

FLOOR SCHEDULE FOR FRIDAY, MAY 13, 2016

HOUSE MEETS AT:	FIRST VOTE PREDICTED:	LAST VOTE PREDICTED:
9:00 a.m.: Legislative Business	10:00 – 11:00 a.m.	12:00 – 1:00 p.m.
Five “One Minutes”		

H.Res. 725 – Rule providing for consideration of S. 524 – Comprehensive Addiction and Recovery Act of 2016 (Sen. Whitehouse – Energy and Commerce/Judiciary) (One hour of debate). The Rules Committee has recommended a closed Rule that provides for one hour of general debate, with 30 minutes equally divided and controlled by the Chair and Ranking Member of the Committee on Energy and Commerce and 30 minutes equally divided and controlled by the Chair and Ranking Member of the Committee on Judiciary. The Rule allows one motion to recommit, waives all points of order against the legislation and provides that if S. 524 is passed, then it shall be in order for the Chair of the Committee on Energy and Commerce or his designee to move that the House insist on its amendments to S. 524 and request a conference with the Senate.

House Amendment to S. 524 – Comprehensive Addiction and Recovery Act (Sen. Whitehouse – Energy and Commerce/Judiciary) (One hour of debate). This amendment consists of sixteen suspension bills that each passed the House earlier this week and two bills under a rule that passed the House on Wednesday and Thursday of this week.

The bipartisan bills that passed the House under suspension of the Rules help to address the opioid epidemic facing the country by: requiring the Attorney General and the Health and Human Services Secretary to develop metrics by which opioid-related grant programs administered by their respective agencies will be evaluated; encouraging and training health care providers to co-prescribe overdose reversal drugs, such as Naloxone, when the prescribe common opioids to patients at risk of addiction; allowing pharmacists to partially fill prescriptions for controlled substances while allowing the patient to return to the pharmacy if more medication is needed; providing informational materials to educate and prevent addiction in teenagers and adolescents who are injured playing sports and are subsequently prescribed an opioid; requiring Veterans Affairs (VA) and the Department of Defense (DOD) to update their Clinical Practice Guidelines for Management of Opioid Therapy for Chronic Pain and requiring VA opioid prescribers to have enhanced pain management and safe opioid prescribing education training; among other necessary steps.

H.R. 4641 – To provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes (Rep. Brooks (IN) – Energy and Commerce) passed the House on Wednesday, May 11th with unanimous Democratic support. That vote can be found [here](#). The bill would create an inter-agency taskforce to update and clarify guidelines for pain management. It would convene the Department of Health and Human Services (HHS), VA, the Food and Drug Administration (FDA), Department of Defense (DOD), the Drug Enforcement Administration (DEA), the Centers for Disease Control (CDC), and other agencies, to modify and update best practices for chronic and acute pain management and for doctors who prescribe pain medication. H.R. 4641 would include agencies at the federal level, as well as state medical boards, health care practitioners, pharmacists, experts from both the pain and addiction recovery community, actual patients, and other stakeholders.

H.R. 5046 – Comprehensive Opioid Abuse Reduction Act of 2016 (Rep. Sensenbrenner – Judiciary) passed the House on Thursday, May 12th with unanimous Democratic support. That vote can be found [here](#). The bill would authorize the future appropriation of \$103 million annually from 2017 – 2021 to allow the Department of Justice (DOJ) to provide grants to state, local, and tribal governments for programs to prevent and combat opioid abuse. The grants would help local officials to: facilitate and enhance collaboration between state criminal justice agencies and state substance abuse systems; develop, implement, or expand treatment alternatives for incarceration programs; train criminal justice agency personnel on substance use disorders and co-occurring mental illness and substance use disorders; provide additional training and resources for first responders on carrying and administering opioid reversal drugs; provide additional resources to investigate illicit activities related to the unlawful distribution of opioids; expanding or more closely monitoring a prescription drug abuse program; and additional support activities.

Although Democrats and Republicans have been able to work together to pass so many bills to address the opioid crisis, it is unfortunate that Republican leadership refused to include funding to implement the programs detailed in these bills or expand access to substance abuse treatment.



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Motion to Go to Conference on S. 524 and Consideration of the Democratic Motion to Instruct Conferees on S. 524

****Members are advised that following last votes, the House is expected to debate the Democratic Motion to Instruct Conferees. Any recorded vote requested will be postponed until next week.**

The Daily Quote

"House Republicans still don't have the votes to pass a budget and GOP leaders are trying to figure out their next move... There is now a possibility that [House Speaker Paul] Ryan [R-WI] and House Majority Leader Kevin McCarthy (R-Calif.) will start moving spending bills to the floor next week without passing a budget first — a decision that could prove embarrassing for a former Budget Chairman like Ryan."

- Politico, 5/12/2016