

116TH CONGRESS
1ST SESSION

H. R. 2922

To address the opioid epidemic, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2019

Ms. KUSTER of New Hampshire (for herself, Mr. FITZPATRICK, Ms. SCANLON, Ms. PINGREE, Ms. STEVENS, Ms. JACKSON LEE, Ms. FRANKEL, Mr. TRONE, Mr. TONKO, Mr. RASKIN, Ms. BROWNLEY of California, Mr. DOGGETT, Mr. PAPPAS, Ms. CLARK of Massachusetts, Mrs. TRAHAN, Mr. WELCH, Mr. CASTRO of Texas, Mrs. DINGELL, Ms. SHALALA, Ms. MOORE, Mr. MCNERNEY, Mr. MOULTON, Ms. BLUNT ROCHESTER, Mr. MCGOVERN, Mr. LARSON of Connecticut, Mr. CROW, Ms. MATSUI, Ms. KELLY of Illinois, Ms. BARRAGÁN, Ms. SCHAKOWSKY, Mr. VEASEY, and Ms. BASS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Ways and Means, the Budget, and Education and Labor, 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 address the opioid epidemic, 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 “Respond to the Needs
5 in the Opioid War Act” or the “Respond NOW Act”.

1 **SEC. 2. TABLE OF CONTENTS.**

2 The table of contents of this Act is as follows:

- Sec. 1. Short title.
Sec. 2. Table of contents.

TITLE I—OPIOID EPIDEMIC RESPONSE FUND

- Sec. 101. Opioid Epidemic Response Fund.
Sec. 102. Substance Abuse and Mental Health Services Administration.
Sec. 103. Centers for Disease Control and Prevention.
Sec. 104. Food and Drug Administration.
Sec. 105. National Institutes of Health.
Sec. 106. Health Resources and Services Administration.
Sec. 107. Administration for Children and Families.

TITLE II—ADDITIONAL INVESTMENTS IN EXISTING PROGRAMS
TO RESPOND TO THE OPIOID EPIDEMIC

- Sec. 201. Increase in funding for regional partnership grants.
Sec. 202. Account for the State and Tribal Response to the Opioid Abuse Crisis.

TITLE III—EXPANDING ACCESS TO TREATMENT SERVICES

- Sec. 301. Eliminating time limitation for nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse midwives, and physician assistants To be qualifying practitioners.
Sec. 302. Coverage of methadone under Medicare part B.

3 **TITLE I—OPIOID EPIDEMIC**
4 **RESPONSE FUND**

5 **SEC. 101. OPIOID EPIDEMIC RESPONSE FUND.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services (referred to in this section as the “Sec-
8 retary”) shall use any funds appropriated pursuant to the
9 authorization of appropriations under subsection (c) to
10 carry out the programs and activities described in sub-
11 section (d) to address the opioid and substance use epi-
12 demic. Such funds shall be in addition to any funds which

1 are otherwise available to carry out such programs and
2 activities.

3 (b) OPIOID EPIDEMIC RESPONSE FUND.—

4 (1) ESTABLISHMENT OF ACCOUNT.—There is
5 established in the Treasury an account, to be known
6 as the Opioid Epidemic Response Fund (referred to
7 in this section as the “Fund”), for purposes of fund-
8 ing the programs and activities described in sub-
9 section (d).

10 (2) TRANSFER.—For each of fiscal years 2020
11 through 2024, \$5,000,000,000 shall be transferred
12 to the Fund from the general fund of the Treasury.

13 (3) AMOUNTS DEPOSITED.—Any amounts
14 transferred under paragraph (2) shall remain un-
15 available in the Fund until such amounts are appro-
16 priated pursuant to subsection (c).

17 (c) APPROPRIATIONS.—

18 (1) AUTHORIZATION OF APPROPRIATIONS.—For
19 the period of fiscal years 2020 through 2024, there
20 is authorized to be appropriated from the Fund to
21 the Department of Health and Human Services, for
22 the purpose of carrying out the programs and activi-
23 ties described in subsection (d), an amount not to
24 exceed the total amount transferred to the Fund

1 under subsection (b)(2), to remain available until ex-
2 pended.

3 (2) OFFSETTING FUTURE APPROPRIATIONS.—

4 For any of fiscal years 2020 through 2024, for any
5 discretionary appropriation to the Department of
6 Health and Human Services (or any agency therein)
7 pursuant to the authorization of appropriations
8 under paragraph (1) for the purpose of carrying out
9 the programs and activities described in subsection
10 (d), the total amount of such appropriations for the
11 applicable fiscal year (not to exceed the total amount
12 remaining in the Account) shall be subtracted from
13 the estimate of discretionary budget authority and
14 the resulting outlays for any estimate under the
15 Congressional Budget and Impoundment Control
16 Act of 1974 or the Balanced Budget and Emergency
17 Deficit Control Act of 1985, and the amount trans-
18 ferred to the Fund shall be reduced by the same
19 amount.

20 (d) PROGRAMS AND ACTIVITIES.—Of the total
21 amount authorized to be appropriated from the Fund to
22 the Department of Health and Human Services by sub-
23 section (c)(1), such amount shall be allocated as follows:

24 (1) SAMHSA.—For the Substance Abuse and
25 Mental Health Services Administration to carry out

1 programs and activities pursuant to section 102,
2 \$3,650,000,000 for each of fiscal years 2020
3 through 2024.

4 (2) CDC.—For the Centers for Disease Control
5 and Prevention to carry out programs and activities
6 pursuant to section 103, \$500,000,000 for each of
7 fiscal years 2020 through 2024.

8 (3) FDA.—For the Food and Drug Adminis-
9 tration to carry out programs and activities pursu-
10 ant to section 104, \$65,000,000 for each of fiscal
11 years 2020 through 2024.

12 (4) NIH.—For the National Institutes of
13 Health to carry out programs and activities pursu-
14 ant to section 105, \$500,000,000 for each of fiscal
15 years 2020 through 2024.

16 (5) HRSA.—For the Health Resources and
17 Services Administration to carry out programs and
18 activities pursuant to section 106, \$235,000,000 for
19 each of fiscal years 2020 through 2024.

20 (6) ACF.—For the Administration for Children
21 and Families to carry out programs and activities
22 pursuant to section 107, \$50,000,000 for each of
23 fiscal years 2020 through 2024.

24 (e) ACCOUNTABILITY AND OVERSIGHT.—

25 (1) WORK PLAN.—

1 (A) IN GENERAL.—Not later than 180
2 days after the date of enactment of this Act,
3 the Secretary of Health and Human Services
4 shall submit to the Committee on Health, Edu-
5 cation, Labor, and Pensions and the Committee
6 on Appropriations of the Senate and the Com-
7 mittee on Energy and Commerce and the Com-
8 mittee on Appropriations of the House of Rep-
9 resentatives, a work plan including the proposed
10 allocation of funds appropriated pursuant to the
11 authorization of appropriations under subsec-
12 tion (c) for each of fiscal years 2020 through
13 2024 and the contents described in subpara-
14 graph (B).

15 (B) CONTENTS.—The work plan submitted
16 under subparagraph (A) shall include—

17 (i) the amount of money to be obli-
18 gated or expended out of the Fund in each
19 fiscal year for each program and activity
20 described in subsection (d); and

21 (ii) a description and justification of
22 each such program and activity.

23 (2) REPORTS.—

24 (A) ANNUAL REPORTS.—Not later than
25 October 1 of each of fiscal years 2020 through

1 2024, the Secretary of Health and Human
2 Services shall submit to the Committee on
3 Health, Education, Labor, and Pensions and
4 the Committee on Appropriations of the Senate
5 and the Committee on Energy and Commerce
6 and the Committee on Appropriations of the
7 House of Representatives, a report including—

8 (i) the amount of money obligated or
9 expended out of the Fund in the prior fis-
10 cal year for each program and activity de-
11 scribed in subsection (d);

12 (ii) a description of all programs and
13 activities using funds provided pursuant to
14 the authorization of appropriations under
15 subsection (c); and

16 (iii) how the programs and activities
17 are responding to the opioid epidemic.

18 (B) ADDITIONAL REPORTS.—At the re-
19 quest of the Committee on Health, Education,
20 Labor, and Pensions or the Committee on Ap-
21 propriations of the Senate, or the Committee on
22 Energy and Commerce or the Committee on
23 Appropriations of the House of Representatives,
24 the Secretary of Health and Human Services
25 shall provide an update in the form of testi-

1 mony and any additional reports to the respec-
2 tive congressional committee regarding the allo-
3 cation of funding under this section or the de-
4 scription of the programs and activities under-
5 taken with such funding.

6 (f) LIMITATIONS.—Notwithstanding any transfer au-
7 thority authorized by this Act or any appropriations Act,
8 any funds made available pursuant to the authorization
9 of appropriations under subsection (c) may not be used
10 for any purpose other than the programs and activities
11 described in subsection (d) to address the opioid and sub-
12 stance use epidemic.

13 (g) SUNSET.—This section shall expire at the end of
14 fiscal year 2029.

15 **SEC. 102. SUBSTANCE ABUSE AND MENTAL HEALTH SERV-**
16 **ICES ADMINISTRATION.**

17 The entirety of the funds made available pursuant to
18 section 101(d)(1) shall be for carrying out subsections (b)
19 and (c) of section 1003 of the 21st Century Cures Act
20 (42 U.S.C. 290ee–3 note).

21 **SEC. 103. CENTERS FOR DISEASE CONTROL AND PREVEN-**
22 **TION.**

23 (a) ADDRESSING OPIOID USE DISORDER.—The en-
24 tirety of the funds made available pursuant to section
25 101(d)(2) shall be for the Director of the Centers for Dis-

1 ease Control and Prevention, pursuant to applicable au-
2 thorities in the Public Health Service Act (42 U.S.C. 201
3 et seq.), to continue and expand programs of the Centers
4 for Disease Control and Prevention to address opioid use
5 disorder, including by—

6 (1) improving the timeliness and quality of data
7 on the opioid epidemic, including improvement of—

8 (A) data on fatal and nonfatal overdoses;

9 (B) syndromic surveillance;

10 (C) data on long-term sequelae (including
11 neonatal abstinence syndrome); and

12 (D) cause of death reporting related to
13 substance abuse or opioid overdose;

14 (2) expanding and strengthening evidence-based
15 prevention and education strategies;

16 (3) supporting responsible prescribing practices,
17 including through development and dissemination of
18 prescriber guidelines;

19 (4) improving access to and use of effective pre-
20 vention, treatment, and recovery support, including
21 through grants and the provision of technical assist-
22 ance to States and localities;

23 (5) strengthening partnerships with first re-
24 sponders, including to protect their safety;

1 (6) considering the needs of vulnerable popu-
2 lations;

3 (7) addressing infectious diseases linked to the
4 opioid crisis;

5 (8) strengthening prescription drug monitoring
6 programs; and

7 (9) providing financial and technical assistance
8 to State and local health department efforts to treat
9 and prevent substance use disorder.

10 (b) LIMITATION.—Of the funds made available pur-
11 suant to section 101(d)(2) for carrying out this section,
12 not more than 20 percent may be used for intramural pur-
13 poses.

14 **SEC. 104. FOOD AND DRUG ADMINISTRATION.**

15 The entirety of the funds made available pursuant to
16 section 101(d)(3) shall be for the Commissioner of Food
17 and Drugs, pursuant to applicable authorities in the Pub-
18 lic Health Service Act (42 U.S.C. 201 et seq.) or the Fed-
19 eral Food, Drug, and Cosmetic Act (21 U.S.C. 301 et
20 seq.) and other applicable law, to support widespread inno-
21 vation in non-opioid and non-addictive medical products
22 for pain treatment, access to opioid addiction treatments,
23 appropriate use of approved opioids, and efforts to reduce
24 illicit importation of opioids. Such support may include the
25 following:

1 (1) Facilitating the development of non-opioid
2 and non-addictive pain treatments.

3 (2) Advancing guidance documents for sponsors
4 of non-opioid pain products.

5 (3) Developing evidence to inform the potential
6 for nonprescription overdose therapies.

7 (4) Examining expanded labeling indications for
8 medication-assisted treatment.

9 (5) Conducting public education and outreach,
10 including public workshops or public meetings, re-
11 garding the benefits of medication-assisted treat-
12 ment, and approved non-opioid drug and device
13 treatment options.

14 (6) Exploring the expansion and possible man-
15 datory nature of prescriber education regarding pain
16 management and appropriate opioid prescribing
17 through authorities under section 505–1 of the Fed-
18 eral Food, Drug, and Cosmetic Act (21 U.S.C. 355–
19 1).

20 (7) Examining options to limit the duration of
21 opioid prescriptions for acute pain, including
22 through packaging options.

23 (8) Increasing staff and infrastructure capacity
24 to inspect and analyze packages at international
25 mail facilities and pursue criminal investigations.

1 **SEC. 105. NATIONAL INSTITUTES OF HEALTH.**

2 The entirety of the funds made available pursuant to
3 section 101(d)(4) shall be for the Director of the National
4 Institutes of Health, pursuant to applicable authorities in
5 the Public Health Service Act (42 U.S.C. 201 et seq.),
6 to carry out activities related to—

7 (1) accelerating research for addressing the
8 opioid epidemic, including developing non-opioid
9 medications and interventions, including non-addict-
10 ive medications, to manage pain, as well as to treat
11 and to prevent substance use disorders;

12 (2) conducting and supporting research on
13 which treatments (in terms of pain management as
14 well as treating and preventing substance use dis-
15 orders) are optimal for which patients; and

16 (3) conducting and supporting research on cre-
17 ating longer-lasting or faster-acting antidotes for
18 opioid overdose, particularly in response to the prev-
19 alence of fentanyl and carfentanyl overdoses.

20 **SEC. 106. HEALTH RESOURCES AND SERVICES ADMINIS-**
21 **TRATION.**

22 The entirety of the funds made available pursuant to
23 section 101(d)(5) shall be for the Administrator of the
24 Health Resources and Services Administration, pursuant
25 to applicable authorities in titles III, VII, and VIII of the
26 Public Health Service Act (42 U.S.C. 241 et seq.), to

1 carry out activities that increase the availability and ca-
 2 pacity of the behavioral health workforce. Such activities
 3 may include providing loan repayment assistance for sub-
 4 stance abuse treatment providers.

5 **SEC. 107. ADMINISTRATION FOR CHILDREN AND FAMILIES.**

6 Of the funds made available pursuant to section
 7 101(d)(6) for each of fiscal years 2020 through 2024—

8 (1) \$25,000,000 for each such fiscal year shall
 9 be for the Secretary of Health and Human Services
 10 to carry out title I of the Child Abuse Prevention
 11 and Treatment Act (42 U.S.C. 5101 et seq.); and

12 (2) \$25,000,000 for each such fiscal year shall
 13 be for the Secretary of Health and Human Services
 14 to carry out title II of such Act (42 U.S.C. 5116 et
 15 seq.).

16 **TITLE II—ADDITIONAL INVEST-**
 17 **MENTS IN EXISTING PRO-**
 18 **GRAMS TO RESPOND TO THE**
 19 **OPIOID EPIDEMIC**

20 **SEC. 201. INCREASE IN FUNDING FOR REGIONAL PARTNER-**
 21 **SHIP GRANTS.**

22 Section 436 of the Social Security Act (42 U.S.C.
 23 629f) is amended—

24 (1) in subsection (a), by striking
 25 “\$345,000,000 for each of fiscal years 2017 through

1 2021” and inserting “\$385,000,000 for each of fis-
2 cal years 2018 through 2024”; and

3 (2) in subsection (b)—

4 (A) in paragraph (4)(A), by striking “2017
5 through 2021” and inserting “2018 through
6 2024”; and

7 (B) in paragraph (5), by striking
8 “\$20,000,000 for each of fiscal years 2017
9 through 2021” and inserting “\$60,000,000 for
10 each of fiscal years 2018 through 2024”.

11 **SEC. 202. ACCOUNT FOR THE STATE AND TRIBAL RE-**
12 **SPONSE TO THE OPIOID ABUSE CRISIS.**

13 Section 1003(h) of the 21st Century Cures Act (42
14 U.S.C. 290ee–3 note) is amended by striking
15 “\$500,000,000 for each of fiscal years 2019 through
16 2021” and inserting “\$500,000,000 for fiscal years 2019
17 and \$3,750,000,000 for each of fiscal years 2020 through
18 2023”.

**TITLE III—EXPANDING ACCESS
TO TREATMENT SERVICES**

**SEC. 301. ELIMINATING TIME LIMITATION FOR NURSE
PRACTITIONERS, CLINICAL NURSE SPECIAL-
ISTS, CERTIFIED REGISTERED NURSE ANES-
THETISTS, CERTIFIED NURSE MIDWIVES, AND
PHYSICIAN ASSISTANTS TO BE QUALIFYING
PRACTITIONERS.**

Section 303(g)(2)(G)(iii)(III) of the Controlled Sub-
stances Act (21 U.S.C. 823(g)(2)(G)(iii)(III)) is amended
by striking “for the period beginning on October 1, 2018,
and ending on October 1, 2023,”.

**SEC. 302. COVERAGE OF METHADONE UNDER MEDICARE
PART B.**

(a) COVERAGE.—Section 1861(s)(2) of the Social Se-
curity Act (42 U.S.C. 1395x(s)(2)) is amended—

(1) by striking “and” at the end of subpara-
graph (GG);

(2) by adding “and” at the end of subpara-
graph (HH); and

(3) by inserting after subparagraph (HH) the
following new subparagraph:

“(II) methadone, if furnished or dispensed
(including by prescription) in an oral form on
or after January 1, 2019, to an individual for

1 the purpose of maintenance or detoxification
2 treatment by a physician or other practitioner
3 who has in effect a registration or waiver under
4 section 303(g) of such Act (21 U.S.C. 823(g))
5 to dispense methadone for such purpose;”.

6 (b) PAYMENT.—

7 (1) IN CONNECTION WITH PHYSICIAN AND SUP-
8 PLIER SERVICE.—Section 1842(o)(1) of the Social
9 Security Act (42 U.S.C. 1395u(o)(1)) is amended by
10 adding at the end the following new subparagraph:

11 “(H) In the case of methadone (as de-
12 scribed in section 1861(s)(2)(II)), the amount
13 provided under section 1847A for such drug.”.

14 (2) COVERED OPD SERVICE.—Section
15 1833(t)(1)(B)(iii) of the Social Security Act (42
16 U.S.C. 1395l(t)(1)(B)(iii)) is amended by inserting
17 “and methadone described in paragraph (2)(II) of
18 such section” after “section 1861(s)”.

19 (c) BUDGET NEUTRALITY.—The Secretary of Health
20 and Human Services shall implement the amendments
21 made by this section in a manner such that—

22 (1) estimated expenditures under the physician
23 fee schedule under section 1848 of the Social Secu-
24 rity Act (42 U.S.C. 1395w–4) with application of
25 such amendments are equal to estimated expendi-

1 tures under such schedule without application of
2 such amendments; and

3 (2) estimated expenditures under the prospec-
4 tive payment system under section 1833(t) of the
5 Social Security Act (42 U.S.C. 1395l(t)) with appli-
6 cation of such amendments made by this section are
7 equal to estimated expenditures under such system
8 without application of such amendments.

○