

Suspend the Rules and Pass the Bill, H.R. 5327, With an Amendment

(The amendment strikes all after the enacting clause and inserts a new text)

115TH CONGRESS
2^D SESSION

H. R. 5327

To amend title V of the Public Health Service Act to establish a grant program to create comprehensive opioid recovery centers, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2018

Mr. GUTHRIE (for himself, Mr. GENE GREEN of Texas, Mr. BUCSHON, and Mr. BEN RAY LUJÁN of New Mexico) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title V of the Public Health Service Act to establish a grant program to create comprehensive opioid recovery centers, 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 “Comprehensive Opioid
5 Recovery Centers Act of 2018”.

1 **SEC. 2. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

2 (a) IN GENERAL.—Part D of title V of the Public
3 Health Service Act is amended by adding at the end the
4 following new section:

5 **“SEC. 550. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

6 “(a) IN GENERAL.—The Secretary shall award
7 grants on a competitive basis to eligible entities to estab-
8 lish or operate a comprehensive opioid recovery center (re-
9 ferred to in this section as a ‘Center’).

10 “(b) GRANT PERIOD.—

11 “(1) IN GENERAL.—A grant awarded under
12 subsection (a) shall be for a period not less than
13 three years and not more than five years.

14 “(2) RENEWAL.—A grant awarded under sub-
15 section (a) may be renewed, on a competitive basis,
16 for additional periods of time, as determined by the
17 Secretary. In determining whether to renew a grant
18 under this paragraph, the Secretary shall consider
19 the data submitted under subsection (h).

20 “(c) MINIMUM NUMBER OF CENTERS.—The Sec-
21 retary shall allocate the amounts made available under
22 subsection (i) in such amounts that not fewer than 10
23 Centers will be established across the United States.

24 “(d) APPLICATION.—In order to be eligible for a
25 grant under subsection (a), an entity shall submit an ap-
26 plication to the Secretary at such time and in such manner

1 as the Secretary may require. Such application shall in-
2 clude—

3 “(1) evidence that such entity carries out, or is
4 capable of coordinating with other entities to carry
5 out, the activities described in subsection (g); and

6 “(2) such other information as the Secretary
7 may require.

8 “(e) PRIORITY.—In awarding grants under sub-
9 section (a), the Secretary shall give priority to eligi-
10 ties located in a State or Indian country (as defined in
11 section 1151 of title 18, United States Code)—

12 “(1) with a high per capita drug overdose mor-
13 tality rate, as determined by the Director of the
14 Centers for Disease Control and Prevention; or

15 “(2) based on any other criteria or need, as de-
16 termined by the Secretary.

17 “(f) USE OF GRANT FUNDS.—An eligible entity
18 awarded a grant under subsection (a) shall use the grant
19 funds to establish or operate a Center to carry out the
20 activities described in subsection (g).

21 “(g) CENTER ACTIVITIES AND SERVICES.—Each
22 Center shall, at a minimum, carry out the activities de-
23 scribed in this subsection. In the case of a Center that
24 determines that a service described in paragraph (2) can-
25 not reasonably be carried out by the Center, such Center

1 shall contract with such other entities as may be necessary
2 to ensure that patients have access to the full range of
3 services described in such paragraph.

4 “(1) COMMUNITY OUTREACH.—Each Center
5 shall carry out the following outreach activities:

6 “(A) Train and supervise outreach staff to
7 work with schools, workplaces, faith-based orga-
8 nizations, State and local health departments,
9 law enforcement, and first responders to ensure
10 that such institutions are aware of the services
11 of the Center.

12 “(B) Disseminate and make available on-
13 line evidence-based resources that educate pro-
14 fessionals and the public on opioid use disorder
15 and other substance use disorders.

16 “(2) TREATMENT AND RECOVERY SERVICES.—
17 Each Center shall provide the following treatment
18 and recovery services:

19 “(A) Ensure that intake evaluations meet
20 the clinical needs of patients.

21 “(B) Periodically conduct patient assess-
22 ments to ensure continued and meaningful re-
23 covery, as defined by the Assistant Secretary
24 for Mental Health and Substance Use.

1 “(C) Provide the full continuum of treat-
2 ment services, including—

3 “(i) all drugs approved under section
4 505 of the Federal Food, Drug, and Cos-
5 metic Act and all biological products li-
6 censed under section 351 of this Act, in-
7 cluding methadone, to treat substance use
8 disorders, including opioid use disorder
9 and alcohol use disorder;

10 “(ii) withdrawal management, which
11 shall include medically supervised detoxi-
12 fication that includes patient evaluation,
13 stabilization, and readiness for and entry
14 into treatment;

15 “(iii) counseling and case manage-
16 ment, including counseling and recovery
17 services for any possible co-occurring men-
18 tal illness;

19 “(iv) residential rehabilitation;

20 “(v) recovery housing;

21 “(vi) community-based and peer re-
22 covery support services;

23 “(vii) job training and placement as-
24 sistance to support reintegration into the
25 workforce; and

1 “(viii) other best practices, as deter-
2 mined by the Secretary.

3 “(D) Administer an onsite pharmacy and
4 provide toxicology services.

5 “(E) Establish and operate a secure and
6 confidential electronic health information sys-
7 tem.

8 “(F) Offer family support services such as
9 child care, family counseling, and parenting
10 interventions to help stabilize families impacted
11 by substance use disorder.

12 “(h) DATA REPORTING AND PROGRAM OVER-
13 SIGHT.—With respect to a grant awarded under sub-
14 section (a) to an eligible entity for a Center, not later than
15 90 days after the end of the first year of the grant period,
16 and annually thereafter for the duration of the grant pe-
17 riod (including the duration of any renewal period for such
18 grant), the entity shall submit data, as appropriate, to the
19 Secretary regarding—

20 “(1) the programs and activities funded by the
21 grant;

22 “(2) health outcomes of individuals with a sub-
23 stance use disorder who received services from the
24 Center;

1 “(3) the effectiveness of interventions designed,
2 tested, and evaluated by the Center; and

3 “(4) any other information that the Secretary
4 may require for the purpose of—

5 “(A) evaluating the effectiveness of the
6 Center; and

7 “(B) ensuring that the Center is complying
8 with all the requirements of the grant, including
9 providing the full continuum of services de-
10 scribed in subsection (g)(2)(C) and providing
11 drugs and devices for overdose reversal under
12 such subsection.

13 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
14 authorized to be appropriated \$10,000,000 for each of fis-
15 cal years 2019 through 2023 for purposes of carrying out
16 this section.”.

17 (b) REPORTS TO CONGRESS.—

18 (1) PRELIMINARY REPORT.—Not later than
19 three years after the date of the enactment of this
20 Act, the Secretary of Health and Human Services
21 shall submit to Congress a preliminary report that
22 analyzes data submitted under section 550(h) of the
23 Public Health Service Act, as added by subsection
24 (a).

1 (2) FINAL REPORT.—Not later than one year
2 after submitting the preliminary report required
3 under paragraph (1), the Secretary of Health and
4 Human Services shall submit to Congress a final re-
5 port that includes—

6 (A) an evaluation of the effectiveness of
7 comprehensive opioid recovery centers estab-
8 lished or operated pursuant to section 550 of
9 the Public Health Service Act, as added by sub-
10 section (a);

11 (B) recommendations on whether the grant
12 program established under such section 550
13 should be reauthorized and expanded; and

14 (C) standards and best practices for the
15 treatment of substance use disorders, as identi-
16 fied through such grant program.