

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To provide for a complete substitute.

**IN THE SENATE OF THE UNITED STATES—114th Cong., 2d Sess.**

**S. 2256**

To establish programs for health care provider training in Federal health care and medical facilities, to establish Federal co-prescribing guidelines, to establish a grant program with respect to naloxone, and for other purposes.

Referred to the Committee on \_\_\_\_\_ and  
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended  
to be proposed by \_\_\_\_\_

Viz:

1 Strike all after the enacting clause and insert the fol-  
2 lowing:

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Co-Prescribing Saves  
5 Lives Act of 2016”.

6 **SEC. 2. NALOXONE CO-PRESCRIBING IN FEDERAL HEALTH  
7 CARE AND MEDICAL FACILITIES.**

8 (a) NALOXONE CO-PRESCRIBING GUIDELINES.—Not  
9 later than 180 days after the date of enactment of this  
10 Act:

1           (1) The Secretary of Health and Human Serv-  
2           ices shall, as appropriate, provide information to  
3           prescribers within Federally qualified health centers  
4           (as defined in paragraph (4) of section 1861(aa) of  
5           the Social Security Act (42 U.S.C. 1395x(aa))), and  
6           the health care facilities of the Indian Health Serv-  
7           ice, on best practices for co-prescribing naloxone for  
8           patients receiving chronic opioid therapy and pa-  
9           tients being treated for opioid use disorders.

10           (2) The Secretary of Defense shall, as appro-  
11           priate, provide information to prescribers within De-  
12           partment of Defense medical facilities on best prac-  
13           tices for co-prescribing naloxone for patients receiv-  
14           ing chronic opioid therapy and patients being treated  
15           for opioid use disorders.

16           (3) The Secretary of Veterans Affairs shall, as  
17           appropriate, provide information to prescribers with-  
18           in Department of Veterans Affairs medical facilities  
19           on best practices for co-prescribing naloxone for pa-  
20           tients receiving chronic opioid therapy and patients  
21           being treated for opioid use disorders.

22           (b) DEFINITIONS.—In this section:

23           (1) CO-PRESCRIBING.—The term “co-pre-  
24           scribing” means, with respect to an opioid overdose  
25           reversal drug, the practice of prescribing such drug

1 in conjunction with an opioid prescription for pa-  
2 tients at an elevated risk of overdose, or in conjunc-  
3 tion with an opioid agonist approved under section  
4 505 of the Federal Food, Drug, and Cosmetic Act  
5 (21 U.S.C. 355) for the treatment of opioid use dis-  
6 orders, or in other circumstances in which a provider  
7 identifies a patient at an elevated risk for an inten-  
8 tional or unintentional drug overdose from heroin or  
9 prescription opioid therapies.

10 (2) ELEVATED RISK OF OVERDOSE.—The term  
11 “elevated risk of overdose” has the meaning given  
12 such term by the Secretary of Health and Human  
13 Services, which—

14 (A) may be based on the criteria provided  
15 in the Opioid Overdose Toolkit published by the  
16 Substance Abuse and Mental Health Services  
17 Administration; and

18 (B) may include patients on a first course  
19 opioid treatment, patients using extended-re-  
20 lease and long-acting opioid analgesic, and pa-  
21 tients with a respiratory disease or other co-  
22 morbidities.