II

115TH CONGRESS
2D SESSION

# S. 2456

A bill to reauthorize and expand the Comprehensive Addiction and Recovery Act of 2016.

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IN THE SENATE OF THE UNITED STATES

FEBRUARY 27, 2018

Mr. PORTMAN (for himself, Mr. WHITEHOUSE, Mrs. CAPITO, Ms. KLOBUCHAR, Mr. SULLIVAN, Ms. HASSAN, Mr. CASSIDY, and Ms. CANTWELL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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# A BILL

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''.

6 **SEC. 2. NATIONAL EDUCATION CAMPAIGN.**

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

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 $10,000,000 for each of fiscal years 2019 through 2023.”.

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

5 Section 303 of the Controlled Substances Act (21
6 U.S.C. 823) is amended by adding at the end the fol-
7 lowing:
8 “(l) THREE-DAY LIMIT ON OPIOID PRESCRIP-
9 TIONS.—
10 “(1) DEFINITIONS.—In this subsection—
11 “(A) the term ‘acute pain’—
12 “(i) means pain with abrupt onset and
13 caused by an injury or other process that
14 is not ongoing; and
15 “(ii) does not include—
16 “(I) chronic pain;
17 “(II) pain being treated as part
18 of cancer care;
19 “(III) hospice or other end-of-life
20 care; or
21 “(IV) pain being treated as part
22 of palliative care; and
23 “(B) the term ‘addiction treatment opioid
24 prescription’ means a prescription—

1 "(i) for an opioid drug in schedule II,
2 III, or IV approved by the Food and Drug
3 Administration for an indication for the
4 treatment of addiction; and
5 "(ii) that is for the treatment of ad-
6 diction.
7 "(2) THREE-DAY LIMIT.—The Attorney General
8 may not register, or renew the registration of, a
9 practitioner under subsection (f) who is licensed
10 under State law to prescribe controlled substances in
11 schedule II, III, or IV, unless the practitioner sub-
12 mits to the Attorney General, for each such registra-
13 tion or renewal request, a certification that the prac-
14 titioner, during the applicable registration period,
15 will not prescribe any opioid in schedule II, III, or
16 IV, other than an addiction treatment opioid pre-
17 scription, for the initial treatment of acute pain in
18 an amount in excess of a 3-day supply.".

19 **SEC. 4. FIRST RESPONDER TRAINING.**

20 Section 546 of the Public Health Service Act (42
21 U.S.C. 290ee–1) is amended—
22 (1) in subsection (c)—
23 (A) in paragraph (2), by striking "and" at
24 the end;

1 (B) in paragraph (3), by striking the pe-
2 riod and inserting ''; and''; and
3 (C) by adding at the end the following:
4 ''(4) train and provide resources for first re-
5 sponders and members of other key community sec-
6 tors on safety around fentanyl and other dangerous
7 illicit drugs to protect themselves from exposure and
8 respond appropriately when exposure occurs.'';
9 (2) in subsection (d), by inserting '', and safety
10 around fentanyl and other dangerous illicit drugs''
11 before the period;
12 (3) in subsection (f)—
13 (A) in paragraph (3), by striking ''and'' at
14 the end;
15 (B) in paragraph (4), by striking the pe-
16 riod and inserting a semicolon; and
17 (C) by adding at the end the following:
18 ''(5) the number of first responders and mem-
19 bers of other key community sectors trained on safe-
20 ty around fentanyl and other dangerous illicit
21 drugs.''; and
22 (4) in subsection (g), by inserting before the pe-
23 riod the following: '', and $300,000,000 for each of
24 fiscal years 2019 through 2023''.

**SEC. 5. EVIDENCE-BASED PRESCRIPTION OPIOID AND HEROIN TREATMENT AND INTERVENTION DEMONSTRATIONS.**

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

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

(2) in subsection (f), by inserting before the period the following: ", and $300,000,000 for each of fiscal years 2019 through 2023".

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

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

(1) by striking subsection (c);

(2) by redesignating subsection (d) as subsection (c);

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

(A) in paragraph (1), by striking "and" at the end;

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

(C) by adding at the and the following:

"(3) may be used as provided for in subsection (d).";

1 (4) by inserting after subsection (c) (as so re-
2 designated), the following:
3 "(d) ESTABLISHMENT OF REGIONAL TECHNICAL AS-
4 SISTANCE CENTERS.—
5 "(1) IN GENERAL.—Grants awarded under sub-
6 section (b) may be used to provide for the establish-
7 ment of regional technical assistance centers to pro-
8 vide regional technical assistance for the following:
9 "(A) Implementation of regionally driven
10 peer delivered addiction recovery support serv-
11 ices before, during, after, or in lieu of addiction
12 treatment.
13 "(B) Establishment of recovery community
14 organizations.
15 "(C) Establishment of recovery community
16 centers.
17 "(D) Naloxone training and dissemination.
18 "(2) ELIGIBLE ENTITIES.—To be eligible to re-
19 ceive a grant under paragraph (1), an entity shall
20 be—
21 "(A) a national nonprofit entity with a net-
22 work of local affiliates and partners that are
23 geographically and organizationally diverse; or
24 "(B) a national nonprofit organization es-
25 tablished by individuals in personal and family

1 recovery, serving prevention, treatment, recov-
2 ery, payor, faith-based, and criminal justice
3 stakeholders in the implementation of local ad-
4 diction and recovery initiatives.''; and
5 (5) in subsection (e), by inserting before the pe-
6 riod the following: '', and $200,000,000 for each of
7 fiscal years 2019 through 2023''.

8 **SEC. 7. MEDICATION-ASSISTED TREATMENT FOR RECOV-**
9 **ERY FROM ADDICTION.**

10 (a) ALLOWING STATES TO RAISE PATIENT CAPS
11 UNDER CERTAIN CONDITIONS; MAKING NURSE PRACTI-
12 TIONER AND PHYSICIAN ASSISTANT AUTHORITY PERMA-
13 NENT.—Section 303(g)(2) of the Controlled Substances
14 Act (21 U.S.C. 823(g)(2)) is amended—
15 (1) in subparagraph (G)(iii)(II), by striking
16 ''during the period beginning on the date of enact-
17 ment of the Comprehensive Addiction and Recovery
18 Act of 2016 and ending on October 1, 2021,''; and
19 (2) in subparagraph (I)—
20 (A) in clause (i), by striking ''or'' at the
21 end;
22 (B) by redesignating clause (ii) as clause
23 (iii); and
24 (C) by inserting after clause (i) the fol-
25 lowing:

1 "(ii) permits a qualifying practitioner to
2 dispense drugs in schedule III, IV, or V, or
3 combinations of such drugs, for maintenance or
4 detoxification treatment in accordance with this
5 paragraph to a total number of patients that is
6 more than the total number applicable to the
7 qualifying practitioner under subparagraph
8 (B)(ii)(II), including an unlimited number, if
9 the State—
10 "(I) enacts a law authorizing such
11 dispensing to that increased total number,
12 or unlimited number, of patients;
13 "(II) before the increased total num-
14 ber or elimination of a limit goes into ef-
15 fect in the State, directs the applicable
16 State agency or regulatory board to adopt
17 statewide regulations governing the use of
18 medications approved by the Food and
19 Drug Administration for the treatment of
20 opioid dependence or for the prevention of
21 relapse to opioid dependence, consistent
22 with nationally recognized evidence-based
23 guidelines produced by a national or inter-
24 national medical professional association,
25 public health entity, or governmental body

1 with the aim of ensuring the appropriate
2 use of evidence to guide individual diag-
3 nostic and therapeutic clinical decisions,
4 including the National Practice Guidelines
5 For the Use of Medications in the Treat-
6 ment of Addiction Involving Opioid Use
7 issued by the American Society of Addic-
8 tion Medicine; and

9 ''(III) notifies the Attorney General of
10 the increased total number or elimination
11 of a limit; or''.

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

16 (c) DEFINITION OF QUALIFYING OTHER PRACTI-
17 TIONER.—Section 303(g)(2)(G)(iv) of the Controlled Sub-
18 stances Act (21 U.S.C. 823(g)(2)(G)(iv)) is amended by
19 striking ''nurse practitioner or physician assistant'' each
20 place that term appears and inserting ''nurse practitioner,
21 clinical nurse specialist, certified registered nurse anes-
22 thetist, certified nurse midwife, or physician assistant''.

23 (d) REQUIREMENT TO OFFER TWO TYPES OF MEDI-
24 CATION-ASSISTED TREATMENT.—Any entity, including a
25 prison or jail, that receives Federal funds for a program

1 or activity offering medication-assisted treatment shall
2 offer, or have an affiliation with a provider who can pre-
3 scribe and discuss with patients the risks of, benefits of,
4 and alternatives to—

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

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

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

11 (a) DEFINITIONS.—In this section:

12 (1) ELIGIBLE ENTITY.—The term "eligible enti-
13 ty" means—

14 (A) a high school that has been accredited
15 as a substance use recovery high school or that
16 is seeking to establish or expand substance use
17 recovery support services;

18 (B) an institution of higher education;

19 (C) a recovery program at an institution of
20 higher education;

21 (D) a nonprofit organization; or

22 (E) a technical assistance center that can
23 help grantees install recovery support service
24 programs aimed at youth and young adults
25 which include recovery coaching, job training,

1 transportation, linkages to community-based
2 services and supports, regularly scheduled alter-
3 native peer group activities, life-skills education,
4 and leadership development.

5 (2) HIGH SCHOOL.—The term "high school"
6 has the meaning given the term in section 8101 of
7 the Elementary and Secondary Education Act of
8 1965 (20 U.S.C. 7801).

9 (3) INSTITUTION OF HIGHER EDUCATION.—The
10 term "institution of higher education" has the
11 meaning given the term in section 101 of the Higher
12 Education Act of 1965 (20 U.S.C. 1001).

13 (4) RECOVERY PROGRAM.—The term "recovery
14 program" means a program—

15 (A) to help youth or young adults who are
16 recovering from substance use disorders to ini-
17 tiate, stabilize, and maintain healthy and pro-
18 ductive lives in the community; and

19 (B) that includes peer-to-peer support de-
20 livered by individuals with lived experience in
21 recovery, and communal activities to build re-
22 covery skills and supportive social networks.

23 (b) GRANTS AUTHORIZED.—The Assistant Secretary
24 for Mental Health and Substance Use, in consultation
25 with the Secretary of Education, shall award grants, on

1 a competitive basis, to eligible entities to enable the eligi-
2 ble entities to—
3 (1) provide substance use recovery support serv-
4 ices to youth and young adults enrolled in high
5 school or an institution of higher education;
6 (2) help build communities of support for youth
7 and young adults in substance use recovery through
8 a spectrum of activities such as counseling, job
9 training, recovery coaching, alternative peer groups,
10 life-skills workshops, family support groups, and
11 healthy and wellness-oriented social activities; and
12 (3) encourage initiatives designed to help youth
13 and young adults achieve and sustain recovery from
14 substance use disorders.
15 (c) APPLICATION.—An eligible entity desiring a grant
16 under this section shall submit to the Assistant Secretary
17 for Mental Health and Substance Use an application at
18 such time, in such manner, and containing such informa-
19 tion as the Assistant Secretary may require.
20 (d) USE OF FUNDS.—Grants awarded under sub-
21 section (b) may be used for activities to develop, support,
22 or maintain substance use recovery support services for
23 youth or young adults, including—
24 (1) the development and maintenance of a dedi-
25 cated physical space for recovery programs;

1 (2) hiring dedicated staff for the provision of
2 recovery programs;
3 (3) providing health and wellness-oriented social
4 activities and community engagement;
5 (4) the establishment of a substance use recov-
6 ery high school;
7 (5) the coordination of a peer delivered sub-
8 stance use recovery program with—
9 (A) substance use disorder treatment pro-
10 grams and systems;
11 (B) providers of mental health services;
12 (C) primary care providers;
13 (D) the criminal justice system, including
14 the juvenile justice system;
15 (E) employers;
16 (F) recovery housing services;
17 (G) child welfare services;
18 (H) high schools; and
19 (I) institutions of higher education;
20 (6) the development of peer-to-peer support
21 programs or services delivered by individuals with
22 lived experience in addiction recovery; and
23 (7) any additional activity that helps youth or
24 young adults achieve recovery from substance use
25 disorders.

1 (e) RESOURCE CENTER.—The Assistant Secretary
2 for Mental Health and Substance Use shall establish a re-
3 source center to provide technical support to recipients of
4 grants under this section.
5 (f) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this section
7 $10,000,000 for fiscal year 2019 and each of the 4 suc-
8 ceeding fiscal years.

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

10 (a) BEST PRACTICES FOR OPERATING RECOVERY
11 HOUSING.—The Secretary of Health and Human Serv-
12 ices, acting through the Director of the Center for Sub-
13 stance Abuse Treatment of the Substance Abuse and Men-
14 tal Health Services Administration—
15 (1) shall publish best practices for operating re-
16 covery housing, based on—
17 (A) the applicable domains, core principles,
18 and standards of the National Alliance for Re-
19 covery Residences; and
20 (B) input from other nationally accredited
21 recovery housing entities and from stakeholders;
22 (2) shall disseminate such best practices to each
23 State;
24 (3) may provide technical assistance to States
25 seeking to adopt or implement such best practices;

1 (4) shall identify barriers with respect to recov-
2 ery housing, State licensure, zoning restrictions, and
3 discrimination against individuals receiving medica-
4 tion assisted treatment for the treatment of opioid
5 abuse; and
6 (5) shall develop strategies to address the bar-
7 riers identified under paragraph (4).
8 (b) DEFINITIONS.—In this section:
9 (1) The term ''recovery housing'' means a fam-
10 ily-like, shared living environment free from alcohol
11 and illicit drug use and centered on peer support
12 and connection to services that promote sustained
13 recovery from substance use disorders.
14 (2) The term ''State'' includes any of the sev-
15 eral States, the District of Columbia, and any terri-
16 tory or possession of the United States.
17 **SEC. 10. IMPROVING TREATMENT FOR PREGNANT AND**
18 **POSTPARTUM WOMEN.**
19 Section 508(s) of the Public Health Service Act (42
20 U.S.C. 290bb–1(s)) is amended in the first sentence by
21 inserting before the period the following: '', and
22 $100,000,000 for each of fiscal years 2019 through
23 2023''.

1 **SEC. 11. VETERANS TREATMENT COURTS.**

2 Section 2991(o)(3) of title I of the Omnibus Crime
3 Control and Safe Streets Act of 1968 (34 U.S.C.
4 10651(o)(3)) is amended—

5 (1) by striking ''LIMITATION'' and inserting
6 ''VETERANS'';

7 (2) by striking ''Not more than'' and inserting
8 the following:

9 ''(A) LIMITATION.—Not more than'';

10 (3) in subparagraph (A), as so designated, by
11 striking ''this section'' and inserting ''paragraph
12 (1)''; and

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

14 ''(B) ADDITIONAL FUNDING.—In addition
15 to the amounts authorized under paragraph (1),
16 there are authorized to be appropriated to the
17 Department of Justice to carry out subsection
18 (i) $20,000,000 for each of fiscal years 2019
19 through 2023.''.

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

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

24 ''(c) INFANT PLAN OF SAFE CARE.—In addition to
25 amounts otherwise appropriated to carry out this title,
26 there is authorized to be appropriated $60,000,000 for

1 each of fiscal years 2019 through 2023, to provide funds
2 for States to collaboratively develop policies and proce-
3 dures concerning implementing and developing systems to
4 monitor plans of safe care under section
5 106(b)(2)(B)(iii).''.

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

8 (a) DEFINITIONS.—In this section:
9 (1) CONTROLLED SUBSTANCE.—The term
10 ''controlled substance'' has the meaning given the
11 term in section 102 of the Controlled Substances
12 Act (21 U.S.C. 802).
13 (2) COVERED STATE.—The term ''covered
14 State'' means a State that receives funding under
15 the Harold Rogers Prescription Drug Monitoring
16 Program established under the Departments of
17 Commerce, Justice, and State, the Judiciary, and
18 Related Agencies Appropriations Act, 2002 (Public
19 Law 107–77; 115 Stat. 748), under this Act (or an
20 amendment made by this Act), or under the con-
21 trolled substance monitoring program under section
22 399O of the Public Health Service Act (42 U.S.C.
23 280g–3).
24 (3) DISPENSER.—The term ''dispenser''—

1 (A) means a person licensed or otherwise
2 authorized by a State to deliver a prescription
3 drug product to a patient or an agent of the pa-
4 tient; and
5 (B) does not include a person involved in
6 oversight or payment for prescription drugs.
7 (4) PDMP.—The term ''PDMP'' means a pre-
8 scription drug monitoring program.
9 (5) PRACTITIONER.—The term ''practitioner''
10 means a practitioner registered under section 303(f)
11 of the Controlled Substances Act (21 U.S.C. 823(f))
12 to prescribe, administer, or dispense controlled sub-
13 stances.
14 (6) STATE.—The term ''State'' means each of
15 the several States and the District of Columbia.
16 (b) IN GENERAL.—Beginning 1 year after the date
17 of enactment of this Act, each covered State shall re-
18 quire—
19 (1) each prescribing practitioner within the cov-
20 ered State or their designee, who shall be licensed or
21 registered healthcare professionals or other employ-
22 ees who report directly to the practitioner, to consult
23 the PDMP of the covered State before initiating
24 treatment with a prescription for a controlled sub-
25 stance listed in schedule II, III, or IV of section

1 202(c) of the Controlled Substances Act (21 U.S.C.
2 812(c)), and every 3 months thereafter as long as
3 the treatment continues;
4 (2) the PDMP of the covered State to provide
5 proactive notification to a practitioner when patterns
6 indicative of controlled substance misuse, including
7 opioid misuse, are detected;
8 (3) each dispenser within the covered State to
9 report each prescription for a controlled substance
10 dispensed by the dispenser to the PDMP not later
11 than 24 hours after the controlled substance is dis-
12 pensed to the patient;
13 (4) that the PDMP make available a quarterly
14 de-identified data set and an annual report for pub-
15 lic and private use, including use by healthcare pro-
16 viders, health plans and health benefits administra-
17 tors, State agencies, and researchers, which shall, at
18 a minimum, meet requirements established by the
19 Attorney General, in coordination with the Secretary
20 of Health and Human Services;
21 (5) each State agency that administers the
22 PDMP to—
23 (A) proactively analyze data available
24 through the PDMP; and

1 (B) provide reports to law enforcement
2 agencies and prescriber licensing boards de-
3 scribing any prescribing practitioner that re-
4 peatedly fall outside of expected norms or
5 standard practices for the prescribing practi-
6 tioner's field; and
7 (6) that the data contained in the PDMP of the
8 covered State be made available to other States.
9 (c) NONCOMPLIANCE.—If a covered State fails to
10 comply with subsection (a), the Attorney General or the
11 Secretary of Health and Human Services may withhold
12 grant funds from being awarded to the covered State
13 under the Harold Rogers Prescription Drug Monitoring
14 Program established under the Departments of Com-
15 merce, Justice, and State, the Judiciary, and Related
16 Agencies Appropriations Act, 2002 (Public Law 107–77;
17 115 Stat. 748), under this Act (or an amendment made
18 by this Act), or under the controlled substance monitoring
19 program under section 399O of the Public Health Service
20 Act (42 U.S.C. 280g–3).

21 **SEC. 14. INCREASING CIVIL AND CRIMINAL PENALTIES FOR**
22 **OPIOID MANUFACTURERS.**

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

1 (1) in paragraph (1)(B), by striking "shall not
2 exceed $10,000." and inserting the following: "shall
3 not exceed—
4 "(i) except as provided in clause (ii), $10,000;
5 and
6 "(ii) if the violation is committed by a manufac-
7 turer of opioids and relates to the reporting of sus-
8 picious orders for opioids or failing to maintain ef-
9 fective controls against diversion of opioids,
10 $100,000."; and
11 (2) in paragraph (2)—
12 (A) in subparagraph (A), by inserting "or
13 (D)" after "subparagraph (B)"; and
14 (B) by adding at the end the following:
15 "(D) In the case of a violation referred to in subpara-
16 graph (A) that was a violation of paragraph (5) or (10)
17 of subsection (a) committed by a manufacturer of opioids
18 that relates to the reporting of suspicious orders for
19 opioids or failing to maintain effective controls against di-
20 version of opioids, the criminal fine under title 18, United
21 States Code, shall not exceed $500,000.".

○