

119TH CONGRESS
1ST SESSION

H. R. 5844

To amend the Controlled Substances Act with respect to the registration of opioid treatment programs to increase stakeholder input from relevant communities and to ensure such programs are treating patients in need, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 28, 2025

Mr. ESPAILLAT introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Controlled Substances Act with respect to the registration of opioid treatment programs to increase stakeholder input from relevant communities and to ensure such programs are treating patients in need, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Harm Reduction
5 Through Community Engagement Act of 2025”.

1 **SEC. 2. OPIOID TREATMENT PROGRAM REGISTRATION RE-**
2 **QUIREMENTS.**

3 (a) IN GENERAL.—Section 303(h) of the Controlled
4 Substances Act (21 U.S.C. 823(h)) is amended—

5 (1) by redesignating paragraphs (1), (2), and
6 (3) as subparagraphs (A), (B), and (C), respectively,
7 and moving the margins of such subparagraphs (as
8 so redesignated) two ems to the right;

9 (2) by striking “(h) Practitioners who” and in-
10 serting the following:

11 “(h) MAINTENANCE TREATMENT OR DETOXIFICA-
12 TION TREATMENT REGISTRATION REQUIREMENTS.—

13 “(1) IN GENERAL.—Practitioners who”;

14 (3) in paragraph (1) (as so designated)—

15 (A) in subparagraph (B) (as so redesign-
16 ated), by striking “and” at the end;

17 (B) in subparagraph (C) (as so redesign-
18 ated), by striking the period at the end and in-
19 serting “; and”; and

20 (C) by adding at the end the following:

21 “(D) if the Secretary determines that—

22 “(i) the applicant will address community
23 impacts in accordance with paragraph (2);

24 “(ii) the treatment will not be provided
25 within one-half mile of a public or private li-
26 censed day care center, a public or private ele-

1 mentary or secondary school, a learning center,
2 a playground, or another drug treatment facil-
3 ity or program, including a supervised injection
4 facility;

5 “(iii) the applicant justifies patient need
6 for the treatment in the community involved;

7 “(iv) the applicant will actively promote
8 the use of telehealth so as to minimize the need
9 for patients to physically appear for treatment;

10 “(v) the applicant will designate a commu-
11 nity liaison responsible for developing and
12 maintaining cooperative relationships with local
13 elected officials, local law enforcement, and
14 local community-based organizations including
15 nonprofit organizations that provide social serv-
16 ices;

17 “(vi) the applicant will work with a cus-
18 tomer relationship management system of the
19 local government (or establish and operate a
20 customer relationship management system if
21 none exists) to track and report data on the
22 number of service requests received by such sys-
23 tem pertaining to drug abuse and treatment in
24 the community involved; and

1 “(vii) the applicant will report to the Sec-
2 retary treatment performance measurement
3 data, including data concerning—

4 “(I) how many patients seek effective
5 long-term addiction treatment; and

6 “(II) the effectiveness of the use of
7 telehealth in patient treatment plans, in-
8 cluding how many patients are using tele-
9 health and the outcomes or progress of
10 such patients.”.

11 (b) COMMUNITY IMPACT CONSIDERATION.—Section
12 303(h) of the Controlled Substances Act (21 U.S.C.
13 823(h)), as amended by subsection (a), is further amended
14 by adding at the end the following:

15 “(2) COMMUNITY IMPACT CONSIDERATION.—For
16 purposes of being determined to be qualified under para-
17 graph (1)(A), a practitioner seeking to become registered
18 or maintain registration under paragraph (1) to dispense
19 narcotic drugs to individuals for maintenance treatment
20 or detoxification treatment shall comply with each of the
21 following:

22 “(A) The practitioner shall—

23 “(i) conduct outreach to the community in-
24 volved concerning the practitioner’s treatment
25 program; and

“(ii) in conducting such outreach, give notice to community stakeholders including community boards, tenant associations, outpatient treatment centers, health care providers, community-based nonprofit organizations that provide opioid use and overdose prevention and treatment services, and such other community stakeholders as may be determined by the Secretary.

“(B) The practitioner—

“(i) shall develop and implement a neighborhood engagement plan that outlines the practitioner’s engagement with stakeholders referred to in subparagraph (A)(ii) in the geographic location in which the opioid treatment program is located; and

“(ii) may include in such plan a description of the practitioner’s engagement with stakeholders, including homeowners associations, school administrators, neighboring businesses, community organizations, local councils, local emergency medical agencies, and law enforcement agencies.

“(C) The practitioner shall—

1 “(i) establish and maintain a community
2 advisory board; and

3 “(ii) include in the membership of such
4 board volunteers from various stakeholder
5 groups who represent the positions of the sur-
6 rounding community.

7 “(D) The practitioner—

8 “(i) shall develop and implement a commu-
9 nity relations plan to measure and minimize the
10 negative impacts of the treatment program on
11 the community; and

12 “(ii) may include in such plan—

13 “(I) policies and procedures to resolve
14 community problems, including loitering
15 and the blocking of pedestrian pathways;

16 “(II) procedures to consider commu-
17 nity input and impact; and

18 “(III) a procedure to escalate and
19 solve the quality-of-life issues in the sur-
20 rounding blocks such as open air drug
21 trading, uncapped needles disposed in pub-
22 lic walkways, and open drug use.”.

23 (c) REPORTING TO CONGRESS.—Section 303(h) of
24 the Controlled Substances Act (21 U.S.C. 823(h)), as

1 amended by subsections (a) and (b), is further amended
2 by adding at the end the following:

3 “(3) REPORTING TO CONGRESS.—Not later than 1
4 year after the date of enactment of the Harm Reduction
5 Through Community Engagement Act of 2025, and annu-
6 ally thereafter, the Secretary shall submit to the Congress
7 a comprehensive report on community engagement and
8 the maintenance of clinics in connection with maintenance
9 treatment or detoxification treatment provided pursuant
10 to this subsection, including—

11 “(A) treatment performance measurement data;

12 “(B) guidance on best practices for sustaining
13 community engagement; and

14 “(C) policy recommendations for sustaining
15 community engagement.”.

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