

115TH CONGRESS
2D SESSION

H. R. 5311

To reauthorize and expand the Comprehensive Addiction and Recovery Act
of 2016.

IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2018

Mrs. BLACKBURN (for herself, Mr. RYAN of Ohio, Ms. KUSTER of New Hampshire, and Mr. MACARTHUR) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, and Education and the Workforce, 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 reauthorize and expand the Comprehensive Addiction and
Recovery Act of 2016.

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 “CARA 2.0 Act of
5 2018”.

1 **SEC. 2. NATIONAL EDUCATION CAMPAIGN.**

2 Section 102 of the Comprehensive Addiction and Re-
3 covery Act of 2016 (42 U.S.C. 290bb–25g) is amended
4 by adding at the end the following:

5 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out this section,
7 \$10,000,000 for each of fiscal years 2019 through 2023.”.

8 **SEC. 3. THREE-DAY LIMIT ON OPIOID PRESCRIPTIONS.**

9 Section 303 of the Controlled Substances Act (21
10 U.S.C. 823) is amended by adding at the end the fol-
11 lowing:

12 “(l) THREE-DAY LIMIT ON OPIOID PRESCRIP-
13 TIONS.—

14 “(1) DEFINITIONS.—In this subsection—

15 “(A) the term ‘acute pain’—

16 “(i) means pain with abrupt onset and
17 caused by an injury or other process that
18 is not ongoing; and

19 “(ii) does not include—

20 “(I) chronic pain;

21 “(II) pain being treated as part
22 of cancer care;

23 “(III) hospice or other end-of-life
24 care; or

25 “(IV) pain being treated as part
26 of palliative care; and

“(B) the term ‘addiction treatment opioid prescription’ means a prescription—

“(i) for an opioid drug in schedule II, III, or IV approved by the Food and Drug Administration for an indication for the treatment of addiction; and

“(ii) that is for the treatment of addiction.

“(2) THREE-DAY LIMIT.—The Attorney General may not register, or renew the registration of, a practitioner under subsection (f) who is licensed under State law to prescribe controlled substances in schedule II, III, or IV, unless the practitioner submits to the Attorney General, for each such registration or renewal request, a certification that the practitioner, during the applicable registration period, will not prescribe any opioid in schedule II, III, or IV, other than an addiction treatment opioid prescription, for the initial treatment of acute pain in an amount in excess of a 3-day supply.”.

SEC. 4. FIRST RESPONDER TRAINING.

Section 546 of the Public Health Service Act (42 U.S.C. 290ee–1) is amended—

(1) in subsection (c)—

1 (A) in paragraph (2), by striking “and” at
2 the end;

3 (B) in paragraph (3), by striking the pe-
4 riod and inserting “; and”; and

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

6 “(4) train and provide resources for first re-
7 sponders and members of other key community sec-
8 tors on safety around fentanyl and other dangerous
9 illicit drugs to protect themselves from exposure and
10 respond appropriately when exposure occurs.”;

11 (2) in subsection (d), by inserting “, and safety
12 around fentanyl and other dangerous illicit drugs”
13 before the period;

14 (3) in subsection (f)—

15 (A) in paragraph (3), by striking “and” at
16 the end;

17 (B) in paragraph (4), by striking the pe-
18 riod and inserting a semicolon; and

19 (C) by adding at the end the following:

20 “(5) the number of first responders and mem-
21 bers of other key community sectors trained on safe-
22 ty around fentanyl and other dangerous illicit
23 drugs.”; and

1 (4) in subsection (g), by inserting before the pe-
2 riod the following: “, and \$300,000,000 for each of
3 fiscal years 2019 through 2023”.

4 **SEC. 5. EVIDENCE-BASED PRESCRIPTION OPIOID AND HER-**
5 **OIN TREATMENT AND INTERVENTION DEM-**
6 **ONSTRATIONS.**

7 Section 514B of the Public Health Service Act (42
8 U.S.C. 290bb–10) is amended—

9 (1) in subsection (d), by inserting “, and Indian
10 tribes and tribal organizations (as defined in section
11 4 of the Indian Self-Determination and Education
12 Assistance Act)” before the first period; and

13 (2) in subsection (f), by inserting before the pe-
14 riod the following: “, and \$300,000,000 for each of
15 fiscal years 2019 through 2023”.

16 **SEC. 6. BUILDING COMMUNITIES OF RECOVERY.**

17 Section 547 of the Public Health Service Act (42
18 U.S.C. 290ee–2) is amended—

19 (1) by striking subsection (c);

20 (2) by redesignating subsections (d) as sub-
21 section (c);

22 (3) in subsection (c) (as so redesignated)—

23 (A) in paragraph (1), by striking “and” at
24 the end;

1 (B) in paragraph (2)(C)(iv), by striking
2 the period and inserting “; and”; and

3 (C) by adding at the end the following:

4 “(3) may be used as provided for in subsection
5 (d).”;

6 (4) by inserting after subsection (c) (as so re-
7 designated), the following:

8 “(d) ESTABLISHMENT OF REGIONAL TECHNICAL AS-
9 SISTANCE CENTERS.—

10 “(1) IN GENERAL.—Grants awarded under sub-
11 section (b) may be used to provide for the establish-
12 ment of regional technical assistance centers to pro-
13 vide regional technical assistance for the following:

14 “(A) Implementation of regionally driven
15 peer delivered addiction recovery support serv-
16 ices before, during, after, or in lieu of addiction
17 treatment.

18 “(B) Establishment of recovery community
19 organizations.

20 “(C) Establishment of recovery community
21 centers.

22 “(D) Naloxone training and dissemination.

23 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
24 ceive a grant under paragraph (1), an entity shall
25 be—

1 “(A) a national nonprofit entity with a net-
 2 work of local affiliates and partners that are
 3 geographically and organizationally diverse; or

4 “(B) a national nonprofit organization es-
 5 tablished by individuals in personal and family
 6 recovery, serving prevention, treatment, recov-
 7 ery, payor, faith-based, and criminal justice
 8 stakeholders in the implementation of local ad-
 9 diction and recovery initiatives.”; and

10 (5) in subsection (e), by inserting before the pe-
 11 riod the following: “, and \$200,000,000 for each of
 12 fiscal years 2019 through 2023”.

13 **SEC. 7. MEDICATION-ASSISTED TREATMENT FOR RECOV-**
 14 **ERY FROM ADDICTION.**

15 (a) ALLOWING STATES TO RAISE PATIENT CAPS
 16 UNDER CERTAIN CONDITIONS; MAKING NURSE PRACTI-
 17 TIONER AND PHYSICIAN ASSISTANT AUTHORITY PERMA-
 18 NENT.—Section 303(g)(2) of the Controlled Substances
 19 Act (21 U.S.C. 823(g)(2)) is amended—

20 (1) in subparagraph (G)(iii)(II), by striking
 21 “during the period beginning on the date of enact-
 22 ment of the Comprehensive Addiction and Recovery
 23 Act of 2016 and ending on October 1, 2021,”; and

24 (2) in subparagraph (I)—

1 (A) in clause (i), by striking “or” at the
2 end;

3 (B) by redesignating clause (ii) as clause
4 (iii); and

5 (C) by inserting after clause (i) the fol-
6 lowing:

7 “(ii) permits a qualifying practitioner to
8 dispense drugs in schedule III, IV, or V, or
9 combinations of such drugs, for maintenance or
10 detoxification treatment in accordance with this
11 paragraph to a total number of patients that is
12 more than the total number applicable to the
13 qualifying practitioner under subparagraph
14 (B)(ii)(II), including an unlimited number, if
15 the State—

16 “(I) enacts a law authorizing such
17 dispensing to that increased total number,
18 or unlimited number, of patients;

19 “(II) before the increased total num-
20 ber or elimination of a limit goes into ef-
21 fect in the State, directs the applicable
22 State agency or regulatory board to adopt
23 statewide regulations governing the use of
24 medications approved by the Food and
25 Drug Administration for the treatment of

1 opioid dependence or for the prevention of
2 relapse to opioid dependence, consistent
3 with nationally recognized evidence-based
4 guidelines produced by a national or inter-
5 national medical professional association,
6 public health entity, or governmental body
7 with the aim of ensuring the appropriate
8 use of evidence to guide individual diag-
9 nostic and therapeutic clinical decisions,
10 including the National Practice Guidelines
11 For the Use of Medications in the Treat-
12 ment of Addiction Involving Opioid Use
13 issued by the American Society of Addic-
14 tion Medicine; and

15 “(III) notifies the Attorney General of
16 the increased total number or elimination
17 of a limit; or”.

18 (b) REPEAL OF REQUIREMENT TO UPDATE REGULA-
19 TIONS.—Section 303 of the Comprehensive Addiction and
20 Recovery Act of 2016 (Public Law 114–198; 130 Stat.
21 720) is amended by striking subsection (c).

22 (c) DEFINITION OF QUALIFYING OTHER PRACTI-
23 TIONER.—Section 303(g)(2)(G)(iv) of the Controlled Sub-
24 stances Act (21 U.S.C. 823(g)(2)(G)(iv)) is amended by
25 striking “nurse practitioner or physician assistant” each

1 place that term appears and inserting “nurse practitioner,
 2 clinical nurse specialist, certified registered nurse anes-
 3 thetist, certified nurse midwife, or physician assistant”.

4 (d) REQUIREMENT TO OFFER 2 TYPES OF MEDICA-
 5 TION-ASSISTED TREATMENT.—Any entity, including a
 6 prison or jail, that receives Federal funds for a program
 7 or activity offering medication-assisted treatment shall
 8 offer, or have an affiliation with a provider who can pre-
 9 scribe and discuss with patients the risks of, benefits of,
 10 and alternatives to—

11 (1) not less than 1 opioid antagonist medication
 12 approved by the Food and Drug Administration; and

13 (2) not less than 1 opioid agonist (or partial
 14 agonist) medication approved by the Food and Drug
 15 Administration to treat addiction involving opioids.

16 **SEC. 8. NATIONAL YOUTH RECOVERY INITIATIVE.**

17 (a) DEFINITIONS.—In this section:

18 (1) ELIGIBLE ENTITY.—The term “eligible enti-
 19 ty” means—

20 (A) a high school that has been accredited
 21 as a substance use recovery high school or that
 22 is seeking to establish or expand substance use
 23 recovery support services;

24 (B) an institution of higher education;

1 (C) a recovery program at an institution of
2 higher education;

3 (D) a nonprofit organization; or

4 (E) a technical assistance center that can
5 help grantees install recovery support service
6 programs aimed at youth and young adults
7 which include recovery coaching, job training,
8 transportation, linkages to community based
9 services and supports, regularly scheduled alter-
10 native peer group activities, life-skills education,
11 and leadership development.

12 (2) HIGH SCHOOL.—The term “high school”
13 has the meaning given the term in section 8101 of
14 the Elementary and Secondary Education Act of
15 1965 (20 U.S.C. 7801).

16 (3) INSTITUTION OF HIGHER EDUCATION.—The
17 term “institution of higher education” has the
18 meaning given the term in section 101 of the Higher
19 Education Act of 1965 (20 U.S.C. 1001).

20 (4) RECOVERY PROGRAM.—The term “recovery
21 program” means a program—

22 (A) to help youth or young adults who are
23 recovering from substance use disorders to ini-
24 tiate, stabilize, and maintain healthy and pro-
25 ductive lives in the community; and

1 (B) that includes peer-to-peer support de-
2 livered by individuals with lived experience in
3 recovery, and communal activities to build re-
4 covery skills and supportive social networks.

5 (b) GRANTS AUTHORIZED.—The Assistant Secretary
6 for Mental Health and Substance Use, in consultation
7 with the Secretary of Education, shall award grants, on
8 a competitive basis, to eligible entities to enable the eligi-
9 ble entities to—

10 (1) provide substance use recovery support serv-
11 ices to youth and young adults enrolled in high
12 school or an institution of higher education;

13 (2) help build communities of support for youth
14 and young adults in substance use recovery through
15 a spectrum of activities such as counseling, job
16 training, recovery coaching, alternative peer groups,
17 life-skills workshops, family support groups, and
18 healthy and wellness-oriented social activities; and

19 (3) encourage initiatives designed to help youth
20 and young adults achieve and sustain recovery from
21 substance use disorders.

22 (c) APPLICATION.—An eligible entity desiring a grant
23 under this section shall submit to the Assistant Secretary
24 for Mental Health and Substance Use an application at

1 such time, in such manner, and containing such informa-
2 tion as the Assistant Secretary may require.

3 (d) USE OF FUNDS.—Grants awarded under sub-
4 section (b) may be used for activities to develop, support,
5 or maintain substance use recovery support services for
6 youth or young adults, including—

7 (1) the development and maintenance of a dedi-
8 cated physical space for recovery programs;

9 (2) hiring dedicated staff for the provision of
10 recovery programs;

11 (3) providing health and wellness-oriented social
12 activities and community engagement;

13 (4) the establishment of a substance use recov-
14 ery high school;

15 (5) the coordination of a peer delivered sub-
16 stance use recovery program with—

17 (A) substance use disorder treatment pro-
18 grams and systems;

19 (B) providers of mental health services;

20 (C) primary care providers;

21 (D) the criminal justice system, including
22 the juvenile justice system;

23 (E) employers;

24 (F) recovery housing services;

25 (G) child welfare services;

1 (H) high schools; and

2 (I) institutions of higher education;

3 (6) the development of peer-to-peer support
4 programs or services delivered by individuals with
5 lived experience in addiction recovery; and

6 (7) any additional activity that helps youth or
7 young adults achieve recovery from substance use
8 disorders.

9 (e) RESOURCE CENTER.—The Assistant Secretary
10 for Mental Health and Substance Use shall establish a re-
11 source center to provide technical support to recipients of
12 grants under this section.

13 (f) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to carry out this section
15 \$10,000,000 for fiscal year 2019 and each of the 4 suc-
16 ceeding fiscal years.

17 **SEC. 9. NATIONAL RECOVERY RESIDENCE STANDARDS.**

18 (a) BEST PRACTICES FOR OPERATING RECOVERY
19 HOUSING.—The Secretary of Health and Human Serv-
20 ices, acting through the Director of the Center for Sub-
21 stance Abuse Treatment of the Substance Abuse and Men-
22 tal Health Services Administration—

23 (1) shall publish best practices for operating re-
24 covery housing, based on—

1 (A) the applicable domains, core principles,
2 and standards of the National Alliance for Re-
3 covery Residences; and

4 (B) input from other nationally accredited
5 recovery housing entities and from stakeholders;

6 (2) shall disseminate such best practices to each
7 State;

8 (3) may provide technical assistance to States
9 seeking to adopt or implement such best practices;

10 (4) shall identify barriers with respect to recov-
11 ery housing, State licensure, zoning restrictions, and
12 discrimination against individuals receiving medica-
13 tion assisted treatment for the treatment of opioid
14 abuse; and

15 (5) shall develop strategies to address the bar-
16 riers identified under paragraph (4).

17 (b) DEFINITIONS.—In this section:

18 (1) The term “recovery housing” means a fam-
19 ily-like, shared living environment free from alcohol
20 and illicit drug use and centered on peer support
21 and connection to services that promote sustained
22 recovery from substance use disorders.

23 (2) The term “State” includes any of the sev-
24 eral States, the District of Columbia, and any terri-
25 tory or possession of the United States.

1 **SEC. 10. IMPROVING TREATMENT FOR PREGNANT AND**
2 **POSTPARTUM WOMEN.**

3 Section 508(s) of the Public Health Service Act (42
4 U.S.C. 290bb–1(s)) is amended in the first sentence by
5 inserting before the period the following: “, and
6 \$100,000,000 for each of fiscal years 2019 through
7 2023”.

8 **SEC. 11. VETERANS TREATMENT COURTS.**

9 Section 2991(o)(3) of title I of the Omnibus Crime
10 Control and Safe Streets Act of 1968 (34 U.S.C.
11 10651(o)(3)) is amended—

12 (1) by striking “LIMITATION” and inserting
13 “VETERANS”;

14 (2) by striking “Not more than” and inserting
15 the following:

16 “(A) LIMITATION.—Not more than”;

17 (3) in subparagraph (A), as so designated, by
18 striking “this section” and inserting “paragraph
19 (1)”; and

20 (4) by adding at the end the following:

21 “(B) ADDITIONAL FUNDING.—In addition
22 to the amounts authorized under paragraph (1),
23 there are authorized to be appropriated to the
24 Department of Justice to carry out subsection
25 (i) \$20,000,000 for each of fiscal years 2019
26 through 2023.”.

1 **SEC. 12. INFANT PLAN OF SAFE CARE.**

2 Section 112 of the Child Abuse Prevention and
3 Treatment Act (42 U.S.C. 5106h) is amended by adding
4 at the end the following:

5 “(c) INFANT PLAN OF SAFE CARE.—In addition to
6 amounts otherwise appropriated to carry out this title,
7 there is authorized to be appropriated \$60,000,000 for
8 each of fiscal years 2019 through 2023, to provide funds
9 for States to collaboratively develop policies and proce-
10 dures concerning, implement, and develop systems to mon-
11 itor plans of safe care under section 106(b)(2)(B)(iii).”.

12 **SEC. 13. REQUIRE THE USE OF PRESCRIPTION DRUG MONI-**
13 **TORING PROGRAMS.**

14 (a) DEFINITIONS.—In this section:

15 (1) CONTROLLED SUBSTANCE.—The term
16 “controlled substance” has the meaning given the
17 term in section 102 of the Controlled Substances
18 Act (21 U.S.C. 802).

19 (2) COVERED STATE.—The term “covered
20 State” means a State that receives funding under
21 the Harold Rogers Prescription Drug Monitoring
22 Program established under the Departments of
23 Commerce, Justice, and State, the Judiciary, and
24 Related Agencies Appropriations Act, 2002 (Public
25 Law 107–77; 115 Stat. 748), under this Act (or an
26 amendment made by this Act), or under the con-

1 trolled substance monitoring program under section
2 399O of the Public Health Service Act (42 U.S.C.
3 280g–3).

4 (3) DISPENSER.—The term “dispenser”—

5 (A) means a person licensed or otherwise
6 authorized by a State to deliver a prescription
7 drug product to a patient or an agent of the pa-
8 tient; and

9 (B) does not include a person involved in
10 oversight or payment for prescription drugs.

11 (4) PDMP.—The term “PDMP” means a pre-
12 scription drug monitoring program.

13 (5) PRACTITIONER.—The term “practitioner”
14 means a practitioner registered under section 303(f)
15 of the Controlled Substances Act (21 U.S.C. 823(f))
16 to prescribe, administer, or dispense controlled sub-
17 stances.

18 (6) STATE.—The term “State” means each of
19 the several States and the District of Columbia.

20 (b) IN GENERAL.—Beginning 1 year after the date
21 of enactment of this Act, each covered State shall re-
22 quire—

23 (1) each prescribing practitioner within the cov-
24 ered State or their designee, who shall be licensed or
25 registered healthcare professionals or other employ-

ees who report directly to the practitioner, to consult the PDMP of the covered State before initiating treatment with a prescription for a controlled substance listed in schedule II, III, or IV of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)), and every 3 months thereafter as long as the treatment continues;

(2) the PDMP of the covered State to provide proactive notification to a practitioner when patterns indicative of controlled substance misuse, including opioid misuse, are detected;

(3) each dispenser within the covered State to report each prescription for a controlled substance dispensed by the dispenser to the PDMP not later than 24 hours after the controlled substance is dispensed to the patient;

(4) that the PDMP make available a quarterly de-identified data set and an annual report for public and private use, including use by health care providers, health plans and health benefits administrators, State agencies, and researchers, which shall, at a minimum, meet requirements established by the Attorney General, in coordination with the Secretary of Health and Human Services;

1 (5) each State agency that administers the
2 PDMP to—

3 (A) proactively analyze data available
4 through the PDMP; and

5 (B) provide reports to law enforcement
6 agencies and prescriber licensing boards de-
7 scribing any prescribing practitioner that re-
8 peatedly falls outside of expected norms or
9 standard practices for the prescribing practi-
10 tioner's field; and

11 (6) that the data contained in the PDMP of the
12 covered State be made available to other States.

13 (c) NONCOMPLIANCE.—If a covered State fails to
14 comply with subsection (a), the Attorney General or the
15 Secretary of Health and Human Services may withhold
16 grant funds from being awarded to the covered State
17 under the Harold Rogers Prescription Drug Monitoring
18 Program established under the Departments of Com-
19 merce, Justice, and State, the Judiciary, and Related
20 Agencies Appropriations Act, 2002 (Public Law 107–77;
21 115 Stat. 748), under this Act (or an amendment made
22 by this Act), or under the controlled substance monitoring
23 program under section 3990 of the Public Health Service
24 Act (42 U.S.C. 280g–3).

1 **SEC. 14. INCREASING CIVIL AND CRIMINAL PENALTIES FOR**
2 **OPIOID MANUFACTURERS.**

3 Section 402(c) of the Controlled Substances Act (21
4 U.S.C. 842(c)) is amended—

5 (1) in paragraph (1)(B), by striking “shall not
6 exceed \$10,000.” and inserting the following: “shall
7 not exceed—

8 “(i) except as provided in clause (ii), \$10,000;
9 and

10 “(ii) if the violation is committed by a manufac-
11 turer of opioids and relates to the reporting of sus-
12 picious orders for opioids or failing to maintain ef-
13 fective controls against diversion of opioids,
14 \$100,000.”; and

15 (2) in paragraph (2)—

16 (A) in subparagraph (A), by inserting “or
17 (D)” after “subparagraph (B)”; and

18 (B) by adding at the end the following:

19 “(D) In the case of a violation referred to in subpara-
20 graph (A) that was a violation of paragraph (5) or (10)
21 of subsection (a) committed by a manufacturer of opioids
22 that relates to the reporting of suspicious orders for
23 opioids or failing to maintain effective controls against di-
24 version of opioids, the criminal fine under title 18, United
25 States Code, shall not exceed \$500,000.”.

