

## Opioid Crisis Response Act of 2018 (S. 2680): *A Section-by-Section Summary*

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## Title I: Reauthorization of Cures Funding

### Section 101: Reauthorization and Improvement of State Targeted Response Grants

This section would reauthorize and modify Section 1003 of the 21<sup>st</sup> Century Cures Act of 2016 that established within the Department of Health and Human Services (HHS) an opioid grant program for States (the State Targeted Response to the Opioid Crisis [STR] grant program). **This section would authorize \$500 million for each of FY 2019-2021, which would remain available until expended.**

This section would authorize a **5% set-aside for Indian tribes**. It would also authorize a **15% set-aside for States with the highest age-adjusted opioid-related mortality rate** based on the ordinal ranking of States according to the Centers for Disease Control and Prevention (CDC).

The Secretary of HHS, including through SAMHSA's Tribal Training and Technical Assistance Center, shall provide State agencies and Indian tribes, as applicable, with **technical assistance on grant application and submission procedures, award management activities, and enhancing outreach and direct support to rural and underserved communities and providers in addressing the opioid crisis.**

Additionally, this section **calls for the Secretary of HHS to submit an annual report** to the Senate Committee in Health, Education, Labor, and Pensions (HELP) and the House Committee on Energy and Commerce that summarizes the activities of grant recipients.

## Title II: Research and Innovation

Includes a provision to increase flexibility for the NIH to approve high-impact, cutting edge projects to address the opioid crisis. Also includes a provision to improve scientific understanding of pain, including how to prevent, treat, and manage pain.

## Title III: Medical Products and Controlled Substances Safety

Includes provisions related to opioid packaging, safe disposal systems, customs border protection, opioid sparing, and more within the FDA.

## Title IV: Treatment and Recovery

### Section 401: Comprehensive Opioid Recovery Centers

This section authorizes the Secretary of HHS, acting through the Assistant Sec. for MH & SU, to **establish a grant program to develop at least 10 "Comprehensive Opioid Recovery Centers" (CORCs)**. A CORC may be a single entity or an integrated delivery network. CORCs would—either directly, through referral, or through contractual arrangements—have to provide:

- Intake, evaluation, and assessments
- Full continuum of treatment services, including:
  - all FDA-approved MAT medications
  - medically supervised withdrawal management, including patient evaluation, stabilization, and readiness for and entry into treatment
- Counseling by program counselor or other certified, licenses, and qualified professional
- Treatment for co-occurring SU/MH disorder (if appropriate)
- Testing, as appropriate, for infections commonly associated with illicit drug use
- Residential rehabilitation
- Recovery housing
- Community-based and peer recovery support services
- Job training; job placement assistance
- On-site pharmacy and toxicology services
- Secure, confidential, and interoperable electronic health information system
- Periodic patient assessments to ensure sustained and clinically significant recovery, as defined by the Assistant Secretary for MH/SU

The Centers would also conduct outreach activities. Outreach services may include:

- training and supervising outreach staff, as appropriate, to work with State and local health departments, health care providers, State and local education agencies, institutions of higher education, State and local workforce development boards, State and local community action agencies, public safety officials, first responders, and other community partners as determined by the Secretary, to identify and respond to community needs, and ensuring that such entities are aware of the services of the Center; and
- disseminating and making publicly available, including through the internet, evidence-based resources that educate professionals and the public on opioid use disorder and other substance use disorders, including co-occurring substance use and mental health disorders.

Grantees would be required to submit data on health outcomes, retention rate, and any other information that Sec. of HHS may require. Sec. of HHS would be required to submit to Congress a preliminary report (within 3 years of enactment of this Act) and final report (no later than 2 years after submitting the preliminary report). The final report would have to include an evaluation of the effectiveness of the CORCs, as well as recommendations on how to improve Federal programs related to substance use disorders.

This section authorizes \$10 million for each of FY 2019-2023 for this section.

#### **Section 402: Program to Support Coordination and Continuation of Care for Drug Overdose Patients**

This section would authorize the Secretary of HHS to identify or facilitate the development of best practices for: emergency treatment of drug overdose; the use of recovery coaches in encouraging overdose survivors to seek SUD treatment; coordination and continuation of care and treatment; and the provision of overdose reversal medication.

This section would also authorize the Secretary of HHS to award **grants to eligible entities to support implementation of voluntary programs for the care and treatment of individuals after an opioid overdose. An eligible entity is defined as a State alcohol and drug agency, or an entity that offers treatment or other services for individuals in response to a drug overdose in consultation with a State alcohol and drug agency.** An eligible entity shall submit an application to the Secretary that includes evidence that the entity carries out, or is capable of coordinating with other entities to carry out:

- Hiring or utilizing recovery coaches to help support recovery, including by connecting patients to a continuum of care services, such as:
  - treatment and recovery support programs
  - non-clinical recovery support services
  - peer support networks
  - recovery community organizations
  - health care providers
  - educational and vocational schools
  - employers
  - housing services
  - child welfare agencies
- Educating patients and families on overdose prevention;
- Following up with patients after an overdose to ensure connection to support services;
- Collecting and evaluating outcome data for patients receiving recovery coaching services;
- Establishing policies and procedures that address the provision of overdose reversal medication, the administration of all FDA-approved drugs to treat substance use disorder, and subsequent continuation of, or referral to, evidence-based treatment for patients with a substance use disorder who have experienced a non-fatal drug overdose, in order to support long-term treatment, prevent relapse, and reduce recidivism and future overdose;
- Developing or implementing best practices for treating non-fatal overdoses;
- Establishing integrated models of care for individuals who have experienced a non-fatal overdose, which may include patient assessment, follow up, and transportation to treatment facilities.

Other allowable uses of grant funds may include: all FDA-approved MAT drugs; withdrawal and detoxification services; and mental health services provided by a licensed and qualified professional.

Recovery coaches are defined in this section as individuals who have knowledge of, or experience with, recovery from a substance use disorder, and who have completed training from, and are in good standing with, a recovery services organization that is capable of making such a determination.

The State alcohol and drug agency is defined as the State agency responsible for carrying out the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

Grantees would be required to submit to the Secretary of HHS an annual report on the number of individuals who have been treated for non-fatal overdose, number of individuals who received MAT, number of individuals referred to other treatment facilities; and the frequency and number of patients with reoccurrences. The Sec. of HHS would be required to submit an evaluation report to Congress within 5 years of enactment of this Act.

This section authorizes such sums as may be necessary for each of FY 2019-2023.

### **Sec. 403: Alternatives to Opioids**

This section would authorize the Secretary of HHS to provide grants to, or enter into contracts with, public and private entities, in order to provide technical assistance (TA) to hospitals and other acute care settings on the use of alternatives to opioids for pain management. TA shall be provided for the purpose of:

- utilizing information from acute care providers, including emergency departments and other providers that have successfully implemented alternatives to opioids programs, promoting non-addictive protocols and medications while appropriately limiting the use of opioids;
- identifying or facilitating the development of best practices on the use of alternatives to opioids, which may include pain management strategies that involve non-addictive medical products, non-pharmacologic treatments, and technologies or techniques to identify patients at risk for opioid use disorder;
- identifying or facilitating the development of best practices on the use of alternatives to opioids that target common painful conditions and include certain patient populations, such as geriatric patients, pregnant women, and children;
- disseminating information on the use of alternatives to opioids to providers in acute care settings, which may include emergency departments, outpatient clinics, critical access hospitals, and Federally qualified health centers; and
- collecting data and reporting on health outcomes associated with the use of alternatives to opioids.

This section also authorizes the HHS Secretary to award grants to hospitals and other acute care settings relating to alternatives to opioids for pain management. Authorizes \$5 million for each of FY 2019-2023.

### **Sec. 404: Building Communities of Recovery**

This section amends section 547 of the Public Health Service Act, “Building Communities of Recovery.” This section authorizes the Secretary of HHS to award grants to recovery community organizations (RCOs) to enable them to develop, expand, and enhance recovery services. Allowable uses of the grant program may include:

- building connections between recovery networks, including between recovery community organizations and peer support networks, and with other recovery support services, including:
  - behavioral health providers;
  - primary care providers and physicians;
  - educational and vocational schools;
  - employers;
  - housing services;
  - child welfare agencies; and
  - other recovery support services that facilitate recovery from substance use disorders, including non-clinical community services;
- reducing the stigma associated with substance use disorders; and
- conduct outreach on issues relating to substance use disorders and recovery, including:

- identifying the signs of substance use disorder;
- the resources available to individuals with substance use disorder and to families of an individual with a substance use disorder, including programs that mentor and provide support services to children;
- the resources available to help support individuals in recovery; and
- related medical outcomes of substance use disorders, the potential of acquiring an infection commonly associated with illicit drug use, and neonatal abstinence syndrome among infants exposed to opioids during pregnancy.

In carrying out this section, the Secretary of HHS shall give special consideration to the needs of rural areas, including areas with an age-adjusted drug overdose rate that is above the national average, and areas with a shortage of prevention and treatment services.

This section authorizes \$5 million for each of fiscal years 2019-2023.

#### **Sec. 405: Peer Support Technical Assistance Center**

Authorizes Sec. of HHS, acting through the Assistant Secretary for MH and SU, to establish or operate a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support. The Center shall provide technical assistance and support to recovery community organizations and peer support networks, including assistance related to:

- training on identifying—
  - signs of substance use disorder;
  - resources to assist individuals with a substance use disorder, or resources for families of an individual with a substance use disorder; and
  - best practices for the delivery of recovery support services;
- the provision of translation services, interpretation, or other such services for clients with limited English-speaking proficiency;
- data collection to support research, including for translational research;
- capacity building; and
- evaluation and improvement, as necessary, of the effectiveness of such services provided by recovery community organizations (as defined in section 547 of the Public Health Service Act).

The TA Center established under section shall periodically issue best practices for use by recovery community organizations and peer support networks.

Authorizes such sums as may be necessary for each of FY 2019-2023.

#### **Sec. 406: Medication-Assisted Treatment for Recovery from Addiction**

This section amends Section 303 of the Controlled Substance Act related to practitioners dispensing narcotic drugs for narcotic treatment. The term “qualifying physician” is amended by adding that it includes those physicians who graduated in good standing from an accredited school of allopathic medicine or osteopathic medicine in the U.S. and successfully completed a medical residency that included at least 24 hours of training on treating patients with opiate dependence.

This section also calls for the Secretary of HHS to consider ways to ensure that an adequate number of physicians who are qualified to dispense narcotics and who have a specialty in pediatrics, or the treatment of children or of adolescents, are granted a waiver to treat children and adolescents with substance use disorders.

#### **Section 407: Grant Program**

This section authorizes the Secretary of HHS to establish a grant program under which the Secretary may make grants to accredited schools of allopathic medicine or osteopathic medicine and teaching hospitals in the U.S. to support the development of curricula that meet the requirements in Section 303 of the Controlled Substance Act related to practitioners dispensing narcotic drugs for narcotic treatment. This section authorizes \$4 million for each of fiscal years 2019 through 2023.

### Sec. 408: Allowing for More Flexibility with Respect to Medication-Assisted Treatment of Opioid Use Disorders

This section amends Section 303 of the Controlled Substance Act (CSA) related to practitioners dispensing narcotic drugs for narcotic treatment. Specifically, this section amends the CSA by changing the total number of patients a practitioner may treat with buprenorphine at any one time. Qualified practitioners would be able to treat 100 patients if, after 1 year from the date on which the practitioner submitted the initial DATA waiver request, the practitioner submits a second notification to the Secretary of the need and intent of the practitioner to treat up to 100 patients. Additionally, qualified practitioners would be able to treat up to 275 patients if the practitioner meets the requirements specified in section 8.610 of title 42, Code of Federal Regulations (“Which practitioners are eligible for a patient limit of 275?”).

### Section 409: National Recovery Housing Best Practices

This section calls for the Secretary of HHS, in consultation with the Secretary of Housing and Urban Development (HUD) and other stakeholders, to identify or facilitate the development of **best practices for operating recovery housing**. In identifying/developing best practices, the Secretary of HHS shall consider how recovery housing is able to support recovery and prevent relapse, recidivism, and overdose. The best practices shall be disseminated to State agencies, Indian tribes, recovery housing entities, and the public.

In this section, the term “recovery housing” is defined as, “a shared living environment free from all alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders.”

### Section 410: Addressing Economic and Workforce Impacts of the Opioid Crisis

This section authorizes the Secretary of Labor, in consultation with the Secretary of HHS, to carry out a pilot program to address economic and workforce impacts associated with a high rate of a substance use disorder. In carrying out the pilot program, the Secretary shall award competitive grants to State workforce agencies, outlying areas, or tribal entities, to make subgrants to local boards to:

- Engage with employers to learn about their skill and hiring requirements;
- Provide screening services, which may include conducting an assessment of each individual to determine the services they need to obtain employment;
- Develop an individual treatment and employment plan;
- Provide individualized and group outpatient treatment services;
- Provide supportive services, such as wraparound services;
- Offer career services and training services; and
- Identify promising strategies and initiatives for meeting the needs of employers and program participants.

Local boards will utilize partnerships with at least one of the following in carrying out subgrant activities:

- The eligible entity (State workforce agency, outlying area, or tribal entity)
- Treatment provider
- An employer or industry organization
- An education provider
- A legal service or law enforcement organization
- A faith-based or community-based organization
- Other State or local agencies, including counties or local government
- Other organizations, as determined to be necessary by the local board

### Section 411: Youth Prevention and Recovery

This section amends U.S.C. 290bb-7, related to substance use disorder treatment services for children and adolescents. The statute is amended by replacing “children and adolescents” with “children, adolescents, and young adults.”

Additionally, this section authorizes the Secretary of HHS, in consultation with the Sec. of Education, to award **3-year competitive grants to eligible entities—in coordination with State agencies responsible for carrying out substance use disorder prevention and treatment programs—to carry out evidence-based or promising programs for:**

- prevention of substance use by children, adolescents, and young adults;
- recovery support services for children, adolescents, and young adults, which may include counseling, job training, linkages to community-based services, family support groups, peer mentoring, and recovery coaching; and
- treatment or referrals for treatment of substance use disorders, which may include the use of medication-assisted treatment, as appropriate.

Eligible entities for the grant program include: a local educational agency (LEA) that is seeking to establish or expand substance use prevention and recovery support services at one or more high schools; a State educational agency; an institution of higher education; a recovery program at an institution of higher education; a local board or one-stop operator; or a nonprofit organization, excluding a school; a State, political subdivision of a State, Indian tribe, or tribal organization; or a high school or dormitory service high school students that receives funding from a Bureau of Indian Education.

This section also authorizes the Secretary of HHS, in consultation with the Secretary of Education, to identify or facilitate the development of evidence-based **best practices for the prevention of substance use by children, adolescents, and young adults**, including for specific populations such as youth in foster care, homeless youth, out-of-school youth, and youth at risk of trafficking. The Sec. of HHS, in consultation with Secretary of Education, shall disseminate the best practices to local educational agencies, higher education institutions, recovery programs in higher education settings, local boards, one-stop operators, and nonprofit organizations.

This section authorizes to be appropriated, such sums as may be necessary to carry out this section.

#### Section 412: Plans of Safe Care

This section amends section 105(a) of the Child Abuse Prevention and Treatment Act (CAPTA) by adding a section that would authorize the Secretary of HHS to make **grants to States for the purpose of assisting child welfare agencies, social services agencies, substance use disorder treatment agencies, hospitals with labor and delivery units, medical staff, public health and mental health agencies, and maternal and child health agencies to facilitate collaboration in developing, updating, implementing, and monitoring plans of safe care.**

An application for this grant program shall include:

- The prevalence of SUD in the State.
- The State's aggregate rate of infants born with prenatal substance exposure.
- Number of babies who were exposed to substances in utero, and who subsequently had a plan of safe care and referral to appropriate services.
- Challenges the State faces in developing and implementing plans of safe care
- State's lead agency for the grant program, and a description of how that agency will coordinate with relevant State entities and programs (including the child welfare agency; the substance use disorder treatment agency; hospitals with labor and delivery units; health care providers; the public health and mental health agencies; programs funded by SAMHSA that support substance used disorder treatment for women; the State Medicaid program; and other agencies, as determined by the Secretary).
- How the State will monitor local implementation of plans of safe care.
- How the State meets the Substance Abuse Prevention and Treatment (SAPT) Block Grant requirement to prioritize pregnant women with SUDs when admitting individuals to treatment facilities.
- How the State plans to utilize IV-E funding to assist in carrying out any plan of safe care.
- An assessment of the treatment and other services and programs available in the State to effectively carry out any plan of safe care, including identification of needed treatment, other services and programs to ensure the wellbeing of young children and their families affected by substance used disorder.

Grant funds may be used for:

- Improving State and local systems with respect to the development and implementation of plans of safe care, which:
  - Shall include parent/caregiver engagement regarding available treatment and service options, which may

- include resources available for PPW
- May include activities such as developing policies and procedures for the administration of evidence-based screening tools for infants, improving assessments used to determine needs of family and infant, improving case management services, or improving access to treatment during pregnancy.
- Developing policies, procedures, or protocols in consultation and coordination with health professionals, public and private health facilities and SUD treatment agencies to ensure that—
  - appropriate notification to child protective services is made in a timely manner;
  - a plan of safe care is in place before the infant is discharged from the birth or health care facility; and
  - such health and related agency professionals are trained on how to follow such protocols and are aware of the supports that may be provided under a plan of safe care.
- Training health professionals and health system leaders, child welfare workers, substance use disorder treatment agencies, and other related professionals in relevant topics including—
  - State mandatory reporting laws and the referral and notification process;
  - the co-occurrence of pregnancy and substance use disorder;
  - the clinical guidance about treating substance use disorder in PPW;
  - appropriate screening and interventions for infants affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder; and
  - appropriate multigenerational strategies to address the mental health needs of the parent and child together.
- Establishing partnerships, agreements, or memoranda of understanding between the lead agency and health professionals, health facilities, child welfare professionals, juvenile and family court judges, early childhood education programs, substance use disorder and mental health disorder treatment programs, and maternal and child health and early intervention professionals, including home visiting providers, peer recovery specialists, and housing agencies to facilitate the implementation of:
  - developing a comprehensive, multidisciplinary assessment and intervention process for infants and their families who are affected by SUD, withdrawal symptoms, or FASD, that takes into account the unique needs of each family and addresses differences between legal, medically supervised substance use, and substance use disorder;
  - ensuring that treatment approaches for serving infants, pregnant women, and perinatal and postnatal women whose infants may be affected by substance use, withdrawal symptoms, or FASD, are designed to, where appropriate, keep infants with their mothers during both inpatient and outpatient treatment; and
  - increasing access to appropriate FDA-approved MAT and behavioral therapy, as appropriate, and counseling services.
- Developing and updating systems of technology for improved data collection and monitoring to measure the outcomes achieved through the plans of safe care.

Each State that receives funds under this grant would be required to submit an annual report on outcomes to the Secretary of HHS.

This section authorizes \$60 million for each of FY 2019-2023 for the grant program.

### Section 413: Regulation Relating to Special Registration for Telemedicine

This section amends section 311(h) of the Controlled Substances Act, regarding special regulations for telemedicine. This section calls for the Attorney General, in consultation with the HHS Secretary, to promulgate final regulations specifying the limited circumstances in which a special registration for telemedicine may be issued, and the procedure for obtaining a special registration.

### Section 414: National Health Service Corps Behavioral and Mental Health Professionals Providing Obligated Service in Schools and Other Community-Based Settings

This section amends the Public Health Service Act to add that **a National Health Service Corps (NHSC) member who provides behavioral or mental health services at a school or other community-based setting in a health professional shortage area may count that service towards their NHSC scholarship program or loan repayment program requirements.** The Secretary of HHS may impose a limitation on the number of hours of service that a participant may

credit towards completing obligated service requirements, provided that the limitation allows a member to credit at least 50 percent of their behavioral and mental health service hours towards their obligated service requirements.

#### **Section 415: Loan Repayment for Substance Use Disorder Treatment Providers**

This section **authorizes the Secretary of HHS to enter into contracts under the National Health Service Corps (NHSC) Scholarship Program with eligible professionals providing SUD treatment services in SUD treatment facilities** that are in mental health shortage areas, or in areas with age-adjusted drug overdose death rates that are about the national rate. Eligible professionals are masters level, licensed SUD counselors, or other relevant professionals or paraprofessionals. Professionals and facilities under this section shall provide—directly or through telehealth services—counseling, as well as all FDA-approved drugs to treat SUDs.

This section authorizes \$25 million for each of FY 2019-2023.

#### **Sec 416: Protecting Moms and Infants**

This section calls for the Sec. of HHS to submit to Congress a report on the implementation of the Final Strategy of the Protecting Our Infants Act (P.L. 114–91) relating to prenatal opioid use, including neonatal abstinence syndrome (NAS).

Additionally, this section **changes the authorization of the Residential Treatment Programs for Pregnant and Postpartum Women from \$16,900,000 for each of FY 2017-2021 to \$29,931,000 for each of FY 2019-2023.**

#### **Sec 417: Early Interventions Pregnant Women and Infants**

This section amends section 515(b) of the Public Health Service Act by requiring the CDC to develop educational materials for clinicians to use with pregnant women for shared decision-making regarding pain management during pregnancy.

This section also amends Section 507(b) of the Public Health Service Act by requiring the Director of CSAT to include in their duties:

- in cooperation with the Secretary of HHS, implement and disseminate the recommendations in the Protecting Our Infants Act: Final Strategy final report from 2017; and
- in cooperation with relevant stakeholders, support public-private partnerships to assist with education about, and support with respect to, substance use disorder for pregnant women and health care providers who treat pregnant women and babies.

### **Title V: Prevention**

#### **Section 501: Study on Prescribing Limits**

This section authorizes the Sec. of HHS, in consultation with the Attorney General, to submit to the Senate HELP Committee and the House Energy & Commerce Committee **a report on the impact of federal and State laws and regulations that limit the length, quantity, or dosage of opioid prescriptions.** The report shall include information about the impact of prescribing limits on: incidence and prevalence of prescription opioids overdose; incidence and prevalence of illicit opioid overdose; prevalence of OUD; and medically appropriate use of, and access to, opioids. The report shall address whether prescribing limits lead to a significant increase in burden for opioid prescribers, any impact on patient access to treatment, and the impact of limits on diversion or misuse of any schedule II, III, or IV controlled substance.

#### **Section 502: Programs for Health Care Workforce**

This section amends the Public Health Service Act by changing language related to the program for education and training in pain care by adding the word “nonprofit”: The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private *nonprofit* entities for the development and implementation of programs to provide education and training to health care professionals in pain care. It also adds that the program will include education on prevention, non-addictive medical products, non-pharmacologic treatments, dangers of opioid abuse, and early warning signs of OUD, among other topics.

#### **Section 503: Education and Awareness Campaign**

This section authorizes the HHS Sec., acting through the CDC Director and in coordination with other agencies, to advance awareness and education about opioid use. This may include developing or improving existing programs, conducting activities, and awarding grants that advance the education and awareness of the public and providers.

#### **Section 504: Enhanced Controlled Substance Overdoses Data Collection, Analysis, and Dissemination**

This section amends title III of the Public Health Service Act by adding a new section: Enhanced Controlled Substance Overdoses Data Collection, Analysis, and Dissemination. The new section authorizes the CDC Director to carry out and expand any controlled substance overdose data collection, analysis, and dissemination such as:

- Improving the timeliness of reporting aggregate data to the public, including data on fatal and nonfatal controlled substance overdoses.
- Enhancing the comprehensiveness of controlled substance overdose data by collecting information on such overdoses from appropriate sources such as toxicology reports, death scene investigations, and emergency department services.
- Modernizing the system for coding causes of death related to controlled substance overdoses to use an electronic-based system.
- Using data to help identify risk factors associated with controlled substance overdoses, including the delivery of certain health care services.
- Supporting entities involved in reporting information on controlled substance overdoses, such as coroners and medical examiners, to improve accurate testing and reporting of causes and contributing factors of such overdoses, and analysis of various opioid analogues to controlled substances overdoses.
- Working to enable and encourage the access, exchange, and use of data regarding controlled substances overdoses among data sources and entities.

The CDC Director is also authorized to provide training and TA, and award grants to, States, localities, and Indian tribes for carrying out controlled substance overdose data collection, analysis, and dissemination.

#### **Section 505: Preventing Overdoses of Controlled Substances**

This section amends title III of the Public Health Service Act by adding a new section: Preventing Overdoses of Controlled Substances. This section authorizes the CDC Director to carry out and expand any prevention activity to improve the efficiency and use of a new or currently operating PDMP, such as:

- encouraging all authorized users (as specified by the State or other entity) to register with and use the program;
- enabling users to access any data updates in as close to real-time as practicable;
- providing for a mechanism for the program to notify authorized users of any potential misuse or abuse of controlled substances and any detection of inappropriate prescribing practices relating to such substances;
- encouraging the analysis of prescription drug monitoring data for purposes of providing reports based on such analysis to State public health agencies and State licensing boards, as allowed under applicable Federal and State law, to prevent inappropriate prescribing, drug diversion, or abuse and misuse of controlled substances, provided such agencies and boards maintain data use agreements with programs;
- enhancing interoperability between the program and any health information technology;
- updating program capabilities to respond to technological innovation for purposes of appropriately addressing the occurrence and evolution of controlled substance overdoses;
- developing or enhancing data exchange with other sources;
- facilitating and encouraging data exchange between the program and the PDMP of other States;
- enhancing data collection and quality; and
- providing prescriber and dispenser practice tools, including prescriber practice insight reports to review their prescribing patterns in comparison to others.

This section also authorizes the CDC Director to award grants to States, localities, and tribes to carry out innovative projects to rapidly respond to controlled substance misuse, abuse, and overdoses, including changes in patterns of controlled substance use; and for any other evidence-based activity for preventing controlled substance misuse, abuse, and overdoses.

The Director, in coordination with the Assistant Secretary for Mental Health and Substance Use and the National Mental Health and Substance Use Policy Laboratory, may conduct studies and evaluations to address substance use disorders, including preventing substance use disorders or other related topics the Director determines appropriate.

Pursuant to section 102 (Awareness Campaigns) of the Comprehensive Addiction and Recovery Act (CARA) of 2016, the Director may advance the education and awareness of prescribers and the public regarding the risk of abuse and misuse of prescription opioids.

This section authorizes \$486 million for each of FY 2019-2024 for this section and section 102 of CARA (Awareness Campaigns).

#### **Section 506: CDC Surveillance and Data Collection for Child, Youth, and Adult Trauma**

Calls for Director of CDC, in cooperation with the States, to collect and report data on adverse childhood experiences through the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Surveillance System, and other relevant surveys.

This section authorizes to be appropriated such sums as may be necessary for each of FY 2019-2024.

#### **Section 507: Reauthorization of NASPER**

This section amends Section 399O (the controlled substance monitoring program) of the Public Health Service Act by noting that grants to establish, implement, or improve a State controlled substance monitoring program will be administered by the Secretary of HHS “in coordination with the Director of the Centers for Disease Control and the heads of other department and agencies as appropriate.”

This section amends section 399O of the PHS by adding that if a State does not have a prescription drug monitoring program (PDMP), a county or other unit of local government within the State that has a PDMP shall be treated as a State for the purpose of the controlled substance monitoring program.

This section amends section 399O of the PHS by adding that States may conduct analyses of controlled substance program data for purposes of providing State agencies with aggregate reports in as close to real-time as practicable, regarding prescription patterns flagged as potentially presenting a risk of misuse, abuse, addiction, and overdose. Additionally, States may access information about prescriptions, such as claims data, to ensure that such prescribing and dispensing history is updated in as close to real-time as practicable.

The controlled substance monitoring program authorization is extended until 2026.

#### **Section 508: Jessie’s Law**

Authorizes HHS Secretary to develop **best practices on the circumstances under which OUD information, at a patient’s request, be prominently displayed on medical records** (including EHR). Best practices shall be disseminated to health care providers and State agencies.

In identifying or facilitating the development of best practices, the Secretary shall consider the following:

- The potential for addiction relapse or overdose, including overdose death, when opioid medications are prescribed to a patient recovering from opioid use disorder.
- The benefits of displaying information about a patient’s opioid use disorder history in a manner similar to other potentially lethal medical concerns, including drug allergies and contraindications.
- The importance of prominently displaying information about a patient’s opioid use disorder when a physician or medical professional is prescribing medication, including methods for avoiding alert fatigue in providers.
- The importance of a variety of appropriate medical professionals, including physicians, nurses, and pharmacists, to have access to information described in this section when prescribing or dispensing opioid medication, consistent with Federal and State laws and regulations.

- The importance of protecting patient privacy, including the requirements related to consent for disclosure of substance use disorder information under all applicable laws and regulations.
- All applicable Federal and State laws and regulations.

### **Section 509: Development and Dissemination of Model Training Programs for Substance Use Disorder Patient Records**

Authorizes HHS Secretary to identify model programs and materials for:

- Training for health care providers concerning the permitted uses and disclosures, consistent with 42 CFR part 2.
- Training for patients and families regarding their rights to protect and obtain information under 42 CFR part 2.

The model programs and materials shall address circumstances under which disclosure of SUD patient records is needed to: 1) facilitate communication between SUD treatment providers and other healthcare providers to promote and provide the best possible integrated care; 2) avoid inappropriate prescribing that can lead to dangerous drug interactions, overdose, or relapse; and 3) notify and involve families and caregivers when individuals experience an overdose.

This section authorizes such sums as may be necessary for each of FY 2019-2023.

### **Section 510: Communication with Families During Emergencies**

Would require the Secretary of HHS to clarify that doctors are allowed to share certain health information with families and caregivers during an emergency such as an overdose by notifying providers annually of permitted disclosures during an emergency.

### **Section 511: Prenatal and Postnatal Health**

This section amends section 317L of the Public Health Service Act, related to prenatal and postnatal health programs within the CDC. This section authorizes the CDC Director to collect, analyze, and make available data on prenatal smoking, alcohol, and substance use, including data on the incidence, prevalence, and implications of substance use; and the incidence and prevalence of implications and outcomes, including NAS. This section also authorizes the CDC Director to issue public reports on the long-term outcomes of children affected by NAS, and health outcomes associated with prenatal substance use.

### **Section 512: Surveillance and Education Regarding Infections Associated with Illicit Drug Use and Other Risk Factors**

Amends section 317N of PHS Act, regarding CDC surveillance and education regarding hepatitis C virus, by amending the section heading to read, “Surveillance and Education Regarding Infections Associated with Injection Drug Use and Other Risk Factors.” It also changes references of “hepatitis C” to read, “infections commonly associated with injection drug use, including viral hepatitis, human immunodeficiency virus, and infective endocarditis”.

This section authorizes \$40 million for each of FY 2019-2023 for CDC surveillance and education regarding hepatitis C virus.

### **Section 513: Task Force to Develop Best Practices for Trauma-Informed Identification, Referral, and Support**

This section establishes an Interagency Task Force on Trauma-Informed Care. Members would include heads of the following agencies: CMS, SAMHSA, AHRQ, CDC, IHS, VA, NIH, FDA, HRSA, DoD, Office of Minority Health, ACF, ASPE, OCR within HHS, OJJDP, and others. The Assistant Secretary for MH & SU would be the Chairperson of the task force.

The task force would identify, evaluate, and make recommendations to the general public as well as the Secretaries of Ed, HHS, Labor, Interior, the AG, and Congress regarding:

- A set of evidence-based, evidence-informed, and promising best practices with respect to the identification of infants, children, youth, and their families who have experienced or at risk of experiencing trauma, and the referral and implementation of trauma-informed practices and supports.
- A national strategy on how the task force will collaborate and implement a coordinated approach
- Existing federal grant programs to disseminate best practices on, provide training in, or deliver services through, trauma informed practices.

This section authorizes such sums as may be necessary for each of FY 2019 through 2022.

### Section 514: Grants to Improve Trauma Support Services and Mental Health Care for Children and Youth in Educational Settings

This section authorizes the Secretary of HHS, in coordination with the Assistant Secretary for MH and SU, to award grants, or enter into contracts or cooperative agreements with, State educational agencies, local educational agencies, Head Start agencies, State or local agencies that administer public preschool programs, Indian tribes, or a Native Hawaiian educational organization, to increase student access to evidence-based or promising trauma support services and mental health care. The program would **connect eligible entities with local trauma-informed support and mental health systems**.

Grant/contract/cooperative agreement funds shall be used for any of the following:

- Collaborative efforts between school-based service systems and trauma-informed support and mental health service systems to provide, develop, or improve prevention, screening, referral, and treatment services to students, such as by providing universal trauma screenings to identify students in need of specialized support.
- To implement school-wide, multi-tiered positive behavioral interventions and supports, or other trauma-informed models of support.
- To provide professional development to school staff on how to foster a safe and stable learning environment.
- To engage families and communities in efforts to increase awareness of child and youth trauma.
- To provide technical assistance to school systems and mental health agencies.
- To evaluate the effectiveness of the program carried out under this section in increasing student access to evidence-based and promising trauma support services and mental health care, and make recommendations to the Secretary about the sustainability of the program.

This section authorizes such sums as may be necessary for each of FY 2019 through 2022.

### Section 515: National Child Traumatic Stress Initiative

Authorizes \$53,887,000 for each of FY 2019-2023 for the National Child Traumatic Stress Initiative.