

114TH CONGRESS
1ST SESSION

H. R. 2872

To amend the Controlled Substances Act to modernize the treatment of
opioid addiction, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 24, 2015

Mr. BUCSHON (for himself and Mr. WOMACK) 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 subse-
quently 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 modernize the
treatment of opioid addiction, 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 “Opioid Addiction
5 Treatment Modernization Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds that opioid addiction has become
8 a public health epidemic that must be addressed by in-

1 creasing awareness and access to all treatment options for
2 opioid addiction, overdose reversal, and relapse prevention.

3 **SEC. 3. OPIOID ADDICTION TREATMENT MODERNIZATION.**

4 (a) IN GENERAL.—Section 303(g) of the Controlled
5 Substances Act (21 U.S.C. 823(g)) is amended—

6 (1) by adding at the end the following:

7 “(3) The standards under paragraph (1)(A) (for de-
8 termining whether a practitioner is qualified to engage in
9 the treatment with respect to which registration is sought)
10 shall include a requirement for completion, every 2 years,
11 of training—

12 “(A) provided (through classroom situations,
13 seminars at professional society meetings, electronic
14 communications, or otherwise) by an organization
15 such as the American Society of Addiction Medicine,
16 the American Academy of Addiction Psychiatry, the
17 American Medical Association, the American Osteo-
18 pathic Association, the American Psychiatric Asso-
19 ciation, the American Association for the Treatment
20 of Opioid Dependence, the National Council for Be-
21 havioral Health, or any other organization that the
22 Secretary determines is appropriate; and

23 “(B) addressing—

24 “(i) opioid detoxification;

1 “(ii) appropriate clinical use of all drugs
2 approved by the Food and Drug Administration
3 for the treatment of opioid addiction;

4 “(iii) the need for initial and periodic as-
5 sessments of each patient;

6 “(iv) the development of an individualized
7 treatment plan for each patient; and

8 “(v) the importance of providing overdose
9 reversal and relapse prevention, and appro-
10 priate counseling and other services.”;

11 (2) in paragraph (2)(B), by inserting “and an-
12 nually thereafter,” after “before the initial dis-
13 pensing of narcotic drugs in schedule III, IV, or V
14 or combinations of such drugs to patients for main-
15 tenance or detoxification treatment,”;

16 (3) by amending paragraph (2)(B)(ii) to read
17 as follows:

18 “(ii) With respect to patients to whom the prac-
19 titioner will provide such drugs or combinations of
20 drugs, the practitioner has the capacity to provide
21 directly or by referral—

22 “(I) all drugs approved by the Food and
23 Drug Administration for the treatment of
24 opioid addiction, including, as available, opioid

1 maintenance, detoxification, and overdose rever-
2 sal and relapse prevention; and

3 “(II) appropriate counseling and ancillary
4 services.”;

5 (4) by redesignating clause (iii) of paragraph
6 (2)(B) as clause (iv);

7 (5) after paragraph (2)(B)(ii), by inserting the
8 following:

9 “(iii) The practitioner maintains a diversion
10 control plan that contains specific measures to re-
11 duce the likelihood of the diversion of controlled sub-
12 stances prescribed by the practitioner for the treat-
13 ment of opioid addiction.”;

14 (6) by amending paragraph (2)(G)(ii) to read
15 as follows:

16 “(ii) The term ‘qualifying physician’ means
17 a physician who meets the following:

18 “(I) The physician is licensed under
19 State law.

20 “(II) The physician meets one or
21 more of the following conditions:

22 “(aa) The physician holds a sub-
23 specialty board certification in addie-
24 tion psychiatry from the American
25 Board of Medical Specialties.

1 “(bb) The physician holds an ad-
2 diction certification from the Amer-
3 ican Society of Addiction Medicine.

4 “(cc) The physician holds a sub-
5 specialty board certification in addic-
6 tion medicine from the American Os-
7 teopathic Association.

8 “(dd) The physician has partici-
9 pated as an investigator in one or
10 more clinical trials leading to the ap-
11 proval of a narcotic drug in schedule
12 III, IV, or V for maintenance or de-
13 toxification treatment or the approval
14 of a drug for the treatment of opioid
15 addiction, as demonstrated by a state-
16 ment submitted to the Secretary by
17 the sponsor of such approved drug.

18 “(ee) The physician has such
19 other training or experience as the
20 State medical licensing board (of the
21 State in which the physician will pro-
22 vide maintenance or detoxification
23 treatment) considers to demonstrate
24 the ability of the physician to treat

1 and manage opiate-dependent pa-
2 tients.

3 “(ff) The physician has such
4 other training or experience as the
5 Secretary considers to demonstrate
6 the ability of the physician to treat
7 and manage opiate-dependent pa-
8 tients. Any criteria of the Secretary
9 under this item shall be established by
10 regulation. Any such criteria are ef-
11 fective only for 3 years after the date
12 on which the criteria are promulgated,
13 but may be extended for such addi-
14 tional discrete 3-year periods as the
15 Secretary considers appropriate for
16 purposes of this item. Such an exten-
17 sion of criteria may only be effec-
18 tuated through a statement published
19 in the Federal Register by the Sec-
20 retary during the 30-day period pre-
21 ceeding the end of the 3-year period in-
22 volved.

23 “(iii) The physician completes, with respect
24 to the treatment and management of opiate-de-
25 pendent patients, not less than 8 hours of train-

1 ing described in paragraph (3) not less fre-
2 quently than every 2 years.

3 “(iv) The physician obtains in writing from
4 each patient a signed acknowledgment that the
5 patient—

6 “(I) will be subject to medication ad-
7 herence and substance use monitoring;

8 “(II) understands available treatment
9 options, including drugs approved by the
10 Food and Drug Administration for the
11 treatment of opioid addiction and their po-
12 tential risks and benefits; and

13 “(III) has an individualized treatment
14 plan.”; and

15 (7) by amending paragraph (2)(H)(ii) to read
16 as follows:

17 “(ii) Not later than one year after the date of
18 enactment of the Opioid Addiction Treatment Mod-
19 ernization Act, the Secretary shall update the treat-
20 ment improvement protocol containing best practice
21 guidelines for the treatment of opiate-dependent pa-
22 tients. The Secretary shall update such protocol in
23 consultation with the Director of the National Insti-
24 tute on Drug Abuse, the Administrator of the Drug
25 Enforcement Administration, the Commissioner of

1 Food and Drugs, the Administrator of the Sub-
2 stance Abuse and Mental Health Services Adminis-
3 tration, and other substance abuse disorder profes-
4 sionals. Updates to the protocol shall be guided by
5 science.”.

6 (b) INSPECTION AUTHORITY.—The Secretary of
7 Health and Human Services or the Attorney General of
8 the United States may inspect persons that are registered
9 under section 303(g) of the Controlled Substances Act (21
10 U.S.C. 823(g)) to ensure compliance with the require-
11 ments in this Act (and the amendments made by this Act)
12 with respect to which noncompliance may result in a rev-
13 ocation or suspension of the practitioner’s registration.

14 (c) CERTIFICATION OF COMPLIANCE.—Not later
15 than 1 year after the date of enactment of this Act, all
16 practitioners who, as of such date of enactment, are per-
17 mitted to dispense narcotic drugs to individuals (for main-
18 tenance treatment or detoxification treatment) pursuant
19 to paragraph (1) or (2) of section 303(g) of the Controlled
20 Substances Act (21 U.S.C. 823(g)) shall submit a certifi-
21 cation to the Secretary of Health and Human Services of
22 compliance with the provisions of such section 303(g), as
23 amended by this Act.

24 (d) REPORTS TO CONGRESS.—

1 (1) IN GENERAL.—Not later than 1 year after
2 the date of enactment of this Act, and every 5 years
3 thereafter, the Comptroller General of the United
4 States shall—

5 (A) perform a thorough review of the pro-
6 vision of opioid addiction treatment services in
7 the United States; and

8 (B) submit a report to the Congress on the
9 findings and conclusions of such review.

10 (2) CONTENTS.—Each report under paragraph
11 (1) shall include—

12 (A) an assessment of compliance with the
13 requirements of section 303(g) of the Con-
14 trolled Substances Act, as amended by this Act;

15 (B) a description of the measures taken by
16 the Secretary of Health and Human Services to
17 ensure such compliance; and

18 (C) an assessment of—

19 (i) whether the full range of science-
20 and evidence-based treatment options for
21 opioid addiction are fully integrated into
22 treatment; and

23 (ii) the circumstances surrounding
24 medication diversion and misuse.

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