

115TH CONGRESS  
1ST SESSION

# S. 2055

To amend the Public Health Service Act to better address substance use and substance use disorders among young people.

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IN THE SENATE OF THE UNITED STATES

NOVEMBER 1, 2017

Mr. PETERS (for himself and Mrs. CAPITO) 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

To amend the Public Health Service Act to better address substance use and substance use disorders among young people.

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 “Youth Opioid Use  
5 Treatment Help Act of 2017” or the “YOUTH Act”.

1 **SEC. 2. REAUTHORIZATION OF SUBSTANCE ABUSE TREAT-**  
2 **MENT SERVICES FOR CHILDREN, ADOLES-**  
3 **CENTS, AND YOUNG ADULTS.**

4 Section 514 of the Public Health Service Act (42  
5 U.S.C. 290bb-7) is amended—

6 (1) in the section heading, by striking “**CHIL-**  
7 **DREN AND ADOLESCENTS**” and inserting “**CHIL-**  
8 **DREN, ADOLESCENTS, AND YOUNG ADULTS**”;

9 (2) in subsection (a)(2), by striking “children,  
10 including” and inserting “children, adolescents, and  
11 young adults, including”; and

12 (3) by striking “children and adolescents” each  
13 place it appears and inserting “children, adolescents,  
14 and young adults”.

15 **SEC. 3. ACCESS TO MEDICATION-ASSISTED TREATMENT**  
16 **FOR ADOLESCENTS AND YOUNG ADULTS**  
17 **DEMONSTRATION PROGRAM.**

18 (a) IN GENERAL.—The Secretary of Health and  
19 Human Services, acting through the Director of the Agen-  
20 cy for Healthcare Research and Quality (in this section  
21 referred to as the “Director”), shall award grants to eligi-  
22 ble entities to establish demonstration programs to—

23 (1) expand access to medication-assisted treat-  
24 ment for opioid use disorders among adolescents and  
25 young adults;

1           (2) identify and test solutions for overcoming  
2           barriers to implementation of medication-assisted  
3           treatment for adolescents and young adults; or

4           (3) create and distribute resources on medica-  
5           tion-assisted treatment training and implementation  
6           for providers of health care to children, adolescents,  
7           and young adults.

8           (b) ELIGIBLE ENTITIES.—To be eligible to receive a  
9           grant under subsection (a), an entity shall—

10           (1) be a State, political subdivision of a State,  
11           Indian tribe, or tribal organization, professional fam-  
12           ily medicine provider organization, professional pedi-  
13           atric provider organization or other organization  
14           representing providers of health care to children,  
15           adolescents, and young adults, professional addiction  
16           medicine provider organization, hospital, an institu-  
17           tion of higher education, or other appropriate public  
18           or nonprofit institution; and

19           (2) certify that it is in compliance with all ap-  
20           plicable registration and licensing requirements.

21           (c) APPLICATION.—To seek a grant under this sec-  
22           tion, an entity shall submit to the Director an application  
23           at such time, in such manner, and containing such infor-  
24           mation as the Director may require.

1 (d) DURATION.—An eligible entity may receive funds  
2 under this section to carry out a demonstration program  
3 described in this section for a period of not greater than  
4 3 years. After the first year for which funding is provided  
5 to an eligible entity for a demonstration program, funding  
6 may be provided under this section for a subsequent year  
7 for such program only upon review of such program by  
8 the Director and approval by the Director of such subse-  
9 quent year of funding.

10 (e) REPORTS.—

11 (1) BY GRANT RECIPIENTS.—Each eligible enti-  
12 ty awarded a grant under this section for a dem-  
13 onstration program shall submit to the Director  
14 progress reports on such demonstration program at  
15 such times, in such manner, and containing such in-  
16 formation as the Director may require.

17 (2) BY DIRECTOR.—Not later than one year  
18 after the date on which all demonstration programs  
19 funded under this section have been completed, the  
20 Director shall submit to the Committee on Health,  
21 Education, Labor, and Pensions of the Senate, and  
22 the Committee on Energy and Commerce of the  
23 House of Representatives a report that—

24 (A) describes the availability of medication-  
25 assisted treatment for adolescents and young

1 adults with opioid use disorders in the United  
2 States, including barriers to such treatment;

3 (B) describes the specific demonstration  
4 programs carried out pursuant to this section;

5 (C) evaluates the effectiveness of such pro-  
6 grams;

7 (D) evaluates any unintended consequences  
8 of such programs; and

9 (E) provides recommendations for ensuring  
10 that medication-assisted treatment is accessible  
11 to adolescents and young adults with opioid use  
12 disorders.

13 (f) DEFINITIONS.—In this section:

14 (1) The phrase “adolescents and young adults”  
15 means individuals who have attained 10 years of age  
16 and not yet attained 26 years of age.

17 (2) The term “medication-assisted treatment”  
18 means the combination of pharmacological treat-  
19 ments approved by the Food and Drug Administra-  
20 tion, and counseling and behavioral therapies, for  
21 the treatment of substance use disorders.

22 (3) The term “opioid use disorder” means a  
23 problematic pattern of opioid use leading to clinically  
24 significant impairment or distress occurring within a  
25 12-month period.

1           (4) The term “pediatric health care provider”  
2 means a provider of health care to individuals who  
3 have attained 10 years of age and not yet attained  
4 26 years of age.

5           (5) The term “professional family medicine pro-  
6 vider organization” means a national organization  
7 whose members consist primarily of family medicine  
8 providers.

9           (6) The term “professional pediatric provider  
10 organization” means a national organization whose  
11 members consist primarily of pediatric health care  
12 providers.

13       (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
14 authorized to be appropriated \$5,000,000 to carry out this  
15 section.

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