

115TH CONGRESS
2D SESSION

H. R. 5327

IN THE SENATE OF THE UNITED STATES

JUNE 13, 2018

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To amend title V of the Public Health Service Act to establish a grant program to create comprehensive opioid recovery centers, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Comprehensive Opioid
3 Recovery Centers Act of 2018”.

4 **SEC. 2. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

5 (a) IN GENERAL.—Part D of title V of the Public
6 Health Service Act is amended by adding at the end the
7 following new section:

8 **“SEC. 550. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

9 “(a) IN GENERAL.—The Secretary shall award
10 grants on a competitive basis to eligible entities to estab-
11 lish or operate a comprehensive opioid recovery center (re-
12 ferred to in this section as a ‘Center’).

13 “(b) GRANT PERIOD.—

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

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

23 “(c) MINIMUM NUMBER OF CENTERS.—The Sec-
24 retary shall allocate the amounts made available under
25 subsection (i) in such amounts that not fewer than 10
26 Centers will be established across the United States.

1 “(d) APPLICATION.—In order to be eligible for a
2 grant under subsection (a), an entity shall submit an ap-
3 plication to the Secretary at such time and in such manner
4 as the Secretary may require. Such application shall in-
5 clude—

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

9 “(2) such other information as the Secretary
10 may require.

11 “(e) PRIORITY.—In awarding grants under sub-
12 section (a), the Secretary shall give priority to eligible enti-
13 ties located in a State or Indian country (as defined in
14 section 1151 of title 18, United States Code)—

15 “(1) with a high per capita drug overdose mor-
16 tality rate, as determined by the Director of the
17 Centers for Disease Control and Prevention; or

18 “(2) based on any other criteria or need, as de-
19 termined by the Secretary.

20 “(f) USE OF GRANT FUNDS.—An eligible entity
21 awarded a grant under subsection (a) shall use the grant
22 funds to establish or operate a Center to carry out the
23 activities described in subsection (g).

24 “(g) CENTER ACTIVITIES AND SERVICES.—Each
25 Center shall, at a minimum, carry out the activities de-

1 scribed in this subsection. In the case of a Center that
2 determines that a service described in paragraph (2) can-
3 not reasonably be carried out by the Center, such Center
4 shall contract with such other entities as may be necessary
5 to ensure that patients have access to the full range of
6 services described in such paragraph.

7 “(1) COMMUNITY OUTREACH.—Each Center
8 shall carry out the following outreach activities:

9 “(A) Train and supervise outreach staff to
10 work with schools, workplaces, faith-based orga-
11 nizations, State and local health departments,
12 law enforcement, and first responders to ensure
13 that such institutions are aware of the services
14 of the Center.

15 “(B) Disseminate and make available on-
16 line evidence-based resources that educate pro-
17 fessionals and the public on opioid use disorder
18 and other substance use disorders.

19 “(2) TREATMENT AND RECOVERY SERVICES.—
20 Each Center shall provide the following treatment
21 and recovery services:

22 “(A) Ensure that intake evaluations meet
23 the clinical needs of patients.

24 “(B) Periodically conduct patient assess-
25 ments to ensure continued and meaningful re-

1 recovery, as defined by the Assistant Secretary
2 for Mental Health and Substance Use.

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

5 “(i) all drugs approved under section
6 505 of the Federal Food, Drug, and Cos-
7 metic Act and all biological products li-
8 censed under section 351 of this Act, in-
9 cluding methadone, to treat substance use
10 disorders, including opioid use disorder
11 and alcohol use disorder;

12 “(ii) withdrawal management, which
13 shall include medically supervised detoxi-
14 fication that includes patient evaluation,
15 stabilization, and readiness for and entry
16 into treatment;

17 “(iii) counseling and case manage-
18 ment, including counseling and recovery
19 services for any possible co-occurring men-
20 tal illness;

21 “(iv) residential rehabilitation;

22 “(v) recovery housing;

23 “(vi) community-based and peer re-
24 covery support services;

1 “(vii) job training and placement as-
2 sistance to support reintegration into the
3 workforce; and

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

6 “(D) Administer an onsite pharmacy and
7 provide toxicology services.

8 “(E) Establish and operate a secure and
9 confidential electronic health information sys-
10 tem.

11 “(F) Offer family support services such as
12 child care, family counseling, and parenting
13 interventions to help stabilize families impacted
14 by substance use disorder.

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

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

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

4 “(3) the effectiveness of interventions designed,
5 tested, and evaluated by the Center; and

6 “(4) any other information that the Secretary
7 may require for the purpose of—

8 “(A) evaluating the effectiveness of the
9 Center; and

10 “(B) ensuring that the Center is complying
11 with all the requirements of the grant, including
12 providing the full continuum of services de-
13 scribed in subsection (g)(2)(C) and providing
14 drugs and devices for overdose reversal under
15 such subsection.

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

20 (b) REPORTS TO CONGRESS.—

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

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

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

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

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

16 (C) standards and best practices for the
17 treatment of substance use disorders, as identi-
18 fied through such grant program.

Passed the House of Representatives June 12, 2018.

Attest:

KAREN L. HAAS,

Clerk.