

115TH CONGRESS
2D SESSION

S. 2589

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 SENATE OF THE UNITED STATES

MARCH 22, 2018

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

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 A Center may be a single entity or a set of integrated
8 delivery networks operating together in one State.

9 “(b) GRANT PERIOD.—

10 “(1) IN GENERAL.—A grant awarded under
11 subsection (a) shall be for a period not less than 3
12 years and not more than 5 years.

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

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

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

1 as the Secretary may require. Such application shall in-
2 clude—

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

6 “(2) such other information as the Secretary
7 may require.

8 “(e) PRIORITY.—In awarding grants under sub-
9 section (a), the Secretary shall give priority to eligible enti-
10 ties located in a State or Indian country (as defined in
11 section 1151 of title 18, United States Code) with a high
12 per capita drug overdose mortality rate, as determined by
13 the Director of the Centers for Disease Control and Pre-
14 vention.

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.

22 “(1) OUTREACH.—Each Center shall carry out
23 the following outreach activities:

24 “(A) Perform community needs assess-
25 ments.

1 “(B) Train and supervise outreach staff to
2 work with State and local health departments,
3 health care providers, State and local education
4 agencies, institutions of higher education, State
5 and local workforce development boards, State
6 and local community action agencies, justice
7 professionals, and other community partners as
8 determined by the Secretary, to ensure that
9 such entities are aware of the services of the
10 Center.

11 “(C) 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 and ongoing eval-
19 uations meet the clinical needs of patients, in-
20 cluding by offering assessments for services and
21 level of care recommendations through inde-
22 pendent, research-validated verification proc-
23 esses for reviewing patient placement in addic-
24 tion treatment settings.

1 “(B) Periodically conduct patient assess-
2 ments to ensure continued and meaningful re-
3 covery, as defined by the Assistant Secretary
4 for Mental Health and Substance Use.

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

7 “(i) all drugs approved by the Food
8 and Drug Administration to treat sub-
9 stance use disorders, including opioid use
10 disorder and alcohol use disorder;

11 “(ii) medically supervised detoxifica-
12 tion that includes patient evaluation, sta-
13 bilization, and readiness for and entry into
14 treatment;

15 “(iii) counseling provided by a pro-
16 gram counselor or other certified profes-
17 sional who is qualified by education, train-
18 ing, or experience to assess the psycho-
19 logical and sociological background of pa-
20 tients, to contribute to the appropriate
21 treatment plan for the patient, and to
22 monitor patient progress;

23 “(iv) residential rehabilitation, and
24 outpatient and intensive outpatient pro-
25 grams;

1 “(v) recovery housing;

2 “(vi) community-based and peer re-
3 covery support services;

4 “(vii) job training, job placement as-
5 sistance, and continuing education assist-
6 ance to support reintegration into the
7 workforce; and

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

10 “(D) Administer an onsite pharmacy and
11 provide toxicology services.

12 “(E) Establish and operate a secure and
13 confidential electronic health information sys-
14 tem.

15 “(h) DATA REPORTING AND PROGRAM OVER-
16 SIGHT.—With respect to a grant awarded under sub-
17 section (a) to an eligible entity for a Center, not later than
18 90 days after the end of the first year of the grant period,
19 and annually thereafter for the duration of the grant pe-
20 riod (including the duration of any renewal period for such
21 grant), the entity shall submit data, as appropriate, to the
22 Secretary regarding—

23 “(1) the programs and activities funded by the
24 grant;

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

4 “(3) the effectiveness of interventions designed,
 5 tested, and evaluated by an independent program
 6 evaluator;

7 “(4) the retention rate of program participants;
 8 and

9 “(5) any other information that the Secretary
 10 may require for the purpose of—

11 “(A) evaluating the effectiveness of the
 12 Center; and

13 “(B) ensuring that the Center is complying
 14 with all the requirements of the grant, including
 15 providing the full continuum of services de-
 16 scribed in subsection (g)(2)(C).

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

21 (b) REPORTS TO CONGRESS.—

22 (1) PRELIMINARY REPORT.—Not later than 3
 23 years after the date of the enactment of this Act, the
 24 Secretary of Health and Human Services shall sub-
 25 mit to Congress a preliminary report that analyzes

1 data submitted under section 550(h) of the Public
2 Health Service Act, as added by subsection (a).

3 (2) FINAL REPORT.—Not later than one year
4 after submitting the preliminary report required
5 under paragraph (1), the Secretary of Health and
6 Human Services shall submit to Congress a final re-
7 port that includes—

8 (A) an evaluation of the effectiveness of
9 comprehensive opioid recovery centers estab-
10 lished or operated pursuant to section 550 of
11 the Public Health Service Act, as added by sub-
12 section (a);

13 (B) recommendations on whether the grant
14 program established under such section 550
15 should be reauthorized and expanded; and

16 (C) standards and best practices for the
17 treatment of substance use disorders.

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