

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 7666
OFFERED BY M . _____**

At the end of title II, add the following:

1 **Subtitle F—Medication Access and**
2 **Training Expansion**

3 **SEC. 261. REQUIRING PRESCRIBERS OF CONTROLLED SUB-**
4 **STANCES TO COMPLETE TRAINING.**

5 Section 303 of the Controlled Substances Act (21
6 U.S.C. 823) is amended by adding at the end the fol-
7 lowing:

8 “(1) REQUIRED TRAINING FOR PRESCRIBERS.—

9 “(1) TRAINING REQUIRED.—As a condition on
10 registration under this section to dispense controlled
11 substances in schedule II, III, IV, or V, the Attorney
12 General shall require any qualified practitioner, be-
13 ginning with the first applicable registration for the
14 practitioner, to meet the following:

15 “(A) If the practitioner is a physician, the
16 practitioner meets one or more of the following
17 conditions:

18 “(i) The physician holds a board cer-
19 tification in addiction psychiatry or addic-

1 tion medicine from the American Board of
2 Medical Specialties.

3 “(ii) The physician holds a board cer-
4 tification from the American Board of Ad-
5 diction Medicine.

6 “(iii) The physician holds a board cer-
7 tification in addiction medicine from the
8 American Osteopathic Association.

9 “(iv) The physician has, with respect
10 to the treatment and management of pa-
11 tients with opioid or other substance use
12 disorders, completed not less than 8 hours
13 of training (through classroom situations,
14 seminars at professional society meetings,
15 electronic communications, or otherwise)
16 that is provided by—

17 “(I) the American Society of Ad-
18 diction Medicine, the American Acad-
19 emy of Addiction Psychiatry, the
20 American Medical Association, the
21 American Osteopathic Association, the
22 American Psychiatric Association, or
23 any other organization accredited by
24 the Accreditation Council for Con-

1 continuing Medical Education (commonly
2 known as the ‘ACCME’);

3 “(II) any organization accredited
4 by a State medical society accreditor
5 that is recognized by the ACCME;

6 “(III) any organization accred-
7 ited by the American Osteopathic As-
8 sociation to provide continuing med-
9 ical education; or

10 “(IV) any organization approved
11 by the Assistant Secretary for Mental
12 Health and Substance Abuse or the
13 ACCME.

14 “(v) The physician graduated in good
15 standing from an accredited school of
16 allopathic medicine or osteopathic medicine
17 in the United States during the 5-year pe-
18 riod immediately preceding the date on
19 which the physician first registers or re-
20 news under this section and has success-
21 fully completed a comprehensive allopathic
22 or osteopathic medicine curriculum or ac-
23 credited medical residency that included
24 not less than 8 hours of training on treat-
25 ing and managing patients with opioid and

1 other substance use disorders, including
2 the appropriate clinical use of all drugs ap-
3 proved by the Food and Drug Administra-
4 tion for the treatment of a substance use
5 disorder.

6 “(B) If the practitioner is not a physician,
7 the practitioner meets one or more of the fol-
8 lowing conditions:

9 “(i) The practitioner has completed
10 not fewer than 8 hours of training with re-
11 spect to the treatment and management of
12 patients with opioid or other substance use
13 disorders (through classroom situations,
14 seminars at professional society meetings,
15 electronic communications, or otherwise)
16 provided by the American Society of Addic-
17 tion Medicine, the American Academy of
18 Addiction Psychiatry, the American Med-
19 ical Association, the American Osteopathic
20 Association, the American Nurses
21 Credentialing Center, the American Psy-
22 chiatric Association, the American Associa-
23 tion of Nurse Practitioners, the American
24 Academy of Physician Associates, or any
25 other organization approved or accredited

1 by the Assistant Secretary for Mental
2 Health and Substance Abuse or the or the
3 Accreditation Council for Continuing Med-
4 ical Education.

5 “(ii) The practitioner has graduated
6 in good standing from an accredited physi-
7 cian assistant school or accredited school
8 of advanced practice nursing in the United
9 States during the 5-year period imme-
10 diately preceding the date on which the
11 practitioner first registers or renews under
12 this section and has successfully completed
13 a comprehensive physician assistant or ad-
14 vanced practice nursing curriculum that
15 included not fewer than 8 hours of training
16 on treating and managing patients with
17 opioid and other substance use disorders,
18 including the appropriate clinical use of all
19 drugs approved by the Food and Drug Ad-
20 ministration for the treatment of a sub-
21 stance use disorder.

22 “(2) ONE-TIME TRAINING.—The Attorney Gen-
23 eral shall not require any qualified practitioner to
24 complete the training described in clause (iv) or (v)

1 of paragraph (1)(A) or clause (i) or (ii) of para-
2 graph (1)(B) more than once.

3 “(3) RULE OF CONSTRUCTION.—Nothing in
4 this subsection shall be construed to preclude the
5 use, by a qualified practitioner, of training received
6 pursuant to this subsection to satisfy registration re-
7 quirements of a State or for some other lawful pur-
8 pose.

9 “(4) DEFINITIONS.—In this section:

10 “(A) FIRST APPLICABLE REGISTRATION.—
11 The term ‘first applicable registration’ means
12 the first registration or renewal of registration
13 by a qualified practitioner under this section
14 that occurs on or after the date that is 180
15 days after the date of enactment of the Restor-
16 ing Hope for Mental Health and Well-Being
17 Act of 2022.

18 “(B) QUALIFIED PRACTITIONER.—In this
19 subsection, the term ‘qualified practitioner’
20 means a practitioner who—

21 “(i) is licensed under State law to pre-
22 scribe controlled substances; and

23 “(ii) is not solely a veterinarian.”

