

**AMENDMENT TO H.R. 4641, AS REPORTED
OFFERED BY MR. ROTHFUS OF PENNSYLVANIA**

Page 6, line 13, strike “and”.

Page 6, after line 16, insert “and” after the semi-colon.

Page 6, after line 16, insert the following:

1 (F) the practice of co-prescribing naloxone
2 for both pain patients receiving chronic opioid
3 therapy and patients being treated for opioid
4 use disorders;

Page 7, after line 20, insert the following:

5 (g) DEFINITIONS.—In this section:
6 (1) CO-PRESCRIBING.—The term “co-pre-
7 scribing” means, with respect to naloxone, the prac-
8 tice of prescribing such drug in conjunction with an
9 opioid prescription for patients at an elevated risk of
10 overdose, or in conjunction with an opioid agonist
11 approved under section 505 of the Federal Food,
12 Drug, and Cosmetic Act (21 U.S.C. 355) for the
13 treatment of opioid use disorders, or in other cir-
14 cumstances in which a provider identifies a patient

1 at an elevated risk for an intentional or uninten-
2 tional drug overdose from heroin or prescription
3 opioid therapies.

4 (2) ELEVATED RISK OF OVERDOSE.—The term
5 “elevated risk of overdose” has the meaning given
6 such term by the Secretary of Health and Human
7 Services, which—

8 (A) may be based on the criteria provided
9 in the Opioid Overdose Toolkit published by the
10 Substance Abuse and Mental Health Services
11 Administration; and

12 (B) may include patients on a first course
13 opioid treatment, patients using extended-re-
14 lease and long-acting opioid analgesic, and pa-
15 tients with a respiratory disease or other co-
16 morbidities.

