

116TH CONGRESS
1ST SESSION

S. 2074

To amend section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to eliminate the separate registration requirement for dispensing narcotic drugs in schedule III, IV, or V, such as buprenorphine, for maintenance or detoxification treatment, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 10, 2019

Ms. HASSAN (for herself and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to eliminate the separate registration requirement for dispensing narcotic drugs in schedule III, IV, or V, such as buprenorphine, 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 “Mainstreaming Addic-
5 tion Treatment Act of 2019”.

1 **SEC. 2. ELIMINATING SEPARATE REGISTRATION REQUIRE-**
 2 **MENT FOR DISPENSING NARCOTIC DRUGS IN**
 3 **SCHEDULES III, IV, AND V FOR MAINTENANCE**
 4 **OR DETOXIFICATION TREATMENT.**

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

7 (1) by striking paragraph (2);

8 (2) by striking “(g)(1) Except as provided in
 9 paragraph (2), practitioners who dispense narcotic
 10 drugs to individuals for maintenance treatment or
 11 detoxification treatment” and inserting “(g) Practi-
 12 tioners who dispense narcotic drugs (other than nar-
 13 cotic drugs in schedule III, IV, or V) to individuals
 14 for maintenance treatment or detoxification treat-
 15 ment”;

16 (3) by redesignating subparagraphs (A), (B),
 17 and (C) as paragraphs (1), (2), and (3), respectively;
 18 and

19 (4) in paragraph (2), as redesignated, by redes-
 20 ignating clauses (i) and (ii) as subparagraphs (A)
 21 and (B), respectively.

22 (b) TECHNICAL AND CONFORMING EDITS.—

23 (1) Section 304 of the Controlled Substances
 24 Act (21 U.S.C. 824) is amended—

1 (A) in subsection (a), by striking
2 “303(g)(1)” each place it appears and inserting
3 “303(g)”; and

4 (B) in subsection (d)(1), by striking
5 “303(g)(1)” and inserting “303(g)”.

6 (2) Section 309A(a) of the Controlled Sub-
7 stances Act (21 U.S.C. 829a(a)) is amended by
8 striking paragraph (2) and inserting the following:

9 “(2) the controlled substance—

10 “(A) is a narcotic drug in schedule III, IV,
11 or V to be administered for the purpose of
12 maintenance or detoxification treatment; and

13 “(B) is to be administered by injection or
14 implantation;”.

15 (3) Section 520E–4(c) of the Public Health
16 Service Act (42 U.S.C. 290bb–36d(c)) is amended,
17 in the matter preceding paragraph (1), by striking
18 “information on any qualified practitioner that is
19 certified to prescribe medication for opioid depend-
20 ency under section 303(g)(2)(B) of the Controlled
21 Substances Act” and inserting “information on any
22 practitioner who prescribes narcotic drugs in sched-
23 ule III, IV, or V of section 202 of the Controlled
24 Substances Act for the purpose of maintenance or
25 detoxification treatment”.

1 (4) Section 544(a)(3) of the Public Health
2 Service Act (42 U.S.C. 290dd-3) is amended by
3 striking “any practitioner dispensing narcotic drugs
4 pursuant to section 303(g) of the Controlled Sub-
5 stances Act” and inserting “any practitioner dis-
6 pensing narcotic drugs for the purpose of mainte-
7 nance or detoxification treatment”.

8 (5) Section 1833(bb)(3)(B) of the Social Secu-
9 rity Act (42 U.S.C. 1395l(bb)(3)(B)) is amended by
10 striking “first receives a waiver under section 303(g)
11 of the Controlled Substances Act on or after Janu-
12 ary 1, 2019” and inserting “first begins prescribing
13 narcotic drugs in schedule III, IV, or V of section
14 202 of the Controlled Substances Act for the pur-
15 pose of maintenance or detoxification treatment on
16 or after January 1, 2019”.

17 (6) Section 1834(o)(3)(C)(ii) of the Social Se-
18 curity Act (42 U.S.C. 1395m(o)(3)(C)(ii)) is amend-
19 ed by striking “first receives a waiver under section
20 303(g) of the Controlled Substances Act on or after
21 January 1, 2019” and inserting “first begins pre-
22 scribing narcotic drugs in schedule III, IV, or V of
23 section 202 of the Controlled Substances Act for the
24 purpose of maintenance or detoxification treatment
25 on or after January 1, 2019”.

1 (7) Section 1866F(c)(3) of the Social Security
2 Act (42 U.S.C. 1395cc–6(c)(3)) is amended—

3 (A) in subparagraph (A), by inserting
4 “and” at the end;

5 (B) in subparagraph (B), by striking “;
6 and” and inserting a period; and

7 (C) by striking subparagraph (C).

8 (8) Section 1903(aa)(2)(C) of the Social Secu-
9 rity Act (42 U.S.C. 1396b(aa)(2)(C)) is amended—

10 (A) in clause (i), by inserting “and” at the
11 end;

12 (B) by striking clause (ii); and

13 (C) by redesignating clause (iii) as clause
14 (ii).

15 **SEC. 3. NATIONAL EDUCATION CAMPAIGN.**

16 (a) IN GENERAL.—The Secretary of Health and
17 Human Services, acting through the Assistant Secretary
18 for Mental Health and Substance Use, shall conduct a na-
19 tional campaign to educate practitioners with respect to
20 the elimination of the separate registration requirement
21 under section 303(g) of the Controlled Substances Act (21
22 U.S.C. 823(g)), as in effect on the day before the date
23 of enactment of this Act, for dispensing narcotic drugs in
24 schedule III, IV, and V for maintenance or detoxification
25 treatment.

1 (b) REQUIRED COMPONENTS.—The national edu-
 2 cation campaign under subsection (a) shall—

3 (1) encourage practitioners to integrate sub-
 4 stance use treatment into their practices; and

5 (2) include education on publicly available edu-
 6 cational resources and training modules that can as-
 7 sist practitioners in treating patients with a sub-
 8 stance use disorder.

9 **SEC. 4. COMMUNITY HEALTH AIDES AND COMMUNITY**
 10 **HEALTH PRACTITIONERS.**

11 (a) PRACTICE OF TELEMEDICINE.—Section 102 of
 12 the Controlled Substances Act (21 U.S.C. 802) is amend-
 13 ed—

14 (1) in paragraph (54)(A), by striking clause (i)
 15 and inserting the following:

16 “(i) while the patient is—

17 “(I) being treated by, and physically
 18 located in, a hospital or clinic registered
 19 under section 303(f); or

20 “(II) for purposes of section 302(h),
 21 being treated by a community health aide
 22 or community health practitioner; and”;

23 (2) by redesignating paragraph (58) as para-
 24 graph (59);

1 (3) by redesignating the second paragraph des-
 2 ignated as paragraph (57) as paragraph (58);

3 (4) by moving paragraphs (57), (58) (as so re-
 4 designated), and (59) (as so redesignated) 2 ems to
 5 the left; and

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

7 “(60) The terms ‘community health aide’ and ‘com-
 8 munity health practitioner’ have the meanings within the
 9 meaning of section 119 of the Indian Health Care Im-
 10 provement Act (25 U.S.C. 1616l).”.

11 (b) DISPENSATION OF NARCOTIC DRUGS IN SCHED-
 12 ULE III, IV, OR V.—Section 302 of the Controlled Sub-
 13 stances Act (21 U.S.C. 822) is amended by adding at the
 14 end the following:

15 “(h) DISPENSATION OF NARCOTIC DRUGS IN SCHED-
 16 ULE III, IV, OR V BY CERTAIN PRACTITIONERS.—

17 “(1) IN GENERAL.—Notwithstanding subsection

18 (a)(2), a community health aide or community
 19 health practitioner may dispense a narcotic drug in
 20 schedule III, IV, or V, such as buprenorphine, or a
 21 combination of such drugs, to an individual for
 22 maintenance treatment or detoxification treatment
 23 (or both) without being registered under this title if
 24 the drug is prescribed by a practitioner through the
 25 practice of telemedicine.

1 “(2) PREEMPTION.—Notwithstanding section
2 708, a State may not require a community health
3 aide or community health practitioner to be licensed
4 by the State in order to dispense narcotic drugs in
5 accordance with paragraph (1) of this subsection.”.

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