

108TH CONGRESS
1ST SESSION

H. R. 3634

To amend the Controlled Substances Act to lift the patient limitation on prescribing drug addiction treatments by medical practitioners in group practices, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 21, 2003

Mr. SOUDER (for himself, Mr. CUMMINGS, Mr. TOM DAVIS of Virginia, Mr. SCOTT of Virginia, Mr. BALLENGER, Mr. TERRY, Mr. ACEVEDO-VILÁ, Mr. SESSIONS, Mr. PORTMAN, and Mr. BOOZMAN) 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 to lift the patient limitation on prescribing drug addiction treatments by medical practitioners in group practices, 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 “Drug Addiction Treat-
5 ment Expansion Act of 2003”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) Addiction to and abuse of opiates has dev-
4 astating repercussions for individuals, families, and
5 the country. The health and social consequences of
6 drug abuse include risk of HIV/AIDS and other
7 health impacts, as well as repercussions for families,
8 schools, the workplace, and prisons.

9 (2) According to household surveys, younger
10 and wider segments of the population are abusing
11 heroin. Heroin was the leading illicit drug among
12 treatment admissions in 2000, reported by 15 per-
13 cent of the 1.6 million substance abuse treatment
14 admissions.

15 (3) Between 1992 and 2000, heroin admissions
16 for treatment increased by 44 percent, and the num-
17 ber of admissions for new users increased by 52 per-
18 cent. Most disturbing, the proportion of new heroin
19 users admitted for treatment who were under age 25
20 grew from 30 to 41 percent from 1992 to 2000. In
21 1992, 48 percent of new heroin users age 18 to 24
22 reported injection as the route of administration. By
23 2000, that figure had grown to 63 percent.

24 (4) Between 81 and 86 percent of new heroin
25 users admitted for treatment have reported daily
26 heroin use since 1992. Substantial numbers of her-

1 oin users also abuse other drugs, chiefly including
2 cocaine and marijuana.

3 (5) Abuse of narcotic pain medications is also
4 a serious and increasing problem. According to the
5 Drug Abuse Warning Network (“DAWN”), drug-
6 abuse-related emergency room visits attributable to
7 abuse of narcotic pain medications rose 45 percent
8 from 2000 to 2002, and 20 percent over just one
9 year from 2001 to 2002. Stemming and preventing
10 such prescription medication abuse will require a
11 multi-pronged approach, including major educational
12 efforts and an increase of substance abuse treatment
13 options and capacity.

14 (6) The Nation has had a longstanding goal of
15 reducing the myriad costs to society of drug addic-
16 tion, and increasing access to addiction treatment.

17 (7) The National Institute on Drug Abuse has
18 had a longstanding research and development pro-
19 gram, designed to increase the availability of viable
20 therapeutic interventions for drug addiction.

21 (8) The availability of new therapies and new
22 methods of providing therapy will both reach new
23 populations and increase the amount of treatment
24 capacity available.

1 (9) Congress, recognizing the crucial impor-
2 tance of expanding drug addiction treatment options
3 and capacity, enacted the Drug Addiction Treatment
4 Act of 2000 (“DATA law”) (title XXXV of the Chil-
5 dren’s Health Act of 2000; Public Law 106–310) to
6 allow qualified practitioners to prescribe addiction
7 treatment medications from their office settings as
8 long as the number of patients to whom the practi-
9 tioners provide such treatment does not exceed 30
10 patients.

11 (10) Since enactment of the DATA law, a new
12 treatment option already has been approved by the
13 Food and Drug Administration and is now available
14 for qualified practitioners to prescribe for their pa-
15 tients, as a direct result of the commitment of Con-
16 gress and the Federal Government to reduce the so-
17 cial and personal impact of the illness of drug addic-
18 tion.

19 (11) For practitioners in a group practice, the
20 DATA law established a single 30-patient limit for
21 the entire group practice, rather than a 30-patient
22 limit per practitioner. Qualified and trained practi-
23 tioners practicing addiction treatment in group prac-
24 tice settings and academic health centers have real-
25 ized an unexpected negative impact on their ability

1 to serve their patients effectively and as anticipated
2 by the DATA law, as a result of the law's patient
3 limitation on group practices.

4 (12) Neither Congress nor the DATA law in-
5 tended that the quality of care would be less for pa-
6 tients receiving care in group practices, which are a
7 principal mode of health care delivery in the United
8 States.

9 (13) The DATA law's 30-patient limit on group
10 practices is having the unintended consequence of
11 denying addiction treatment to patients who seek
12 and require it, in direct contrast to the overall pur-
13 pose of such law.

14 **SEC. 3. MAINTENANCE OR DETOXIFICATION TREATMENT**
15 **WITH CERTAIN NARCOTIC DRUGS; ELIMI-**
16 **NATION OF 30-PATIENT LIMIT FOR GROUP**
17 **PRACTICES.**

18 (a) IN GENERAL.—Section 303(g)(2)(B) of the Con-
19 trolled Substance Act (21 U.S.C. 823(g)(2)(B)) is amend-
20 ed by striking clause (iv).

21 (b) CONFORMING AMENDMENT.—Section
22 303(g)(2)(B) of the Controlled Substance Act (21 U.S.C.
23 823(g)(2)(B)) is amended in clause (iii) by striking “In

- 1 any case” and all that follows through “the total” and
- 2 inserting “The total”.

