

116TH CONGRESS
1ST SESSION

H. R. 4974

To amend the Controlled Substances Act to require physicians and other prescribers of controlled substances to complete training on treating and managing patients with opioid and other substance use disorders (which shall also satisfy certain training required to receive a waiver for dispensing narcotic drugs for maintenance or detoxification treatment), and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 1, 2019

Mrs. TRAHAN (for herself, Mr. BERGMAN, Mr. CARTER of Georgia, Mr. TRONE, Mr. ROGERS of Kentucky, Ms. KUSTER of New Hampshire, Mr. TONKO, Mr. CROW, Mr. ROSE of New York, and Mr. PAPPAS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, 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

A BILL

To amend the Controlled Substances Act to require physicians and other prescribers of controlled substances to complete training on treating and managing patients with opioid and other substance use disorders (which shall also satisfy certain training required to receive a waiver for dispensing narcotic drugs for maintenance or detoxification treatment), and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medication Access and
5 Training Expansion Act of 2019” or the “MATE Act of
6 2019”.

7 **SEC. 2. REQUIRING PRESCRIBERS OF CONTROLLED SUB-**
8 **STANCES TO COMPLETE TRAINING ON**
9 **TREATING AND MANAGING PATIENTS WITH**
10 **OPIOID AND OTHER SUBSTANCE USE DIS-**
11 **ORDERS.**

12 (a) IN GENERAL.—Section 303 of the Controlled
13 Substances Act (21 U.S.C. 823) is amended by adding at
14 the end the following:

15 “(1) REQUIRED TRAINING FOR PRESCRIBERS ON
16 TREATING AND MANAGING PATIENTS WITH OPIOID AND
17 OTHER SUBSTANCE USE DISORDERS.—

18 “(1) APPLICABILITY.—This subsection ap-
19 plies—

20 “(A) with respect to any practitioner who
21 is licensed under State law to prescribe con-
22 trolled substances; and

23 “(B) beginning with the first registration
24 or renewal of registration by the practitioner
25 under this section occurring 90 or more days

1 after the date of enactment of the Medication
2 Access and Training Expansion Act of 2019.

3 “(2) TRAINING REQUIRED.—As a condition on
4 registration under this section to dispense controlled
5 substances in schedule II, III, IV, or V, the Attorney
6 General shall require any practitioner described in
7 paragraph (1)(A) to meet the following:

8 “(A) If the practitioner is a physician, the
9 practitioner must meet one or more of the fol-
10 lowing conditions:

11 “(i) The physician holds a board cer-
12 tification in addiction psychiatry or addic-
13 tion medicine from the American Board of
14 Medical Specialties.

15 “(ii) The physician holds an addiction
16 certification or board certification from the
17 American Society of Addiction Medicine or
18 the American Board of Addiction Medicine.

19 “(iii) The physician holds a board cer-
20 tification in addiction medicine from the
21 American Osteopathic Association.

22 “(iv) The physician has, with respect
23 to the treatment and management of pa-
24 tients with opioid and other substance use
25 disorders, completed not less than 8 hours

1 of training (through classroom situations,
2 seminars at professional society meetings,
3 electronic communications, or otherwise)
4 that is provided by the American Society of
5 Addiction Medicine, the American Acad-
6 emy of Addiction Psychiatry, the American
7 Medical Association, the American Osteo-
8 pathic Association, the American Psy-
9 chiatric Association, or any other organiza-
10 tion that the Secretary determines is ap-
11 propriate for purposes of this clause. Such
12 training shall include—

13 “(I) opioid maintenance and de-
14 toxification;

15 “(II) appropriate clinical use of
16 all drugs approved by the Food and
17 Drug Administration for the treat-
18 ment of a substance use disorder;

19 “(III) initial and periodic patient
20 assessments (including substance use
21 monitoring);

22 “(IV) individualized treatment
23 planning, overdose reversal, and re-
24 lapse prevention;

1 “(V) counseling and recovery
2 support services;

3 “(VI) staffing roles and consider-
4 ations;

5 “(VII) diversion control; and

6 “(VIII) other best practices, such
7 as prevention of addiction, as identi-
8 fied by the Secretary, after consulta-
9 tion with practitioners from a variety
10 of medical specialties and who prac-
11 tice in different settings in which con-
12 trolled substances are prescribed.

13 “(v) The physician has participated as
14 an investigator in one or more clinical
15 trials leading to the approval of a narcotic
16 drug in schedule III, IV, or V for mainte-
17 nance or detoxification treatment, as dem-
18 onstrated by a statement submitted to the
19 Secretary by the sponsor of such approved
20 drug.

21 “(vi) The physician has such other
22 training or experience as the State medical
23 licensing board of the State where the phy-
24 sician will provide maintenance or detoxi-
25 fication treatment considers to dem-

1 onstrate the ability of the physician to
2 treat and manage patients with opioid and
3 other substance use disorders.

4 “(vii) The physician has such other
5 training or experience as the Secretary
6 considers to demonstrate the ability of the
7 physician to treat and manage patients
8 with opioid and other substance use dis-
9 orders. Any criteria of the Secretary under
10 this clause shall be established by regula-
11 tion. Any such criteria are effective only
12 for 3 years after the date on which the cri-
13 teria are promulgated, but may be ex-
14 tended for such additional discrete 3-year
15 periods as the Secretary considers appro-
16 priate for purposes of this clause. Such an
17 extension of criteria may only be effec-
18 tuated through a statement published in
19 the Federal Register by the Secretary dur-
20 ing the 30-day period preceding the end of
21 the 3-year period involved.

22 “(viii) The physician graduated in
23 good standing from an accredited school of
24 allopathic medicine or osteopathic medicine
25 in the United States during the 5-year pe-

1 riod immediately preceding the date on
2 which the physician first registers or re-
3 news under this section and has success-
4 fully completed a comprehensive allopathic
5 or osteopathic medicine curriculum or ac-
6 credited medical residency that—

7 “(I) included not less than 8
8 hours of training on treating and
9 managing patients with opioid and
10 other substance use disorders; and

11 “(II) included, at a minimum—

12 “(aa) the training described
13 in subclauses (I) through (VIII)
14 of clause (iv); and

15 “(bb) training with respect
16 to any other best practice the
17 Secretary determines should be
18 included in the curriculum, which
19 may include training on pain
20 management, including assess-
21 ment and appropriate use of
22 opioid and non-opioid alter-
23 natives.

1 “(B) If the practitioner is not a physician,
2 the practitioner must meet one or more of the
3 following conditions:

4 “(i) Completed not fewer than 24
5 hours of initial training addressing each of
6 the topics listed in subparagraph (A)(iv)
7 (through classroom situations, seminars at
8 professional society meetings, electronic
9 communications, or otherwise) provided by
10 the American Society of Addiction Medi-
11 cine, the American Academy of Addiction
12 Psychiatry, the American Medical Associa-
13 tion, the American Osteopathic Associa-
14 tion, the American Nurses Credentialing
15 Center, the American Psychiatric Associa-
16 tion, the American Association of Nurse
17 Practitioners, the American Academy of
18 Physician Assistants, or any other organi-
19 zation that the Secretary determines is ap-
20 propriate for purposes of this clause.

21 “(ii) Has such other training or expe-
22 rience as the Secretary determines will
23 demonstrate the ability of the practitioner
24 to treat and manage patients with opioid
25 and other substance use disorders.

1 “(iii) Graduated in good standing
2 from an accredited physician assistant
3 school or school of advanced practice nurs-
4 ing in the United States during the 5-year
5 period immediately preceding the date on
6 which the practitioner first registers or re-
7 news under this section and has success-
8 fully completed a comprehensive physician
9 assistant or advanced practice nursing cur-
10 riculum that includes not less than 24
11 hours of training on treating and man-
12 aging patients with opioid and other sub-
13 stance use disorders and, at a minimum—

14 “(I) the training described in
15 subclauses (I) through (VIII) of sub-
16 paragraph (A)(iv); and

17 “(II) training with respect to any
18 other best practice the Secretary de-
19 termines should be included in the
20 curriculum, which may include train-
21 ing on pain management, including
22 assessment and appropriate use of
23 opioid and non-opioid alternatives.

24 “(3) RECIPROCAL TREATMENT.—

1 “(A) PHYSICIANS.—A physician who meets
2 one or more of the conditions listed in para-
3 graph (2)(A) is deemed to meet one or more of
4 the conditions listed in subsection (g)(2)(G)(ii),
5 and a physician who meets one or more of the
6 conditions listed in subsection (g)(2)(G)(ii) is
7 deemed to meet one or more of the conditions
8 listed in paragraph (2)(A).

9 “(B) OTHER PRACTITIONERS.—A practi-
10 tioner who is not a physician, and who meets
11 one or more of the conditions listed in para-
12 graph (2)(B), is deemed to meet one or more
13 of the conditions listed in subsection
14 (g)(2)(G)(iv)(II), and a practitioner who is not
15 a physician, and who meets one or more of the
16 conditions listed in subsection (g)(2)(G)(iv)(II),
17 is deemed to meet one or more of the conditions
18 listed in paragraph (2)(B).”.

19 (b) TRAINING REQUIRED.—

20 (1) PHYSICIANS.—Section
21 303(g)(2)(G)(ii)(IV)(hh) of the Controlled Sub-
22 stances Act (21 U.S.C. 823(g)(2)(G)(ii)(IV)) is
23 amended by inserting “such as prevention of addic-
24 tion,” after “other best practices,”.

1 (2) OTHER PRACTITIONERS.—Section
2 303(g)(2)(G)(iv)(II) of the Controlled Substances
3 Act (21 U.S.C. 823(g)(2)(G)(iv)(II)) is amended—

4 (A) in item (aa), by striking “or” at the
5 end;

6 (B) in item (bb), by striking the period at
7 the end and inserting “; or”; and

8 (C) by adding at the end the following new
9 item:

10 “(cc) graduated in good standing from an
11 accredited physician assistant school or school
12 of advanced practice nursing in the United
13 States during the 5-year period immediately
14 preceding the date on which the practitioner
15 submits to the Secretary a written notification
16 under subparagraph (B) and has successfully
17 completed a comprehensive physician assistant
18 or advanced practice nursing curriculum that
19 includes not less than 24 hours of training on
20 treating and managing opioid-dependent pa-
21 tients and, at a minimum—

22 “(AA) the training described in items
23 (aa) through (hh) of clause (ii)(IV); and

24 “(BB) training with respect to any
25 other best practice the Secretary deter-

1 mines should be included in the cur-
2 riculum, which may include training on
3 pain management, including assessment
4 and appropriate use of opioid and non-
5 opioid alternatives.”.

6 (3) TECHNICAL CORRECTION.—Section
7 303(g)(2)(G)(iv)(II)(bb) of the Controlled Sub-
8 stances Act (21 U.S.C. 823(g)(2)(G)(iv)(II)(bb)) is
9 amended by striking “has” before “such other train-
10 ing”.

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