

EASY MEDICATION ACCESS AND TREATMENT FOR OPIOID
 ADDICTION ACT

NOVEMBER 16, 2020.—Committed to the Committee of the Whole House on the
 State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
 submitted the following

R E P O R T

[To accompany H.R. 2281]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2281) to direct the Attorney General to amend certain regulations so that practitioners may administer not more than 3 days' medication to a person at one time when administering narcotic drugs for the purpose of relieving acute withdrawal symptoms, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

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The amendments are as follows:
 Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Easy Medication Access and Treatment for Opioid Addiction Act” or the “Easy MAT for Opioid Addiction Act”.

SEC. 2. DISPENSATION OF NARCOTIC DRUGS FOR THE PURPOSE OF RELIEVING ACUTE WITHDRAWAL SYMPTOMS FROM OPIOID USE DISORDER.

Not later than 180 days after the date of enactment of this Act, the Attorney General shall revise section 1306.07(b) of title 21, Code of Federal Regulations, so that practitioners, in accordance with applicable State, Federal, or local laws relating to controlled substances, are allowed to dispense not more than a three-day supply of narcotic drugs to one person or for one person’s use at one time for the purpose of initiating maintenance treatment or detoxification treatment (or both).

Amend the title so as to read:

A bill to direct the Attorney General to amend certain regulations so that practitioners may dispense not more than 3 days’ medication to a person at one time when administering narcotic drugs for the purpose of relieving acute withdrawal symptoms.

I. PURPOSE AND SUMMARY

H.R. 2281, the “Easy Medication Access and Treatment for Opioid Addiction Act” or the “Easy MAT for Opioid Addiction Act”, was introduced by Representative Raul Ruiz (D–CA). This bill would revise a Federal rule that restricts non-Drug Addiction Treatment Act of 2000 (DATA 2000) waived doctors from giving a patient more than one day’s worth of buprenorphine or other medication-assisted treatment at a time. Specifically, the bill would direct the Drug Enforcement Administration (DEA) to update regulations within 180 days of enactment to allow a practitioner to dispense up to a three-day supply of narcotic drugs to an individual for the purpose of maintenance or detoxification treatment. This practice is intended to relieve potential acute withdrawal symptoms while the individual awaits arrangements for longer-term medication-assisted treatment.

II. BACKGROUND AND NEED FOR LEGISLATION

Title 21 of the Code of Federal Regulations, Part 1306.07(b), known as the “three-day rule” allows a practitioner who does not have a waiver to administer, dispense, and prescribe buprenorphine to administer a controlled substance for the purposes of maintenance and detoxification treatment in emergency situations.¹ This authority is given to practitioners for the purpose of relieving acute withdrawal symptoms while connecting the individual to treatment.² There are, however, several restrictions tied to this authority, including a limitation that not more than one day’s medication is administered or given to a patient at one time.³

In testimony before the committee, Dr. Shawn A. Ryan, an emergency physician and addiction medicine specialist, cited the burden for a patient having to return to the emergency room after an initial visit, particularly for patients with substance use disorder.⁴ He stated transportation can be an issue for these patients. In addi-

¹Drug Enforcement Administration, *Emergency Narcotic Addiction Treatment* (www.deadiversion.usdoj.gov/pubs/advisories/emerg_treat.htm) (accessed October 19, 2020).

²*Id.*

³21 CFR 1306.07(b).

⁴House Committee on Energy and Commerce, Testimony of Shawn A. Ryan, M.D., M.B.A., Chair, Legislative Advocacy Committee, American Society of Addiction Medicine, *Hearing on Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders*, 116th Cong. (March 3, 2020).

tion, repeat visits can be a burden for the emergency departments.⁵ Dr. Ryan also noted that “emergency department initiation of medication-assisted treatment with the appropriate transition to care can lead to substantially better retention rates in treatment and recovery, and lower rates of relapse.”⁶

According to the National Institute on Drug Abuse, about one in twenty patients treated for a nonfatal overdose in an emergency department died within one year of their visit, many within two days.⁷ Two-thirds of these deaths were directly attributed to subsequent opioid-related overdoses.⁸ These data underscore the need to give emergency medical practitioners the ability to immediately treat substance use disorders in the emergency department to reduce opioid-related deaths.⁹ H.R. 2281 would expand the window in which emergency room practitioners could provide necessary treatment for patients with substance use disorders while they await longer-term care.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 2281 and 13 other bills: The Subcommittee on Health held a legislative hearing on Tuesday, March 3, 2020 entitled, “Combating an Epidemic: Legislation to Help Patients with Substance Use Disorders.” The Subcommittee received testimony from the following witnesses:

Panel I:

- ADM Brett P. Giroir, M.D., Assistant Secretary for Health and Senior Adviser to the Secretary on Opioid Policy, Department of Health and Human Services
- Kimberly Brandt, Principal Deputy Administrator for Policy & Operations, Centers for Medicare & Medicaid Services
- Thomas W. Prevoznik, Deputy Assistant Administrator, Diversion Control Division, Drug Enforcement Administration

Panel II:

- Michael P. Botticelli, Executive Director, Grayken Center for Addiction, Boston Medical Center
- Smita Das, M.D., Ph.D., M.P.H., Addiction Psychiatrist, Dual Diagnosis Clinic, Clinical Assistant Professor, Psychiatry and Behavioral Sciences, Stanford University School of Medicine
- Patty McCarthy, Chief Executive Officer, Faces & Voices of Recovery
- Robert I.L. Morrison, Executive Director/Director of Legislative Affairs, National Association of State Alcohol and Drug Abuse Directors
- Margaret B. Rizzo, Executive Director, JSAS HealthCare, Inc.

⁵*Id.*

⁶*Id.*

⁷National Institute on Drug Abuse, *Many People Treated for Opioid Overdose in Emergency Departments Die Within 1 Year* (www.nih.gov/news-events/news-releases/emergency-drug-overdose-visits-associated-increased-risk-later-suicide) (April 2, 2020).

⁸*Id.*

⁹*Id.*

- Shawn A. Ryan, M.D., M.B.A., Chair, Legislative Advocacy Committee, American Society of Addiction Medicine

IV. COMMITTEE CONSIDERATION

Representative Ruiz introduced H.R. 2281 on April 10, 2019, and the bill was referred to the Committee on Energy and Commerce. H.R. 2281 was then referred to the Subcommittee on Health on April 11, 2019. A legislative hearing was held by the Subcommittee on March 3, 2020.

On September 9, 2020, H.R. 2281 was discharged from further consideration by the Subcommittee on Health as it was called up for consideration by the full Committee on Energy and Commerce. The full Committee met in virtual open markup session on September 9, 2020, pursuant to notice, to consider H.R. 2281 and thirty-seven other bills. During consideration of the bill, an amendment in the nature of a substitute offered by Mr. Ruiz was agreed to by a voice vote. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Mr. Pallone, Chairman of the committee, to order H.R. 2281 reported favorably to the House, amended, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 2281, including the motion for final passage of the bill.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to direct the DEA to amend its regulation to allow practitioners to administer up to three days of maintenance or detoxification medication to a patient for the purpose of relieving acute withdrawal symptoms.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2281 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 2281 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Easy Medication Access and Treatment for Opioid Addiction Act” or the “Easy MAT for Opioid Addiction Act”.

Sec. 2. Dispensation of narcotic drugs for the purpose of relieving acute withdrawal symptoms from opioid use disorder

Section 2 directs the Attorney General to revise its regulations not later than 180 days after enactment to allow non-DATA 2000 waived practitioners to dispense not more than a three-day supply of narcotic drugs to one person for the purpose of initiating maintenance treatment or detoxification treatment (or both). Such revision must be in accordance with applicable State, Federal, or local laws relating to controlled substances.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

There are no changes to existing law made by the bill H.R. 2281.

