

The Heroin and Prescription Drug Abuse Prevention and Reduction Act

Section by Section

TITLE I: PREVENTION

SUBTITLE A- PRESCRIBER EDUCATION

PRACTITIONER EDUCATION

This subtitle requires practitioners who prescribe opioids for pain to complete 12 hours of continuing medical education in connection with renewal of the practitioner's Drug Enforcement Agency (DEA) license every three years on the treatment and management of opioid-dependent patients, pain management treatment guidelines, and early detection of opioid addiction. It authorizes \$1,000,000 for each of fiscal years 2017 through 2021 for implementation.

SUBTITLE B- CO-PRESCRIBING TO REDUCE OVERDOSES

CO-PRESCRIBING OPIOID OVERDOSE REVERSAL DRUGS GRANT PROGRAM

This section would create a grant program for eligible entities to promote the prescribing of opioid reversal drugs (naloxone) in conjunction with opioids for patients at an elevated risk of overdose. It would provide funding to eligible entities to train health care providers and pharmacists on co-prescribing, to establish mechanisms for tracking patients and their health outcomes for program evaluation, to purchase naloxone, to offset patient cost-sharing associated with naloxone, to conduct community outreach, and to establish protocols to connect patients who have experienced a drug overdose with appropriate treatment.

OPIOID OVERDOSE REVERSAL CO-PRESCRIBING GUIDELINES

This section would create a grant program for eligible state entities such as health departments, medical boards, and community groups, to develop opioid overdose reversal co-prescribing guidelines.

AUTHORIZATION OF APPROPRIATIONS

This section would appropriate \$4,000,000 annually for each of fiscal years 2017 through 2021 for the opioid co-prescribing grant programs.

SUBTITLE C- SURVEILLANCE CAPACITY BUILDING

SURVEILLANCE CAPACITY BUILDING

This section would create a grant program through the Centers for Disease Control and Prevention for state, local, and tribal governments to improve fatal and nonfatal drug overdose surveillance and reporting capabilities. It authorizes \$5,000,000 for each of fiscal years 2017 through 2021 for this purpose.

TITLE II: ADDRESSING THE PRESCRIPTION OPIOID AND HEROIN CRISIS

SYRINGE EXCHANGE GRANT PROGRAM

This section would create a grant program through the Secretary of HHS to support syringe exchange programs, in recognition of the impact of the current heroin epidemic on the incidence of HIV/AIDS and Hepatitis C. It would provide grant funding to eligible entities, such as state, local, and tribal governments and community-based nonprofit organizations, to conduct outreach, counseling, health education, case management, and other services in conjunction with syringe exchange programs. It authorizes \$15,000,000 in grant funding for each of fiscal years 2017 through 2021 for these purposes.

GRANT PROGRAM TO REDUCE OVERDOSE DEATHS

This section would create a grant program through SAMHSA to support partnerships between eligible entities, such as state, local or tribal governments, correctional institutions, law enforcement agencies, community agencies, or non-profit organizations to reduce overdose deaths by purchasing and distributing naloxone, educating prescribers, pharmacists, first responders, and the public on overdose prevention and naloxone, and implementing programs to provide overdose prevention, treatment, and response. The partnership between eligible organizations would be able to take advantage of their scale to make the purchase of naloxone more affordable. It authorizes \$20,000,000 for each of fiscal years 2017 through 2021 for these purposes.

TITLE III: EXPANDING ACCESS TO EVIDENCE-BASED TREATMENT FOR SUBSTANCE USE DISORDERS

SUBTITLE A- RECOVERY ENHANCEMENT FOR ADDICTION TREATMENT

EXPANSION OF PATIENT LIMITS UNDER WAIVER

This section would amend the Controlled Substances Act to expand number of patients physicians can treat and to expand the type of providers who can treat opioid dependence using buprenorphine, an evidence-based, FDA-approved treatment for opioid use disorders. It amends the Controlled Substances Act (CSA) to increase the current patient limits and allow qualifying physicians, nurse practitioners, and physician assistants to treat up to 100 patients in the first year. Subsequently, it allows certain qualifying providers to obtain a waiver to treat an unlimited number of patients with buprenorphine if certain additional requirements are met.

DEFINITIONS

This section would provide the definitions for the specific health care providers and other terms used in Section 501.

EVALUATION BY ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

This section would mandate the Assistant Secretary for Planning and Evaluation to study the effect of the expanded buprenorphine prescribing authority on the quality and availability of medication-assisted treatment, medication diversion, and several other aspects related to the changes in buprenorphine policy.

SUBTITLE B– IMPROVING TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN

REAUTHORIZATION OF RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN

This section would reauthorize SAMHSA grants for the funding of residential treatment programs for pregnant and post-partum women with substance use disorders by providing \$40,000,000 for each of fiscal years 2017 through 2021.

PILOT PROGRAM GRANTS FOR STATE SUBSTANCE ABUSE AGENCIES

This section would create a pilot program within the Pregnant and Postpartum Women Program to allow for up to 25 percent of grants to be made for outpatient treatment services. This will allow for greater flexibility for State substance abuse agencies to provide access to treatment, and address gaps in services furnished to pregnant women along the continuum of care. At the conclusion of the pilot program, an evaluation and report on the effectiveness of the grant program shall be submitted to Congress.

SUBTITLE C– EVIDENCE-BASED OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION

EVIDENCE-BASED OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION

This section would allow the Director of the Center for Substance Abuse Treatment within SAMHSA to award grants to State substance abuse agencies and other governmental or nonprofit organizations in regions experiencing rapid increases in heroin or other opioid use. The grants would expand access to programs addressing opioid addiction, including medication-assisted treatment, counseling, and behavioral therapies. Overall, \$300,000,000 annually is appropriated for this program for each of fiscal years 2017 through 2021.

SUBTITLE D- DEMONSTRATION GRANTS TO IMPROVE ACCESS TO TREATMENT AND RECOVERY FOR ADOLESCENTS

DEMONSTRATION GRANTS TO IMPROVE ACCESS TO TREATMENT AND RECOVERY FOR ADOLESCENTS

This section would allow the Director of the Center for Substance Abuse Treatment within SAMHSA to award grants to eligible entities, such as health care providers or facilities, to increase the capacity for substance use disorder treatment and recovery services for adolescents. It authorizes \$25,000,000 for each of fiscal years 2017 through 2021 for these purposes.

SUBTITLE E- STRENGTHENING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS

STRENGTHENING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS

This section would strengthen parity in mental health and substance use disorder benefits by requiring greater disclosure by insurers and increasing audits and enforcement by the federal agencies responsible for implementing parity. It requires the Secretary to conduct randomized audits of group health plans and plans offered in the group or individual market to determine compliance with parity. Information from such audits are required to be made available on a Consumer Parity Portal website, which will also serve as a one-stop internet portal for submitting parity-related complaints and alleged violations. Finally, it authorizes \$2,000,000 for each of fiscal years 2017 through 2021 for these purposes.

SUBTITLE F- STUDY ON TREATMENT INFRASTRUCTURE

STUDY ON TREATMENT INFRASTRUCTURE

This section requires GAO to provide an evaluation of the inpatient and outpatient substance use treatment capacity, availability, and needs of the United States, including the availability of evidence-based treatment.

SUBTITLE G – LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE DISORDER PROFESSIONALS

SUBSTANCE USE DISORDER PROFESSIONAL LOAN REPAYMENT PROGRAM

This section would create a loan repayment program for health professionals who treat individuals with substance use disorders. It authorizes \$20,000,000 for each of fiscal years 2017 through 2021 for this purpose.

TITLE IV: RECOVERY

NATIONAL YOUTH RECOVERY INITIATIVE

This section would authorize SAMHSA to provide grants to eligible entities, such as accredited recovery high schools, institutions of higher education, recovery programs at nonprofit collegiate institutions, or nonprofit organizations, to provide substance use recovery support services to students in high school and college. It authorizes \$30,000,000 for each of fiscal years 2017 through 2021 for these purposes.

GRANTS TO ENHANCE AND EXPAND RECOVERY SUPPORT SERVICES

This section would authorize \$100,000,000 annually between fiscal years 2017 through 2021 for grants to expand recovery support services. The Secretary, acting through the Administrator of SAMHSA, would award grants to State agencies and nonprofit organizations that support recovery from substance use disorders through mentorship, peer support, community education and outreach (including naloxone training), programs that reduce stigma or discrimination against individuals with substance use disorders, and developing partnerships between recovery support groups and community organizations.