Jessie's Law (S 581 / HR 5009, 115th Congress)

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The Policy
Synopsis

Jessie’s Law, S 581 [14] / HR 5009 [15], calls for the Department of Health and Human Services (HHS) to develop and disseminate best practices regarding the prominent display of opioid use disorder history in patient records of patients who have previously provided this information to a health care provider.

The bill specifies that these best practices must allow for the patient to elect to have the opioid use disorder history displayed in medical records. Additionally, HHS must create these best practices after consulting with relevant stakeholders, including a patient with opioid use disorder, an expert in electronic health records, an expert in keeping health records confidential, and a health care provider.

The development of the best practices will take into account the following:

- The potential for addiction relapse or overdose death if opioid medications were prescribed to treat opioid use disorder;
- The benefits of displaying the opioid use disorder history similarly to other potentially lethal medical concerns, such as drug allergies;
- The importance of prominently displaying of past opioid use disorder when a physician or medical professional is prescribing medication;
- The importance of a variety of medical professionals to have access to the opioid addiction history when prescribing or dispensing opioid medication;
- The importance of protecting patient privacy; and
- Other applicable federal laws and regulations.

HR 5009, as amended, additionally requires the Centers for Medicare and Medicaid Services [16] and the Health Resources and Services Administration [17] to annually create and distribute written materials to healthcare providers. These materials would explain what patient health information those providers can disclose to families, caregivers, and other healthcare providers, in the event of medical emergencies such as drug overdoses.

Policy History

Jessie’s Law was previously introduced in the 114th Congress as HR 5142 [18] / S 2866 [19].

The bill was initially introduced into the 115th Congress's House as HR 1554 [20].

The Science

Science Synopsis

Opioids are a class of drugs that are utilized to relieve pain. Prescription opioids and heroin [21], an illegal substance, are among the most commonly used opioids. According to the National Institute on Drug Abuse [22] (NIDA), opioids can be highly addictive [23] because they reduce the brain’s perception of pain and increase feelings of pleasure. NIDA explains how certain individuals aim to increase the euphoric effects of prescription opioids by crushing the pills and snorting or injecting the powder, which leads to a greater amount of drug being quickly absorbed by the body. Furthermore, NIDA says that repeated opioid
use has a tendency to result in drug tolerance, thus requiring the user to administer a greater dose to get the same feeling of pleasure. This characteristic makes it easier for opioid users to overdose, particularly if they have previously entered addiction rehabilitation and unknowingly lowered their tolerance for the drug by abstaining.

The Centers for Disease Control and Prevention (CDC) found that 91 Americans die every day [24] from a prescription opioid or heroin overdose, and that over 1000 people [25] are treated for prescription opioid misuse in American emergency rooms every day. Opioid addiction, also referred to as opioid use disorder [26], continues to be a widespread epidemic even outside of emergency care. For instance, according to the CDC, almost two million Americans [25] were either dependent upon opioids or abused opioids in 2014; approximately 25% of people who receive prescription opioids for non-cancer pain struggle with opioid addiction. And the number of opioid prescriptions [23] in the United States has skyrocketed from 76 million in 1991 to almost 207 million in 2013.

Certain behavioral therapies [27] and drugs such as methadone, buprenorphine, and naltrexone [21] are commonly used in treating opioid addiction, yet a study conducted in 2010 [28] concluded that the post-treatment relapse rate—the rate at which people return to using a drug after abstaining from use—for persons with opioid addictions is about 91%. The study also found that most recovering addicts relapsed within their first week of leaving inpatient treatment. In contrast, other data [29] has pointed to greater success in treating opioid addictions, particularly with drug-based treatments.

The Debate

Endorsements & Opposition

Endorsements:

- Senator Joe Manchin (D-WV), press release [30], August 3, 2017: “This will help prevent tragic events like the death of Jessie Grubb by providing physicians and other medical professionals with this information at every step of a patient’s care, enabling them to consider the patient’s addiction when determining appropriate medical care.”
- Senator Shelley Moore Capito (R-WV), press release [31], August 3, 2017: “The opioid epidemic touches communities across the country, and we have seen more than our fair share of its devastating consequences in West Virginia…. Jessie’s Law will help prevent other families from having to endure that kind of suffering and loss. It’s a small win in a much bigger battle, but it is an important and meaningful step in the right direction. I am incredibly proud to have championed Jessie’s Law from the beginning, and I will continue working to deliver similar solutions to combat this devastating epidemic.”
- Senator Mitch McConnell (R-KY), press release [32], August 4, 2017: “The Senate took another important step forward this week in combating the opioid epidemic that is devastating families and communities across the country. Jessie’s Law will help medical professionals make more-informed treatment decisions for their patients by allowing past history of drug addiction to be included in patients’ medical records.”
- David and Kate Grubb (parents of Jessie Grubb, for whom the bill is named), op-ed [33], August 5, 2017: “Jessie specifically informed her treating physicians and nurses that she was a recovering addict. We did, too. As a result, this key fact was recorded no less than eight times in her medical record. Unfortunately, and tragically, it was not displayed prominently. As a result, the discharging doctor told us afterward that he had no idea she was a
recovering addict. It was an oversight. A simple mistake that cost our daughter her life."

At present, there has not been any publicly reported opposition to this bill. However, some biomedical researchers have voiced concerns that including a patient’s opioid addiction history in medical records may lead to undertreated pain and to drug-seeking behavior in recovering addicts.

**Status**

S 581 was introduced in the Senate on March 8, 2017. It passed the Senate by unanimous consent on August 3, 2017; the bill was then referred to the House and particularly the House Energy and Commerce Committee on August 4, 2017.

HR 5009 was introduced in the House on February 13, 2018. It passed the House by voice vote on June 12, 2018; the bill was then referred to the Senate and particularly the Senate Committee on Health, Education, Labor, and Pensions on June 13, 2018.

**Recommended Citation**


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