and access to treatment for infants with neonatal abstinence syndrome; and (3) recommendations on preventing, identifying, and treating neonatal abstinence syndrome in infants; treating pregnant women who are dependent on opioids; and preventing opioid dependence among women of reproductive age, including pregnant women, who may be at risk of developing opioid dependence; Directs HHS to lead a review of planning and coordination related to prenatal opioid use and neonatal abstinence syndrome; Directs HHS to develop a strategy to address research and program gaps,</p> | <p>9/9/15 – Received in the Senate</p> <p>9/8/15 – Reported by the Committee on Energy and Commerce; Placed on the Union Calendar; Motion to suspend the rules and pass the bill agreed to by voice vote</p> <p>7/29/15 –Ordered to be Reported to the House Energy and Commerce Committee</p> <p>7/23/15 – Forwarded by the House Health Subcommittee to the Full Committee</p> <p>3/20/15 – Referred to the House Health Subcommittee</p> <p>3/19/15 – Referred to the House Energy and Commerce Committee</p> |

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| | including such gaps identified in findings made by reports of the Government Accountability Office; Directs HHS to submit to the Senate HELP Committee and House Committee on Energy and Commerce a report of its findings; and Orders the CDC to provide TA to states to improve the availability and quality of data collection and surveillance activities regarding neonatal abstinence syndrome. | |
| HR 1538 (companion to S 683) | <p>Compassionate Access, Research Expansion, and Respect States (CARERS) Act of 2015</p> <p>Official Title: To extend the principle of federalism to State drug policy, provide access to medical marijuana, and enable research into the medicinal properties of marijuana</p> <p>Introduced by: Steve Cohen (D-TN-09) (22 Co-sponsors)</p> <p>Amends the Controlled Substances Act by downgrading marijuana from a Schedule I to a Schedule II substance; Excludes cannabidoil from the definition of marijuana; Loosens restrictions on banks to allow them to do business with entities in the marijuana industry; Orders the AG to issue licenses to manufacture marijuana and marijuana-derivatives for research approved by the FDA; and Allows doctors in the VA to recommend marijuana for veterans who live in states that allow it.</p> | <p>4/7/15 – Referred to the House Health Subcommittee</p> <p>3/23/15 – Referred to the House Committees on Energy and Commerce; the Judiciary; Financial Services; and Veterans' Affairs</p> |
| HR 1628 | <p><i>Veterans Pain Management Improvement Act</i></p> <p>Official Title: To amend title 38, United States Code, to establish in each Veterans Integrated Service Network a pain management board.</p> <p>Introduced by: Ron Kind (D-WI-03) (7 Co-sponsors)</p> <p>Directs the VA to establish a Pain Management Board in each Veterans Integrated Service Network; Requires each Board to provide: (1) recommendations for treatment, on an in-patient or out-patient basis, for patients with complex clinical pain for whom a request has been made by the patient, the patient's physician, spouse, family member, or an individual designated by the patient to make health care decisions or receive health care information for the patient, or an employee of the covered VA facility, and (2) recommendations on best practices regarding pain management in complex clinical pain cases to VA health care professionals located in the Network covered by the Board; Requires each Board to annually submit to the VA a report on pain management practices carried out in the covered</p> | <p>4/7/15 – Referred to the House Health Subcommittee</p> <p>3/25/15 – Referred to the House Veterans' Affairs Committee</p> |

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| | Network; Directs the VA Secretary, by December 1, 2015, to submit to specified congressional committees the approved clinical guideline, handbook, directive, policy, or other guidance established to govern the step-down methodologies employed by clinicians in VA medical facilities to manage the use of opioid therapies and associated prescribing practices. | |
| HR 1717 (companion to S 728) | <p><i>Sober Truth on Preventing (STOP) Underage Drinking Reauthorization Act</i></p> <p>Official Title: To provide for programs and activities with respect to the prevention of underage drinking</p> <p>Introduced by: Lucille Roybal-Allard (D-CA-40) (77 Co-sponsors)</p> <p>Amends the Public Health Service Act to reauthorize the program to reduce underage drinking for FY2016-FY2020; Revises reporting requirements for state programs on underage drinking; Specifies additional requirements for the development of the national media campaign to prevent underage drinking; Directs SAMHSA to make grants to professional pediatric provider organizations to increase effective practices, including the screening of children and adolescents for alcohol use, to reduce the prevalence of alcohol use among individuals under the age of 21, including college students; Directs the HHS to collect data and conduct or support new research on underage drinking that carries out and improves public health surveillance of alcohol use and alcohol-related conditions in states among individuals between age 18 and 20 by increasing the use of surveys, such as the Behavioral Risk Factor Surveillance System, to monitor binge and excessive drinking and related harms.</p> | <p>3/27/15 – Referred to the House Health Subcommittee</p> <p>3/26/15 – Referred to the House Energy and Commerce Committee</p> |
| HR 1725 (companion to S 480) | <p><i>National All Schedules Prescription Electronic Reporting (NASPER) Reauthorization Act of 2015</i></p> <p>Official Title: To amend and reauthorize the controlled substance monitoring program under section 399O of the Public Health Service Act, and for other purposes</p> <p>Introduced by: Ed Whitfield (R-KY-01) (13 Co-sponsors)</p> <p>Reauthorizes the National All Schedules Prescription Electronic Reporting Act, providing grant funding to states to foster the use of prescription drug monitoring programs (PMPs) in the fight against the growing prescription drug abuse epidemic; Allows SAMHSA to provide grants to states for the</p> | <p>9/9/15 – Received in the Senate and referred to the Senate Health, Education, Labor, and Pensions Committee</p> <p>9/8/15 – Motion to suspend the rules and pass the bill as amended, agreed to by voice vote</p> |

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| | <p>establishment, implementation, and improvement of PMPs offering timely access to accurate prescription information; Recognizes the importance of data sharing between state PMPs; Promotes greater information sharing by requiring grantees to facilitate PMP interoperability with at least one bordering state, while simultaneously protecting against unauthorized access to patient records; Encourages states to explore ways to incorporate access to their PMPs into provider workflow systems such as electronic health records and e-prescribing, making prescriber access to PMPs faster and more efficient to facilitate usage of the warning systems.</p> | <p>7/29/15 –Ordered to be reported to the House Energy and Commerce Committee</p> <p>7/23/15 – Forwarded by the House Health Subcommittee to the full Committee</p> <p>3/27/15 – Referred to the House Health Subcommittee</p> <p>3/26/15 – Referred to the House Energy and Commerce Committee</p> |
| HR 1812 | <p><i>Western Hemisphere Drug Policy Commission Act</i></p> <p>Official Title: To establish the Western Hemisphere Drug Policy Commission</p> <p>Introduced by: Eliot Engel (D-NY-16) (1 Co-sponsor)</p> <p>Establishes the Western Hemisphere Drug Policy Commission (the “Commission”) to conduct a comprehensive review of U.S. foreign policy in the Western Hemisphere to reduce the illicit drug supply and drug abuse and reduce the damage associated with illicit drug markets and trafficking; Identifies policy and program options to improve existing international counter-narcotics policy; Includes numerous evaluations to be conducted on a host of topics that include drug interdiction, crop eradication, alternative development, drug production surveys, police and justice sector training, demand reduction, and strategies to target drug kingpins; the impact of United States counter-narcotics assistance programs in the Western Hemisphere the links between the illegal narcotics trade in the Western Hemisphere and terrorist activities around the world; U.S. efforts to combat narco-terrorism in the Western Hemisphere; and other topics; Provides information on the Commissions formation and operation, among other things.</p> | <p>4/15/15 – Referred to the House Foreign Affairs Committee</p> |
| HR 1821 (companion to S 707) | <p><i>Opioid Overdose Reduction Act of 2015</i></p> | <p>6/26/15 –Referred to the House Constitution and</p> |

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| | <p>Official Title: To provide certain protections from civil liability with respect to the emergency administration of opioid overdose drugs</p> <p>Introduced by: Richard Neal (D-MA-01) (4 Co-sponsors)</p> <p>Exempts from liability a health care professional who prescribes or provides an opioid overdose drug to an individual at risk of experiencing an opioid overdose, or who prescribed or provided an opioid overdose drug to a family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid overdose as long as the individual to whom such drug is prescribed or provided has been educated about opioid overdose prevention and treatment by the health care professional or as part of an opioid overdose program; Provides that the education requirement includes: (1) when to administer the opioid overdose drug; (2) how to administer the opioid overdose drug; and (3) the steps that need to be taken after administration of the opioid overdose drug; Provides an exception that if the exemption of liability does not apply to a health care professional if the harm was caused by his or her gross negligence or reckless misconduct; Further exempts an individual who provides emergency administration of an opioid overdose drug if he or she works for, or volunteers at, an opioid overdose program and provides the opioid overdose drug as part of the opioid overdose program to an individual authorized by the program to receive an opioid overdose drug; and Lastly exempts an individual who helps another who has, or reasonably appears to have, suffered an overdose from heroin or other opioid, if the individual who administers the opioid overdose drug (1) obtained the drug from a health care professional or as part of an opioid overdose program or (2) is doing so pursuant to a prescription for an opioid overdose drug and was educated on the administration.</p> | <p>Civil Justice Subcommittee</p> <p>4/15/15 – Referred to the House Judiciary Committee</p> |
| <p>HR 1940</p> | <p><i>Respect State Marijuana Laws Act of 2015</i></p> <p>Official Title: To amend the Controlled Substances Act to provide for a new rule regarding the application of the Act to marijuana, and for other purposes</p> <p>Introduced by: Dana Rohrabacher (R-CA-48) (14 Co-sponsors)</p> <p>Amends the Controlled Substances Act to provide that provisions of that Act related to marijuana shall not apply to any person acting in compliance with state laws relating to the</p> | <p>5/15/15 – Referred to the House Crime, Terrorism, Homeland Security, and Investigations Subcommittee</p> <p>4/24/15 – Referred to the House Health Subcommittee</p> |

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| | production, possession, distribution, dispensation, administration, or delivery of marijuana. | 4/22/15 – Referred to the House Energy and Commerce and Judiciary Committees |
| HR 1988 | <p><i>Breaking the Addiction Act of 2015</i></p> <p>Official Title: A bill to provide for the waiver of the Medicaid IMD limitation in order to permit Medicaid coverage for substance use disorder treatment services furnished to certain individuals in a community-based institution for mental diseases.</p> <p>Introduced by: Marcia Fudge (D-OH-11) (6 Co-sponsors)</p> <p>Directs the Secretary of HHS to accept applications to waive the IMD exclusion from states that seek to provide comprehensive addiction treatment in their jurisdictions; and Facilitates reimbursements to states that cover medical assistance to treat a substance use disorder in an IMD of not more than 60 beds.</p> | 4/24/15 – Referred to the House Health Subcommittee |
| HR 2046 | <p><i>Prescription Drug Accountability Act</i></p> <p>Official Title: To amend title 38, United States Code, to improve the participation of the Department of Veterans Affairs in the prescription drug monitoring programs of the States</p> <p>Introduced by: Sean Duffy (R-WI-07) (8 Co-sponsors)</p> <p>Provides that the U.S. Department of Veterans’ Affairs participates in the PMPs of the individual states.</p> | <p>5/11/15 – Referred to the House Health Subcommittee</p> <p>4/28/15 – Referred to the House Veterans Affairs Committee</p> |
| HR 2228 (companion to S 122) | <p><i>Safe and Affordable Drugs from Canada Act of 2015</i></p> <p>Official Title: To amend the Federal Food, Drug, and Cosmetic Act to allow for the personal importation of safe and affordable drugs from approved pharmacies in Canada.</p> <p>Introduced by: Chellie Pingree (D-ME-01) (3 Co-sponsors)</p> <p>Amends the Federal Food, Drug, and Cosmetic Act (FFDCA) to require HHS to promulgate regulations within 180 days permitting individuals to import a prescription drug purchased from an approved Canadian pharmacy that: (1) is dispensed by a pharmacist licensed in Canada; (2) is purchased for personal use in quantities not greater than a 90-day supply; (3) is filled using a valid prescription issued by a physician licensed to practice in the United States; and (4) has the same active</p> | <p>5/8/15 – Referred to the House Health Subcommittee</p> <p>5/1/15 – Referred to the House Energy and Commerce Committee</p> |

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| | ingredient or ingredients, route of administration, dosage form, and strength as a prescription drug approved under the FFDCa; Sets forth exceptions, including for controlled substances and biological products; and Establishes a certification process for approving Canadian pharmacies; Requires HHS to publish a list of approved Canadian pharmacies. | |
| HR 2298 | <p><i>Medicare Patient Safety and Drug Abuse Prevention Act</i></p> <p>Official Title: To amend title XVIII of the Social Security Act to provide for programs to prevent prescription drug abuse under parts C and D of the Medicare program</p> <p>Introduced by: Gus Bilirakis (R-FL-12) (3 Co-sponsors)</p> <p>Establishes a drug management program for at-risk beneficiaries under which the PDP sponsor may, in the case of an at-risk beneficiary for prescription drug abuse who is an enrollee in a prescription drug plan of such PDP sponsor, limit such beneficiary's access to coverage for frequently abused drugs under such plan to frequently abused drugs that are prescribed for such beneficiary by a prescriber and dispensed for such beneficiary by a pharmacy, among other things.</p> | <p>5/15/15 – Referred to the House Health Subcommittee</p> <p>5/13/15 – Referred to the House Energy and Commerce and Ways and Means Committees</p> |
| HR 2335 | <p><i>Stop Tampering of Prescription Pills Act of 2015</i></p> <p>Official Title: To amend the Federal Food, Drug, and Cosmetic Act to incentivize the development of abuse-deterrent drugs</p> <p>Introduced by: William Keating (D-MA-09) (9 Co-sponsors)</p> <p>Defines “abuse-deterrent drug;” Requires converting opioids to abuse-deterrent formulations, among other things.</p> | <p>5/15/15 – Referred to the House Health Subcommittee</p> <p>5/14/15 – Referred to the House Energy and Commerce Subcommittee</p> |
| HR 2463 | <p><i>Dispose Responsibly of Your Pills (DROP) Act of 2015</i></p> <p>Official Title: To authorize the Attorney General to provide grants for drug disposal sites</p> <p>Introduced by: Ami Bera (D-CA-07) (8 Co-sponsors)</p> <p>Establishes a grant program to fund programs to help law enforcement, pharmacies, treatment programs, hospitals and clinics, and long-term care facilities properly dispose of outdated or unused prescription medications.</p> | <p>6/16/15 – Referred to the House Crime, Terrorism, Homeland Security, and Investigations Subcommittee</p> <p>5/20/15 – Referred to the House Energy and Commerce and Judiciary Committees</p> |
| HR 2536 | <p><i>Recovery Enhancement for Addiction Treatment (TREAT) Act</i></p> | <p>6/16/15 – Referred to the House Crime, Terrorism, Homeland Security, and</p> |

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| | <p>Official Title: To provide access to medication-assisted therapy, and for other purposes</p> <p>Introduced by: Brian Higgins (D-NY-26) (8 Co-sponsors)</p> <p>Amends the Controlled Substances Act to increase the number of patients that a qualifying practitioner dispensing narcotic drugs for maintenance or detoxification treatment is initially allowed to treat from 30 to 100 patients per year; Allows a qualifying physician, after one year, to request approval to treat an unlimited number of patients under specified conditions, including that he or she: (1) agrees to fully participate in the PMP of the state in which the practitioner is licensed; (2) practices in a qualified practice setting; and (3) has completed at least 24 hours of training regarding treatment and management of opiate-dependent patients for substance use disorders provided by specified organizations; Revises the definition of a "qualifying practitioner" to include: (1) a physician who holds a board certification from the American Board of Addiction Medicine; and (2) a nurse practitioner or physicians' assistant who is licensed under state law to prescribe schedule III, IV, or V medications for pain, who has specified training or experience that demonstrates specialization in the ability to treat opiate-dependent patients, who practices under the supervision of, or prescribes opioid addiction therapy in collaboration with, a licensed physician who holds an active waiver to prescribe schedule III, IV, or V narcotic medications for opioid addiction therapy, and who practices in a qualified practice setting; Directs the Comptroller General to initiate an evaluation of the effectiveness of this Act, including an evaluation of: (1) changes in the availability and use of medication-assisted treatment for opioid addiction; (2) the quality of medication-assisted treatment programs; (3) diversion of opioid addiction treatment medication; and (4) changes in state or local policies and legislation relating to opioid addiction treatment.</p> | <p>Investigations Subcommittee</p> <p>5/22/15 – Referred to the House Health Subcommittee</p> <p>5/21/15 – Referred to the House Energy and Commerce and Judiciary Committees</p> |
| <p>HR 2598</p> | <p><i>Lucid Act of 2015</i></p> <p>Official Title: To amend title 23 of the United States Code to establish requirements relating to marijuana-impaired driving and to direct the Administrator of the National Highway Traffic Safety Administration to issue comprehensive guidance on the best practices to prevent marijuana-impaired driving, and for other purposes</p> <p>Introduced by: Jared Polis (D-CO-02) (1 Co-sponsor)</p> | <p>6/2/15 – Referred to the House Highways and Transit Subcommittee</p> <p>6/1/15 – Referred to the House Transportation and Infrastructure Committee</p> |

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| | <p>Provides that in states in which the possession or use of marijuana is legal (with or without medical justification), the state shall be eligible for a grant if the state: (1) has in effect a law that prohibits an individual from driving or being in actual physical control of a motor vehicle while impaired by marijuana, as determined using measures established by the state; and (2) enforces that law using training and methods for determining cognitive or physical marijuana impairment; and orders the Administrator of the NHTSA to conduct scientific testing to determine (1) the extent to which marijuana impairs an individual’s ability to drive a motor vehicle; (2) how the magnitude of such impairment varies among individuals depending on certain characteristics, including age, sex, body mass index, health status, and history of marijuana use; (3) whether or not it is possible to reliably determine whether and to what extent an individual is cognitively or physically impaired by marijuana solely by measuring the concentration of THC and derivatives in the individual’s bloodstream or saliva; (4) the most accurate methods for law enforcement officers to measure THC concentration in the body of an individual who is suspected of marijuana-impaired driving, including blood testing and oral fluid testing; (5) how the effectiveness of such testing methods is compromised if there is a delay between when an individual is pulled over on suspicion of impaired driving and when the individual is subjected to a physical test to determine the individual’s level of impairment; and (6) the most accurate field sobriety tests to determine the level of physical and cognitive impairment of drivers who have ingested, among other things.</p> | |
| <p>HR 2805</p> | <p><i>Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act of 2015</i></p> <p>Official Title: To address prescription opioid abuse and heroin use.</p> <p>Introduced by: Susan Brooks (R-IN-05) (25 Co-sponsors)</p> <p>Amends existing law to convene a Pain Management Best Practices Inter-Agency Task Force to develop best practices for pain management and prescription pain medication prescribing practices; Reauthorizes Byrne grants through 2020; Advances the education and awareness of the public, providers, patients, and other appropriate stakeholders regarding the risk of abuse of prescription opioid drugs if such products are not taken as prescribed through a drug-free media campaign; Authorizes grants to eligible entities to create, at most, eight demonstration</p> | <p>7/9/15 – Referred to the House Crime, Terrorism, Homeland Security, and Investigations Subcommittee</p> <p>6/17/15 – Referred to the House Judiciary and Energy and Commerce Committees</p> |

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| | <p>programs to allow properly trained first responders to prevent prescription opioid and heroin overdose death by administering an opioid overdose reversal drug to an individual who has experienced overdose or who has been determined to have likely experienced overdose, among other things.</p> | |
| HR 2872 | <p><i>Opioid Addiction Treatment Modernization Act</i></p> <p>Official Title: To amend the Controlled Substances Act to modernize the treatment of opioid addiction, and for other purposes.</p> <p>Introduced by: Larry Bucshon (R-IN-08) (3 Co-sponsors)</p> <p>Amends existing law to include, regarding a determination on whether a practitioner is qualified to engage in treatment (with respect to which registration is sought) a requirement for completion, every two years of training provided (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) by an organization such as the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, the American Association for the Treatment of Opioid Dependence, the National Council for Behavioral Health, or any other appropriate organization regarding opioid detox, treatment, and the like; Amends existing law defining “qualifying physician” regarding addiction; and Updates the treatment improvement protocol for treating opioid addiction, among other things.</p> | <p>7/9/15 – Referred to the House Crime, Terrorism, Homeland Security, and Investigations Subcommittee</p> <p>6/24/15 – Referred to House Energy and Commerce and Judiciary Committees</p> |
| HR 3489 | <p><i>Mandatory Minimum Reform Act of 2015</i></p> <p>Official Title: To eliminate mandatory minimum sentences for all drug offenses.</p> <p>Introduced by: Maxine Waters (D-CA-43) (8 Co-sponsors)</p> <p>Amends existing law to eliminate mandatory minimum sentences for all drug offenses under the Controlled Substances Import and Export Act,; and if the charge “involves the illegal distribution or possession of a controlled substance in an amount less than that amount specified as a minimum for an offense under section 401(b)(1)(A) of the Controlled Substances Act, 21 U.S.C. 841 (b)(1)(A), or, in the case of any substance containing cocaine or cocaine base, in an amount less than 500 grams, it must receive prior written approval of the U.S. Attorney General.”</p> | <p>9/10/15 – Referred to the House Judiciary and Energy and Commerce Committees</p> |

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| <p>HR 3518</p> | <p><i>Stop Civil Asset Forfeiture Funding for Marijuana Suppression Act of 2015</i></p> <p>Official Title: To amend title 28, United States Code, to prohibit the use of amounts from the Asset Forfeiture Fund for the Domestic Cannabis Suppression/Eradication Program of the Drug Enforcement Administration</p> <p>Introduced by: Ted Lieu (D-CA-33) (4 Co-sponsors)</p> <p>Amends existing law to establishes the Domestic Cannabis Suppression/Eradication Program (the Program); Restricts the use of the Asset Forfeiture Fund stating that no amounts in the Fund may be used for the Program of the DEA or any substantially similar program; States that no property may be transferred to a federal agency or a state and local agency, if that property is used for any purpose pertaining to the Program or any substantially similar program; and States that Congress believes that the DEA expends a large amount of resources on enforcing prohibitions on marijuana and that the DEA’s marijuana prohibition policy is an inappropriate use of resources.</p> | <p>10/5/15 – Referred to the Crime, Terrorism, Homeland Security, and Investigations Subcommittee</p> <p>9/16/15 – Referred to the House Judiciary Committee</p> |
| <p>HR 3530</p> | <p><i>Mandatory Minimum Reform Act of 2015</i></p> <p>Official Title: To eliminate mandatory minimum sentences for all drug offenses.</p> <p>Introduced by: Maxine Waters (D-CA-43) (11 Co-sponsors)</p> <p>Amends existing law to eliminate mandatory minimum sentences for all drug offenses under the Controlled Substances Import and Export Act, and if the charge “involves the illegal distribution or possession of a controlled substance in an amount less than that amount specified as a minimum for an offense under section 401(b)(1)(A) of the Controlled Substances Act, 21 U.S.C. 841 (b)(1)(A), or, in the case of any substance containing cocaine or cocaine base, in an amount less than 500 grams, it must receive prior written approval of the U.S. Attorney General.”</p> | <p>9/16/15 – Referred to the House Judiciary and Energy and Commerce Committees</p> |
| <p>HR 3537</p> | <p><i>Synthetic Drug Control Act of 2015</i></p> <p>Official Title: To amend the Controlled Substances Act to clarify how controlled substance analogues are to be regulated, and for other purposes</p> | <p>10/5/15 – Referred to the Crime, Terrorism, Homeland Security, and Investigations Subcommittee</p> |

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| | <p>Introduced by: Charlie Dent (R-PA-15) (20 Co-sponsors)</p> <p>Schedules various “designer drugs” (e.g., phenylalkylamines) in schedule I of the Controlled Substances Act to stop the sale of the deadly synthetic drugs.</p> | <p>9/17/15 – Referred to the House Judiciary and Energy and Commerce Committees</p> |
| HR 3677 | <p><i>Opioid Abuse Prevention and Treatment Act of 2015</i></p> <p>Official Title: To reduce opioid misuse and abuse</p> <p>Introduced by: Bill Foster (D- IL-11) (3 Co-sponsors)</p> <p>Instructs the Secretary of Health and Human Services (the “Secretary”) to award grants to one or more states to carry out a one-year pilot project to develop a standardized peer review process and methodology to review and evaluate prescribing and pharmacy dispensing patterns, through a review of PMPs in the states receiving such grants; Instructs recipients to develop a systematic, standardized methodology to identify and investigate questionable or inappropriate prescribing and dispensing patterns of substances on schedule II or III; Awards five-year grants to eligible entities to facilitate training in order to increase the capacity of health care providers to conduct patient screening, brief interventions, and referral to treatment as needed, such as in health care settings to prevent the abuse of prescription drugs, heroin, and other controlled substances; Awards grants to states to develop continuing education criteria and review processes that allow state health profession boards or state agencies to certify appropriate education and training for informed and safe prescribing of opioids and other drugs listed on schedule II or III; Orders a review of naloxone to consider whether naloxone should be available as an over-the-counter drug, in order to increase access to such drug; Instructs the Secretary to convene an interagency working group (1) to encourage states and local governments to increase opportunities for disposal of opiates and fixed medicine disposal sites at law enforcement public buildings; and (2) to reduce opportunities for abuse of opiates, such as establishing opioid dispensing limits at hospital emergency departments; and Orders the Comptroller General of the United States to (1) review opioid abuse programs, heroin abuse programs, and policies in federal agencies and best practices with respect to opioid and heroin abuse and overdose programs of the States; and (2) issue a report to Congress on its findings and recommendations on ways to reduce opioid and heroin abuse and overdoses.</p> | <p>10/1/15 – Referred to the House Energy and Commerce Committee</p> |

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| <p>HR 3680</p> | <p><i>Co-Prescribing to Reduce Overdoses Act of 2015</i></p> <p>Official Title: To provide for the Secretary of Health and Human Services to carry out a grant program for co-prescribing opioid overdose reversal drug</p> <p>Introduced by: John Sarbanes (D-MD-3) (No Co-sponsors)</p> <p>Requires the Secretary of Health and Human Services to establish a four-year co-prescribing opioid overdose reversal drugs grant program for not more than a total of 12 grants to eligible entities; Grant recipients may use the funding to: (1) establish a program for co-prescribing opioid overdose reversal drugs, such as naloxone; (2) train and provide resources for health care providers and pharmacists on the co-prescribing of opioid overdose reversal drugs; (3) establish mechanisms and processes for tracking patients participating in the program and the health outcomes of such patients; (4) purchase opioid overdose reversal drugs for distribution under the program; (5) offset the co-pays and other cost sharing associated with opioid overdose reversal drugs to ensure that cost is not a limiting factor for eligible patients; (6) conduct community outreach, in conjunction with community-based organizations, designed to raise awareness of co-prescribing practices, and the availability of opioid overdose reversal drugs; and (7) establish protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication assisted treatment and appropriate counseling and behavioral therapies; Requires eligible entities to submit appropriate outcome measures specified by the Secretary to assess the outcomes of the program funded by the grant; Requires the Secretary of Health and Human Services to establish a grant program to allow eligible State entities to develop opioid overdose reversal co-prescribing guidelines for not more than \$200,000 per grant; Appropriates \$4,000,000 for each of fiscal years 2016 through 2020.</p> | <p>10/1/15 – Referred to the House Energy and Commerce Committee</p> |
| <p>HR 3691</p> | <p><i>Improving Treatment for Pregnant and Postpartum Women Act of 2015</i></p> <p>Official Title: To amend the Public Health Service Act to reauthorize the residential treatment programs for pregnant and postpartum women and to establish a pilot program to provide grants to State substance abuse agencies to promote innovative service delivery models for such women</p> <p>Introduced by: Ben Ray Lujan (D-NM-03) (4 Co-sponsors)</p> | <p>10/6/15 – Referred to the House on Energy and Commerce Committee</p> |

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| | <p>Amends existing law to provide competitive grants, from amounts already available, to enable the Director of the Center for Substance Abuse Treatment (CSAT) to carry out a pilot program to: (1) enhance flexibility in the use of funds designed to support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders; (2) help state substance abuse agencies address identified gaps in services furnished to such women along the continuum of care, including services provided to women in non-residential based settings; and (3) promote a coordinated, effective, and efficient state system managed by State substance abuse agencies by encouraging new approaches and models of service delivery; and Funds an evaluation of the pilot program at the conclusion of the first grant cycle, among other things.</p> | |
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| S 36 | <p><i>Protecting Our Youth from Dangerous Synthetic Drugs Act of 2015</i></p> <p>Official Title: A bill to address the continued threat posed by dangerous synthetic drugs by amending the Controlled Substances Act relating to controlled substance analogues.</p> <p>Introduced by Dianne Feinstein (D-CA) (12 Co-sponsors)</p> <p>Amends the Controlled Substances Act to define a controlled substance analogue as (1) a substance whose chemical structure is substantially similar to the chemical structure of a controlled substance in schedule I or II (a) which has a stimulant, depressant or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance in schedule I or II; or (b) with respect to a particular person, which such person represents or intends to have a stimulant, depressant or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance in schedule I or II; or (2) a substance designated as a controlled substance analogue by the Controlled Substance Analogue Committee . . . and the Attorney General, in consultation with the Secretary of HHS.</p> <p>The Committee will be (1) headed by the Administrator of the DEA; and (2) comprised of scientific experts in the fields of</p> | <p>1/6/15 – Read twice and referred to the Senate Judiciary Committee</p> |

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| | chemistry and pharmacology from (a) the DEA; (b) NIDA; (c) CDC; and (d) any other federal agency determined by the Attorney General, in consultation with the Secretary of HHS. | |
| S 64 | <p><i>Drug Free Families Act of 2015</i></p> <p>Official Title: A bill to amend title IV of the Social Security Act to require States to implement a drug testing program for applicants for and recipients of assistance under the Temporary Assistance for Needy Families (TANF) program</p> <p>Introduced by: David Vitter (R-LA) (No Co-sponsors)</p> <p>Amends Temporary Assistance for Needy Families (TANF) of the Social Security Act to require state TANF programs to implement a program to test TANF applicants and recipients for illegal drug use; and Requires state TANF programs to deny assistance to individuals who test positive for illegal drugs and individuals convicted of drug-related crimes.</p> | 1/7/15 – Referred to the Senate Finance Committee |
| S 122 (companion to HR 2228) | <p><i>Safe and Affordable Drugs from Canada Act of 2015</i></p> <p>Official Title: A bill to amend the Federal Food, Drug, and Cosmetic Act to allow for the personal importation of safe and affordable drugs from approved pharmacies in Canada.</p> <p>Introduced by: John McCain (R-AZ) (5 Co-sponsors)</p> <p>Amends the Federal Food, Drug, and Cosmetic Act (FFDCA) to require HHS to promulgate regulations within 180 days permitting individuals to import a prescription drug purchased from an approved Canadian pharmacy that: (1) is dispensed by a pharmacist licensed in Canada; (2) is purchased for personal use in quantities not greater than a 90-day supply; (3) is filled using a valid prescription issued by a physician licensed to practice in the United States; and (4) has the same active ingredient or ingredients, route of administration, dosage form, and strength as a prescription drug approved under the FFDCA; Sets forth exceptions, including for controlled substances and biological products; and Establishes a certification process for approving Canadian pharmacies; Requires HHS to publish a list of approved Canadian pharmacies.</p> | 1/8/15 – Read twice and referred to the Senate Health, Education, Labor, and Pensions Committee |
| S 392 | <p><i>Stop Drugs at the Border Act of 2015</i></p> <p>Official Title: A bill to combat heroin and methamphetamine trafficking across the southern border of the United States, and for other purposes.</p> | 2/5/15 – Read twice and referred to the Senate Judiciary Committee |

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| | <p>Introduced by: Joe Donnelly (D-IN) (1 Co-sponsor)</p> <p>Ensures regular updates of the National Southwest Border Counter-narcotics Strategy to address any increased heroin and methamphetamine trafficking along the U.S./Mexico border; and Requires the head of the U.S. Customs and Border Patrol to submit a report to Congress on the resources it needs as a result of any increase.</p> | |
| S 449 | <p><i>A Bill to Reduce Recidivism and Increase Public Safety</i></p> <p>Official Title: A bill to reduce recidivism and increase public safety.</p> <p>Introduced by: Rob Portman (R-OH) (No Co-sponsors)</p> <p>Subject to the availability of appropriations, selects a number of federal judicial districts to conduct federal reentry demonstration projects using the best practices identified in an evaluation conducted under the bill; Among other things, assists participating prisoners in preparing for and adjusting to reentry into the community and includes (1) regular drug testing for participants with a history of substance abuse; and (2) substance abuse treatment, which may include addiction treatment medication, if appropriate, medical treatment, including mental health treatment, occupational, vocational and educational training, life skills instruction, recovery support, conflict resolution training, and other programming to promote effective reintegration into the community; Establishes a recidivism reduction and recovery enhancement pilot program, premised on high-intensity supervision and the use of swift, predictable, and graduated sanctions for noncompliance with program rules, in federal judicial districts; and Requires a report on the program that includes keeping track of the rates of substance abuse among program participants.</p> | 2/11/15 – Read twice and referred to the Senate Judiciary Committee. |
| S 467 | <p><i>Corrections Oversight, Recidivism Reduction, and Eliminating Costs for Taxpayers In Our National System (CORRECTIONS) Act of 2015</i></p> <p>Official Title: A bill to reduce recidivism and increase public safety, and for other purposes.</p> <p>Introduced by: John Cornyn (R-TX) (9 Co-sponsors)</p> <p>Makes available to all prisoners recidivism reduction programs and evaluates the effectiveness of such programs; Includes in such programs include “recovery programming,” which is a</p> | 2/11/15 – Read twice and referred to the Senate Judiciary Committee |

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| | <p>course of instruction or activities that has been demonstrated to reduce drug or alcohol abuse or dependence among participants, or to promote recovery among individuals who have previously abused alcohol or drugs, to include appropriate medication-assisted treatment; Promotes pre and post-release programs as well as reentry programs; and Includes numerous tools to promote recovery and prevent drug and alcohol abuse and dependence, including the “full utilization of residential drug treatment,” among other things.</p> | |
| <p>S 480 (companion to HR 1725)</p> | <p><i>National All Schedules Prescription Electronic Reporting (NASPER) Reauthorization Act of 2015</i></p> <p>Official Title: A bill to amend and reauthorize the controlled substance monitoring program under section 399O of the Public Health Service Act</p> <p>Introduced by: Jean Shaheen (D-NH) (11 Co-sponsors)</p> <p>Reauthorizes the law which provides grants to state-based prescription monitoring programs (PMPs) to expand, improve, and maintain their systems; improves the ability of law enforcement, public health officials and state regulators to investigate prescribing and dispensing practices; supports existing state PMPs to help monitor prescription drugs, provide information to healthcare providers, and offer educational outreach.</p> | <p>2/12/15 – Referred to the Senate Health, Education, Labor, and Pensions Committee</p> |
| <p>S 483 (companion to HR 471)</p> | <p><i>Ensuring Patient Access and Effective Drug Enforcement Act of 2015</i></p> <p>Official Title: A bill to improve enforcement efforts related to prescription drug diversion and abuse, and for other purposes.</p> <p>Introduced by: Orrin Hatch (R-UT) (4 Co-sponsors)</p> <p>Amends the Controlled Substances Act to define: (1) "factors as may be relevant to and consistent with the public health and safety," for purposes of the Attorney General's determination of whether registering an applicant to manufacture or distribute a controlled substance in Schedule I or II is in the public interest, as factors that are relevant to and consistent with the findings of such Act; and (2) "imminent danger to the public health or safety," for purposes of the suspension of such a registration, to mean that in the absence of an immediate suspension order, controlled substances will continue to be intentionally diverted outside of legitimate distribution channels or distributed or dispensed outside the usual course of professional practices or</p> | <p>2/12/15 – Read twice and referred to the Senate Judiciary Committee.</p> |

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| | <p>in a manner that poses a present or foreseeable risk of serious adverse health consequences or death; Requires an order to show cause as to why such a registration should not be denied, revoked, or suspended to: (1) contain a statement of the basis for the denial, revocation, or suspension, including specific citations to any laws or regulations alleged to be violated; (2) direct the applicant or registrant to appear before the Attorney General at a specific place and time within 30 days after receipt of the order; and (3) notify the applicant or registrant of the opportunity to submit a corrective action plan on or before such appearance; Requires the Attorney General, upon review of any such plan, to determine whether denial, revocation, or suspension proceedings should be discontinued or deferred for purposes of modifications to such plan; Makes such requirements inapplicable to the issuance of an immediate suspension order; and Directs the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs and the Director of the Centers for Disease Control and Prevention, to submit a report identifying: (1) obstacles to legitimate patient access to controlled substances; (2) issues with diversion of controlled substances; and (3) how collaboration between federal, state, local, and tribal law enforcement agencies and the pharmaceutical industry can benefit patients and prevent diversion and abuse of controlled substances.</p> | |
| <p>S 524 (companion to HR 953)</p> | <p><i>Comprehensive Addiction and Recovery Act of 2015</i></p> <p>Official Title: A bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.</p> <p>Introduced by: Sheldon Whitehouse (D-RI) (20 Co-sponsors)</p> <p>Convenes a “Pain Management Best Practices Inter-Agency Task Force;” Provides grants to eligible entities to expand educational efforts to prevent abuse of opioids, heroin, and other substances of abuse, understand addiction as a chronic disease, and promote treatment and recovery; Provides community-based coalition enhancement grants; Provides grants to eligible entities to create a demonstration law enforcement program to prevent opioid and heroin overdose death; Such law enforcement grants must be used to develop, implement, or expand a treatment alternative to incarceration program to (1) make naloxone available to be carried and administered by law enforcement officers; (2) train and provide resources for law enforcement officers on carrying and</p> | <p>2/12/15 – Read twice and referred to the Senate Judiciary Committee</p> |

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| | <p>administering naloxone for the prevention of opioid and heroin overdose death; and (3) establish processes, protocols, and mechanisms for referral to treatment; Provides grants to eligible entities to expand or make available disposal sites for unwanted prescription medications; Provides grants to state and local entities, nonprofit organizations, and Indian tribes or tribal organizations that have a high rate, or have had a rapid increase, in the use of heroin or other opioids, to permit such entities to expand activities, including an expansion in the availability of medication assisted treatment, with respect to the treatment of addiction in the specific geographical areas of such entities where there is a rate or rapid increase in the use of heroin or other opioids; Provides grants to eligible entities to implement medication assisted treatment programs through criminal justice agencies; Provides grants to eligible entities to help them (1) provide substance use recovery support services to young people in high school and enrolled in institutions of higher education; (2) build communities of support for young people in recovery through a spectrum of activities such as counseling and health and wellness-oriented social activities; and (3) start initiatives designed to help young people achieve and sustain recovery from substance use disorders; Provides grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services; Provides grants to eligible entities to design, implement, and expand educational programs for offenders in prisons, jails, and juvenile facilities, through the Correctional Education Demonstration Grant Program; Provides joint grants to a state substance abuse agency and a state criminal justice agency to address the use of opioids and heroin among pregnant and parenting female offenders in the state to promote public safety, public health, family permanence, and well-being as well as to families and veterans; and Provides grants to states, and combinations thereof, to prepare a comprehensive plan for, and implementation of, an integrated opioid abuse response initiative.</p> | |
| S 636 | <p><i>Increasing the Safety of Prescription Drug Use Act of 2015</i></p> <p>Official Title: A bill to reduce prescription drug misuse and abuse.</p> <p>Introduced by: Tom Udall (D-NM) (1 Co-sponsor)</p> <p>Amends existing law and ensures that states create PDMPs that (1) are interoperable with those in other states, federal agencies and across appropriate state agencies, including health agencies,</p> | 3/3/15 – Read twice and referred to the Senate Health, Education, Labor, and Pensions Committee |

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| | <p>as determined by the Secretary; (2) are interoperable with electronic health records and e-prescribing, where appropriate; and (3) provide automatic, real-time or daily information about a patient when a practitioner requests information about such patient, among other things.</p> <p>Awards five-year grants to eligible entities to facilitate training in order to increase the capacity of health care providers to conduct patient screening and brief interventions to prevent the abuse of prescription drugs and other controlled substances. Also awards grants to states to develop continuing education criteria and review processes that allow state health profession boards or state agencies to certify appropriate education and training for informed and safe prescribing of opioids and other drugs on Schedules II and III under the Controlled Substances Act (21 U.S.C. 812).</p> | |
| <p>S 683 (companion to HR 1538)</p> | <p><i>Compassionate Access Research Expansion and Respect States (CAREERS) Act</i></p> <p>Official Title: A bill to extend the principles of federalism to state drug policy, provide access to medical marijuana, and enable research into the medicinal properties of marijuana.</p> <p>Introduced by: Cory Booker (D-NJ) (15 Co-sponsors)</p> <p>Amends the Controlled Substances Act by downgrading marijuana from a Schedule I to a Schedule II substance; Eases some restrictions on transporting marijuana between states thereby expanding access to medical marijuana to patients in states that do not allow medical marijuana; Loosens restrictions on banks to allow them to do business with entities in the marijuana industry; Directs NIDA to broaden access to marijuana for research; and Allows doctors in the VA to recommend marijuana for veterans who live in states that allow it.</p> | <p>3/10/15 – Read twice and referred to the Senate Judiciary Committee</p> |
| <p>S 707 (companion to HR 1821)</p> | <p><i>Opioid Overdose Reduction Act</i></p> <p>Official Title: A bill to provide certain protections from civil liability with respect to the emergency administrations of opioid overdose drugs</p> <p>Introduced by: Edward Markey (D-MA) (4 Co-sponsors)</p> <p>Exempts from liability: (1) Individuals who work or volunteer at an opioid overdose program from any harm caused by the emergency administration of an opioid overdose drug that they</p> | <p>3/11/15 – Read twice and referred to the Senate Judiciary Committee</p> |

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| | <p>provide as a part of an opioid overdose program; (2) Healthcare professionals from any harm caused by the emergency administration of an opioid overdose drug that they prescribe or provide to any person provided that person receives education in the proper administration of the opioid overdose drug and steps to be taken after administration of the drug; and (3) Individuals, including first responders, who administer an opioid overdose drug to a person who is or reasonably appears to have suffered an overdose provided they either are doing so pursuant to a prescription or they obtained the overdose drug from an overdose program or a healthcare professional and received education in the proper administration of the overdose drug, including steps to be taken after administration of the drug.</p> | |
| S 724 | <p><i>Protecting Kids from Candy-Flavored Drugs Act of 2015</i></p> <p>Official Title: A bill to amend the Controlled Substances Act to provide enhanced penalties for marketing candy-flavored controlled substances to minors.</p> <p>Introduced by: Charles Grassley (R-IA) (1 Co-sponsor)</p> <p>Amends existing law to subject a person to enhanced penalties if the person manufactures, creates, distributes, dispenses, or possesses with intent to distribute a controlled substance in Schedule I or II that is (1) combined with a candy or beverage product; (2) marketed or packaged to appear similar to a candy or beverage product; or (3) modified by flavoring or coloring to appear similar to a candy or beverage product; and knowing, or having reasonable cause to believe, that the controlled substance will be distributed, dispensed, or sold to a person under 18 years of age.</p> | <p>3/12/15 – Read twice and referred to the Senate Judiciary Committee</p> |

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| <p>S 728 (companion to HR 1717)</p> | <p><i>Sober Truth on Preventing Underage Drinking Reauthorization (STOP) Act</i></p> <p>Official Title: A bill to provide for programs and activities with respect to the prevention of underage drinking</p> <p>Introduced by: Charles Schumer (D-NY) (No Co-sponsors)</p> <p>Amends the Public Health Service Act to reauthorize the program to reduce underage drinking for FY2015-FY2018; Revises reporting requirements for state programs on underage drinking; Specifies additional requirements for the development of the national media campaign to prevent underage drinking; Directs the Administrator of the SAMHSA to make grants to professional pediatric provider organizations to increase effective practices, including the screening of children and adolescents for alcohol use, to reduce the prevalence of alcohol use among individuals under the age of 21, including college students. Directs the Secretary of HHS to collect data and conduct or support new research on underage drinking that improves and conducts public health surveillance of alcohol use and alcohol-related conditions in states among individuals between age 18 and 20 by increasing the use of surveys, such as the Behavioral Risk Factor Surveillance System, to monitor binge and excessive drinking and related harms; Amends the Federal Alcohol Administration Act to prohibit the manufacture, sale, distribution, or possession of powdered alcohol.</p> | <p>3/12/15 – Read twice and referred to the Senate Health, Education, Labor, and Pensions Committee</p> |
| <p>S 799 (companion to HR 1462)</p> | <p><i>Protecting Our Infants Act of 2015</i></p> <p>Official Title: A bill to combat the rise of prenatal opioid abuse and neonatal abstinence syndrome</p> <p>Introduced by: Mitch McConnell (R-KY) (22 Co-sponsors)</p> <p>Directs of HHS to conduct a study and develop recommendations for preventing and treating prenatal opioid abuse and neonatal abstinence syndrome, soliciting input from nongovernmental entities, and other entities, as appropriate; Directs HHS to publish on the Web a report on the study and recommendations that include: (1) a comprehensive assessment of existing research with respect to the prevention, identification, treatment, and long-term outcomes of neonatal abstinence syndrome, including the identification and treatment of pregnant women or women who may become pregnant who use opioids or other drugs; (2) an evaluation of the causes of,</p> | <p>10/1/15 – Placed on Senate Legislative Calendar</p> <p>9/30/15 – Ordered to be Reported - Senate Health, Education, Labor, and Pensions Committee</p> <p>3/19/15 – Referred to the Senate Health, Education, Labor, and Pensions Committee</p> |

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| | <p>and risk factors for, opioid use disorders among women of reproductive age, including pregnant women; the barriers to identifying and treating opioid use disorders among women of reproductive age, including pregnant and postpartum women and women with young children; current practices in the health care system to respond to and treat pregnant women with opioid use disorders and infants born with neonatal abstinence syndrome; medically indicated use of opioids during pregnancy; access to treatment for opioid use disorders in pregnant and postpartum women; and access to treatment for infants with neonatal abstinence syndrome; and (3) recommendations on preventing, identifying, and treating neonatal abstinence syndrome in infants; treating pregnant women who are dependent on opioids; and preventing opioid dependence among women of reproductive age, including pregnant women, who may be at risk of developing opioid dependence; Directs HHS to lead a review of planning and coordination related to prenatal opioid use and neonatal abstinence syndrome; Directs HHS to develop a strategy to address research and program gaps, including such gaps identified in findings made by reports of the Government Accountability Office; Directs HHS to submit to the Senate HELP Committee and House Committee on Energy and Commerce a report of its findings; and Orders the CDC to provide TA to states to improve the availability and quality of data collection and surveillance activities regarding neonatal abstinence syndrome.</p> | |
| S 954 | <p><i>FDA Accountability for Public Safety Act</i></p> <p>Official Title: A bill to establish procedures regarding the approval of opioid drugs by the Food and Drug Administration</p> <p>Introduced by: Joe Manchin (D-WV) (4 Co-sponsors)</p> <p>Requires the FDA to convene an advisory committee meeting for all opioid medications, including generic drugs, before making a decision on approval, holding the FDA accountable for the opioid drugs that it approves; Provides that If the advisory committee does not recommend approval of an opioid medication due to health and safety concerns, the FDA commissioner would be required to make the final decision regarding the drug's approval; Provides that if the FDA ignores the recommendation of the advisory committee, the agency would be required to submit a report to the chairmen and ranking members of the relevant committees that justifies why the agency ignored the recommendation; Orders that the report</p> | 4/15/15 – Referred to the Senate Health, Education, Labor, and Pensions Committee |

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| | <p>must include any conflicts of interest that FDA officials may have and requires the agency to submit a copy of the report to any member of Congress who requests a copy; and Requires that distribution of the drug would be prohibited until the report is submitted.</p> | |
| S 1134 | <p><i>Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act of 2015</i></p> <p>Official Title: A bill to address prescription opioid abuse and heroin use</p> <p>Introduced by: Kelly Ayotte (R-NH) (1 Co-sponsor)</p> <p>Directs the Secretaries of HHS, Veterans Affairs, and Defense, and the Administrator of the DEA to convene a Pain Management Best Practices Inter-agency Task Force to develop best practices for pain management and prescription pain medication prescribing practices, taking into consideration a host of factors and stakeholder input; Directs that no later than 270 days after the date on which the task force is convened it must submit to a report to Congress on (1) the strategy for disseminating best practices developed, (2) the results of a feasibility study on linking best practices developed to receiving and renewing registrations under the Controlled Substances Act, and (3) recommendations on how to apply such best practices to improve prescribing practices at medical facilities; Authorizes appropriations in the amount of \$9,000,000 for each of fiscal years 2016 through 2020 to carry out the Harold Rogers Prescription Drug Monitoring Program; Requires that no later than one year after the date of enactment of the Act, the U.S. Comptroller General submits to a report to Congress evaluating the effectiveness of the Harold Rogers Prescription Drug Monitoring Program in reducing prescription drug abuse, and, to the extent practicable, any corresponding increase or decrease in the use of heroin; Orders a national drug awareness campaign through ONDCP; and Provides that DOJ, HHS, and ONDCP make grants to eligible entities to create no more than eight demonstration programs to allow properly trained first responders to prevent prescription opioid and heroin overdose death by administering an opioid overdose reversal drug to an individual who has experienced overdose or who has been determined to have likely experienced overdose.</p> | 4/29/15 – Referred to the Senate Judiciary Committee |
| S 1392 | <p><i>Safer Prescribing of Controlled Substances Act</i></p> | 5/20/15 – Referred to the Senate Health, Education, Labor, |

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| | <p>Official Title: A bill to require certain practitioners authorized to prescribe controlled substances to complete continuing education</p> <p>Introduced by: Ed Markey (D-MA) (1 Co-sponsor)</p> <p>Provides as a condition of granting or renewing the registration of a covered practitioner to dispense, or conduct research with, controlled substances in Schedules II-V, the Attorney General shall require the covered practitioner to complete training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that the Secretary of Health and Human Services determines meets specified requirements, among other things.</p> | and Pensions Committee |
| S 1410 | <p><i>Treatment and Recovery Investment Act</i></p> <p>Official Title: A bill to amend the Public Health Service Act to provide grants to improve the treatment of substance use disorders</p> <p>Introduced by: Ed Markey (D-MA) (1 Co-sponsor)</p> <p>Provides that the Center for Substance Abuse Treatment (CSAT) may award grants to the state agencies responsible for administering funds received under the substance abuse prevention and treatment block grant program for activities that are based on reliable scientific evidence of efficacy in the treatment of problems related to the use or misuse of heroin or other opioids; Focuses on grants for enhancing primary care access for opioid dependent pregnant and parenting women diagnosed with opioid dependence; Focuses on grants to improve access to treatment and recovery for adolescents diagnosed with substance use disorders; Focuses on grants to enhance and expand recovery support services for individuals with substance use disorders; Increases the amount authorized for the CSAT block grant; and Orders the U.S. Comptroller General to initiate an evaluation, and submit to Congress a report, of the in-patient and outpatient treatment capacity, availability, and needs of the U.S.</p> | 5/21/15 – Referred to the Senate Health, Education, Labor, and Pensions Committee |
| S 1431 | <p><i>Prescription Drug Abuse Prevention and Treatment Act of 2015</i></p> <p>Official Title: A bill to provide for increased Federal oversight of prescription opioid treatment and assistance to States in reducing opioid abuse, diversion, and deaths</p> <p>Introduced by: Joe Manchin (D-WV) (4 Co-sponsors)</p> | 5/21/15 – Referred to the Senate Finance Committee |

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| | <p>Awards grants to states and not-for-profits for the purpose of conducting culturally sensitive consumer education about opioid abuse, including methadone abuse; Provides for practitioner education on opioid dependence; Provides for the operation of opioid treatment programs; Orders opioid treatment program mortality reports; Requires the development and application of specific prescription drug abuse prevention and treatment quality measures for each relevant health care provider setting; and Provides for programs to prevent prescription drug abuse under Medicare Part D, among other things.</p> | |
| S 1455 | <p><i>The Recovery Enhancement for Addiction Treatment (TREAT) Act</i></p> <p>Official Title: A bill to provide access to medication-assisted therapy, and for other purposes</p> <p>Introduced by: Ed Markey (D-MA) (9 Co-sponsors)</p> <p>Increases from 30 to 100 the number of patients a provider is allowed to treat per year; Allows NPs and PAs to treat up to 100 patients per year provided they (1) are licensed in a state that already allows them to prescribe controlled substances, (2) complete approved training on opioid addiction treatment, and (3) are supervised by a physician who is approved to prescribe opioid addiction medicine, or are certified addiction treatment nurse practitioners who practice in collaboration with such a physician in a “qualified practice setting,” where allowed by state law; Allows physicians, after one year, to request removal of the limit on the number of patient they can treat in certain circumstances; Requires the GAO to examine changes in (1) treatment availability and utilization, (2) quality of treatment programs, (3) integration with routine healthcare services, (4) diversion, (5) impact on state-level policies and legislation, and (6) use of NPs an PA prescribers, among other things.</p> | 5/22/15 – Referred to the Senate Health, Education, Labor, and Pensions Committee |
| S 1641 | <p><i>Jason Simcakoski Memorial Opioid Safety Act</i></p> <p>Official Title: A bill to improve the use by the Department of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Department, and to expand availability of complementary and integrative health, and for other purposes.</p> <p>Introduced by: Tammy Baldwin (D-WI) (16 Co-sponsors)</p> | 6/22/15 – Referred to the Senate Veterans’ Affairs Committee |

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| | <p>Provides guidelines on the management of opioid therapy by the VA and DOD; Improves opioid safety by VA; Establishes a working group on pain management and opioid therapy within the VA and DOD; Establishes pain management boards in the VA; Orders an investigation on the use of opioids in treatment by the VA; Establishes an office of patient advocacy in the VA; Orders improved awareness of patient advocacy programs and bill of rights in the VA; Orders a report on patient advocacy in the VA; Orders a report on the transition by veterans between health care settings; Expands research and education on complementary and integrative health to veterans; and Creates wellness programs as complementary approaches to pain management and other issues for veterans and their family members, among other things.</p> | |
| S 1654 | <p><i>Overdose Prevention Act</i></p> <p>Official Title: A bill to prevent deaths occurring from drug overdoses</p> <p>Introduced by: Jack Reed (D-RI) (6 Co-sponsors)</p> <p>Amends existing law to allow SAMHSA to enter into cooperative agreements with state, local, or tribal government, a correctional institution, a law enforcement agency, a community agency, a professional organization in the field of poison control and surveillance, or a private nonprofit organization to fund and carry out activities to reduce deaths occurring from overdoses of drugs through the use and distribution of naloxone; Requires the entities to educate prescribers and pharmacists about overdose prevention and naloxone prescription, train first responders, law enforcement, and corrections officials on the effective response to individuals who have overdosed on drugs, and educate the public about overdose prevention and naloxone prescriptions; Establishes a coordinating center responsible to collect, compile, evaluate and disseminate data on the programs and activities under the law; Awards cooperative agreements to improve fatal and nonfatal drug overdose surveillance and reporting capabilities; and Orders a task force to develop a plan to reduce the number of deaths occurring from overdoses of drugs and submit the plan to Congress, among other things.</p> | 6/23/15 – Referred to the Senate Health, Education, Labor, and Pensions Committee |
| S 1790 | <p><i>Safe and Affordable Prescription Drugs Act of 2015</i></p> <p>Official Title: A bill to amend the Federal Food, Drug, and Cosmetic Act to allow for the personal importation of safe and affordable prescription drugs from approved pharmacies</p> | 7/16/15 – Referred to the Senate Health, Education, Labor, and Pensions Committee |

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| | <p>Introduced by: David Vitter (R-LA) (No co-sponsors)</p> <p>Amends the Federal Food, Drug, and Cosmetic Act to promulgate regulations permitting individuals to safely import prescription drugs into the U.S from approved pharmacies; and Defines prescription drug and approved pharmacy.</p> | |
| S 1913 | <p><i>Stopping Medication Abuse and Protecting Seniors Act</i></p> <p>Official Title: A bill to amend title XVIII of the Social Security Act to establish programs to prevent prescription drug abuse under the Medicare program, and for other purposes</p> <p>Introduced by: Pat Toomey (R-PA) (4 Co-sponsors)</p> <p>Amends existing law to prevent inappropriate access to opioids (doctor shopping) and improve patient care for at-risk beneficiaries; Creates a drug abuse prevention plan, already operating in Medicaid and commercial plans, which identifies a beneficiary with a history of drug abuse in Medicare Part D and Medicare Advantage and locks the beneficiary into one prescriber and one pharmacy to reduce doctor and pharmacy shopping; Encourages insurers, Part D plan sponsors, and physicians to assist beneficiaries battling addiction in seeking substance abuse treatment; Honors beneficiary preferences for preferred single pharmacy and preferred single provider unless it is determined that using those providers will contribute to continued drug abuse; Notifies an at-risk beneficiary of their new status, and conducts a clinical review to ensure seniors who need high amounts of pain pills are not mistakenly included in the program; Directs HHS to establish clinical criteria for determining who is an at-risk beneficiary based on use of "frequently abused" opiates; Exempts beneficiaries receiving hospice care and those receiving care at a nursing home via a long-term care pharmacy; Allows for data sharing between CMS, plans, and contractors to address waste, fraud, and abuse; Directs the GAO to study concerns of prescription drug abuse beyond opiates within Medicare; and Sets up procedures to terminate an individual's inclusion in lock-in and protect a beneficiary's appeal rights, among other things.</p> | 7/30/15 – Referred to the Senate Finance Committee |
| S 1984 | <p><i>Keeping out Illegal Drugs (KIDS) Act of 2015</i></p> <p>Official Title: A bill to prevent Indian tribes and tribal organizations that cultivate, manufacture, or distribute marijuana on Indian land from receiving Federal funds</p> <p>Introduced by: James Lankford (R-OK) (No Co-sponsors)</p> | 8/5/15 – Referred to the Senate Indian Affairs Committee |

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| | <p>Prohibits an Indian tribe or a tribal organization (1) from knowingly or intentionally cultivating, manufacturing, or distributing marijuana on Indian lands; (2) from knowingly or intentionally allowing the cultivation, manufacture, or distribution of marijuana on Indian lands; or (3) on discovery by the Indian tribe or tribal organization that an individual or entity on Indian lands subject to the jurisdiction of the Indian tribe or tribal organization is cultivating, manufacturing, or distributing marijuana on Indian lands from (A) not prosecuting, or notifying the appropriate Federal official regarding that individual or entity; and (B) failing to destroy the relevant marijuana crop in accordance with applicable Federal law; and Orders that the Indian tribe or tribal organization returns any Federal funds appropriated to it.</p> | |
| S 2123 | <p><i>Sentencing Reform and Corrections Act of 2015</i></p> <p>Official Title: A bill to reform sentencing laws and correctional institutions, and for other purposes</p> <p>Introduced by: Chuck Grassley (R-IA) (11 Co-sponsors)</p> <p>Amends existing law to (1) reduce and restrict enhanced sentencing for prior drug felonies; (2) limit the application of the ten-year mandatory minimum sentence; and (3) lower a sentence for “covered offenses,” among other things; Also, requires the U.S. Attorney General to (1) conduct a review and arrive at a strategic plan for the expansion of recidivism reduction programming and productive activities; (2) develop for use by the Bureau of Prisons an offender risk and needs assessment system; (3) address credit for pre-release custody; (4) assist offenders by arriving at new tools to promote recovery and prevent drug and alcohol abuse and dependence; (5) evaluate best practices used for the reentry into society of individuals released from the custody of the Bureau of Prisons and select an appropriate number of Federal judicial districts to conduct Federal reentry demonstration projects using these best practices; (6) allow a court to modify a term of imprisonment imposed upon a defendant convicted as an adult for an offense committed and completed before the defendant attained 18 years of age; (7) to protect children and adults against damage stemming from their juvenile acts and subsequent juvenile delinquency records, including law enforcement, by preventing the unauthorized use or disclosure of confidential juvenile delinquency records; (8) prohibits the use of solitary confinement at a juvenile facility for discipline, punishment,</p> | <p>10/1/15 – Read twice and referred to the Senate Judiciary Committee</p> |

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| | retaliation, or any reason other than as a temporary response to a covered juvenile's behavior that poses a serious and immediate risk of physical harm to any individual, among other things. | |
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