

115TH CONGRESS
2D 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”.

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

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

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

2 “(a) IN GENERAL.—The Secretary, acting through
3 the Assistant Secretary for Mental Health and Substance
4 Use, shall award grants on a competitive basis to eligible
5 entities to establish or operate a comprehensive opioid re-
6 covery center (referred to in this section as a ‘Center’).

7 “(b) GRANT PERIOD.—

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

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

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

21 “(d) APPLICATION.—In order to be eligible for a
22 grant under subsection (a), an entity shall submit an ap-
23 plication to the Secretary at such time and in such manner
24 as the Secretary may require. Such application shall in-
25 clude—

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

4 “(2) such other information as the Secretary
5 may require.

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

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

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

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

19 “(g) CENTER ACTIVITIES.—Each Center shall, at a
20 minimum, carry out the activities described in this sub-
21 section. In the case of a Center that determines that a
22 service described in paragraph (2) cannot reasonably be
23 carried out by the Center, such Center shall contract with
24 such other entities as may be necessary to ensure that pa-

1 tients have access to the full range of services described
2 in such paragraph.

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

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

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

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

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

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

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

1 “(i) all drugs approved by the Food
2 and Drug Administration to treat sub-
3 stance use disorders, including opioid use
4 disorder and alcohol use disorder;

5 “(ii) withdrawal management, which
6 shall include medically supervised detoxi-
7 fication that includes patient evaluation,
8 stabilization, and readiness for and entry
9 into treatment;

10 “(iii) counseling and case manage-
11 ment;

12 “(iv) residential rehabilitation;

13 “(v) recovery housing;

14 “(vi) community-based and peer re-
15 covery support services;

16 “(vii) job training and placement as-
17 sistance to support reintegration into the
18 workforce; and

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

21 “(D) Administer an onsite pharmacy and
22 provide toxicology services.

23 “(E) Establish and operate a secure and
24 confidential electronic health information sys-
25 tem.

1 “(h) DATA REPORTING AND PROGRAM OVER-
2 SIGHT.—With respect to a grant awarded under sub-
3 section (a) to an eligible entity for a Center, not later than
4 90 days after the end of the first year of the grant period,
5 and annually thereafter for the duration of the grant pe-
6 riod (including the duration of any renewal period for such
7 grant), the entity shall submit data, as appropriate, to the
8 Secretary regarding—

9 “(1) the programs and activities funded by the
10 grant;

11 “(2) health outcomes of individuals with a sub-
12 stance use disorder who received services from the
13 Center;

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

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

18 “(A) evaluating the effectiveness of the
19 Center; and

20 “(B) ensuring that the Center is complying
21 with all the requirements of the grant, including
22 providing the full continuum of services de-
23 scribed in subsection (g)(2)(C) and providing
24 drugs and devices for overdose reversal under
25 such subsection.

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

5 (b) REPORTS TO CONGRESS.—

6 (1) PRELIMINARY REPORT.—Not later than
7 three years after the date of the enactment of this
8 Act, the Secretary of Health and Human Services
9 shall submit to Congress a preliminary report that
10 analyzes data submitted under section 550(h) of the
11 Public Health Service Act, as added by subsection
12 (a).

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

18 (A) an evaluation of the effectiveness of
19 comprehensive opioid recovery centers estab-
20 lished or operated pursuant to section 550 of
21 the Public Health Service Act, as added by sub-
22 section (a);

23 (B) recommendations on whether the grant
24 program established under such section 550
25 should be reauthorized and expanded; and

- 1 (C) standards and best practices for the
- 2 treatment of substance use disorders.

