

109TH CONGRESS
1ST SESSION

S. 538

To educate health professionals concerning substance use disorders and addiction.

IN THE SENATE OF THE UNITED STATES

MARCH 7, 2005

Mr. BIDEN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To educate health professionals concerning substance use disorders and addiction.

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 “Health Professionals
5 Substance Abuse Education Act”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

9 (1) Illegal drugs and alcohol are responsible for
10 thousands of deaths each year, and they fuel the

1 spread of a number of communicable diseases, in-
2 cluding AIDS and Hepatitis C, as well as some of
3 the worst social problems in the United States, in-
4 cluding child abuse, domestic violence, and sexual
5 assault.

6 (2) There are an estimated 19,500,000 current
7 drug users in America, nearly 4,000,000 of whom
8 are addicts. An estimated 14,800,000 Americans
9 abuse alcohol or are alcoholic.

10 (3) There are nearly 27,000,000 children of al-
11coholics in America, almost 11,000,000 of whom are
12 under 18 years of age. Countless other children are
13 affected by substance abusing parents or other care-
14 takers. Health professionals are uniquely positioned
15 to help reduce or prevent alcohol and other drug-re-
16 lated impairment by identifying affected families and
17 youth and by providing early intervention.

18 (4) Drug addiction is a chronic relapsing dis-
19 ease. As with other chronic relapsing diseases (such
20 as diabetes, hypertension and asthma), there is no
21 cure, although a number of treatments can effec-
22 tively control the disease. According to an article
23 published in the Journal of the American Medical
24 Association, treatment for addiction works as well as
25 treatment for other chronic relapsing diseases.

1 (5) Drug treatment is cost effective, even when
2 compared with residential treatment, the most ex-
3 pensive type of treatment. Residential treatment for
4 cocaine addiction costs between \$15,000 and
5 \$20,000 a year, a substantial savings compared to
6 incarceration (costing nearly \$40,000 a year), or un-
7 treated addiction (costing more than \$43,000 a
8 year). Also, in 1998, substance abuse and addiction
9 accounted for approximately \$10,000,000,000 in
10 Federal, State, and local government spending sim-
11 ply to maintain the child welfare system. The eco-
12 nomic costs associated with fetal alcohol syndrome
13 were estimated at \$54,000,000,000 in 2003.

14 (6) Many doctors and other health professionals
15 are unprepared to recognize substance abuse in their
16 patients or their families and intervene in an appro-
17 priate manner. Only 56 percent of residency pro-
18 grams have a required curriculum in preventing or
19 treating substance abuse.

20 (7) Fewer than 1 in 5 doctors (only 19 percent)
21 feel confident about diagnosing alcoholism, and only
22 17 percent feel qualified to identify illegal drug use.

23 (8) Most doctors who are in a position to make
24 a diagnosis of alcoholism or drug addiction do not

1 believe that treatment works (less than 4 percent for
2 alcoholism and only 2 percent for drugs).

3 (9) According to a survey by the National Cen-
4 ter on Addiction and Substance Abuse at Columbia
5 University (referred to in this section as “CASA”),
6 94 percent of primary care physicians and 40 per-
7 cent of pediatricians presented with a classic de-
8 scription of an alcoholic or drug addict, respectively,
9 failed to properly recognize the problem.

10 (10) Another CASA report revealed that fewer
11 than 1 percent of doctors presented with the classic
12 profile of an alcoholic older woman could diagnose it
13 properly. Eighty-two percent misdiagnosed it as de-
14 pression, some treatments for which are dangerous
15 when taken with alcohol.

16 (11) Training can greatly increase the degree to
17 which medical and other health professionals screen
18 patients for substance abuse. It can also increase the
19 manner by which such professionals screen children
20 and youth who may be impacted by the addiction of
21 a parent or other primary caretaker. Boston Univer-
22 sity Medical School researchers designed and con-
23 ducted a seminar on detection and brief intervention
24 of substance abuse for doctors, nurses, physician’s as-
25 sistants, social workers and psychologists. Follow-up

1 studies reveal that 91 percent of those who partici-
 2 pated in the seminar report that they are still using
 3 the techniques up to 5 years later.

4 (12) The total economic costs of untreated ad-
 5 diction is estimated to be \$274,800,000,000. Arming
 6 health care professionals with the information they
 7 need in order to intervene and prevent further sub-
 8 stance abuse could lead to a significant cost savings.

9 (13) A study conducted by doctors at the Uni-
 10 versity of Wisconsin found a \$947 net savings per
 11 patient in health care, accident, and criminal justice
 12 costs for each individual screened and, if appro-
 13 priate, for whom intervention was made, with re-
 14 spect to alcohol problems.

15 (b) PURPOSE.—It is the purpose of this Act to—

16 (1) improve the ability of health care profes-
 17 sionals to identify and assist their patients in obtain-
 18 ing appropriate treatment for substance abuse;

19 (2) improve the ability of health care profes-
 20 sionals to identify and refer children and youth af-
 21 fected by substance abuse in their families for effec-
 22 tive treatment; and

23 (3) help establish an infrastructure to train
 24 health care professionals about substance abuse
 25 issues and the impact on families.

1 **SEC. 3. HEALTH PROFESSIONALS SUBSTANCE ABUSE EDU-**
 2 **CATION.**

3 Part D of title V of the Public Health Service Act
 4 (42 U.S.C. 290dd et seq.) is amended by adding at the
 5 end the following:

6 **“SEC. 544. SUBSTANCE ABUSE EDUCATION FOR GENER-**
 7 **ALIST HEALTH PROFESSIONALS.**

8 “(a) SECRETARY OF HEALTH AND HUMAN SERV-
 9 ICES.—The Secretary shall carry out activities to train
 10 health professionals (who are generalists and not already
 11 specialists in substance abuse) so that they are competent
 12 to—

13 “(1) recognize substance abuse in their patients
 14 or the family members of their patients;

15 “(2) intervene, treat, or refer for treatment
 16 those individuals who are affected by substance
 17 abuse;

18 “(3) identify and assist children of substance
 19 abusing parents;

20 “(4) serve as advocates and resources for com-
 21 munity-based substance abuse prevention programs;
 22 and

23 “(5) appropriately address the non-therapeutic
 24 use of prescription medications.

25 “(b) USE OF FUNDS.—Amounts received under this
 26 section shall be used—

1 “(1) to continue grant support through cooper-
2 ative agreements to the Association for Medical
3 Education and Research in Substance Abuse
4 (AMERSA) Interdisciplinary Faculty Development
5 Project;

6 “(2) to continue grants to the Association for
7 Medical Education and Research in Substance
8 Abuse (AMERSA) Interdisciplinary Faculty Devel-
9 opment Project; and

10 “(3) to support the Addiction Technology
11 Transfer Centers counselor training programs to
12 train substance abuse counselors and other health
13 professionals such as dental assistants, allied health
14 professionals including dietitians and nutritionists,
15 occupational therapists, physical therapists, res-
16 piratory therapists, speech-language pathologists and
17 audiologists, and therapeutic recreation specialists.

18 “(c) COLLABORATION.—The Secretary shall partici-
19 pate in interdisciplinary collaboration and collaborate with
20 other nongovernmental organizations with respect to ac-
21 tivities carried out under this section.

22 “(d) ACADEMIC CREDITS.—The Secretary shall en-
23 courage community colleges and other academic institu-
24 tions determined appropriate by the Secretary to recognize

1 classes offered by the Addiction Technology Transfer Cen-
 2 ters for purposes of academic credit.

3 “(e) EVALUATIONS.—The Secretary shall conduct a
 4 process and outcome evaluation of the programs and ac-
 5 tivities carried out with funds received under this section,
 6 and shall provide annual reports to the Secretary and the
 7 Director of the Office of National Drug Control Policy.

8 “(f) DEFINITIONS.—In this section—

9 “(1) the term ‘health professional’ means a
 10 allopathic or osteopathic physician, advanced prac-
 11 tice nurse, physician assistant, social worker, psy-
 12 chologist, pharmacist, dental health professional,
 13 psychiatrist, allied health professional, drug and al-
 14 cohol counselor, or other individual who is licensed,
 15 accredited, or certified under State law to provide
 16 specified health care services and who is operating
 17 within the scope of such licensure, accreditation, or
 18 certification; and

19 “(2) the terms ‘allopathic or osteopathic physi-
 20 cian’, ‘nurse’, ‘physician assistant’, ‘advanced prac-
 21 tice nurse’, ‘social worker’, ‘psychologist’, ‘phar-
 22 macist’, ‘dental health professional’, and ‘allied
 23 health professional’ shall have the meanings given
 24 such terms for purposes of titles VII and VIII of the

1 Public Health Service Act (42 U.S.C. 292 et seq.
2 and 296 et seq.).

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section,
5 \$9,000,000 for each of fiscal years 2006 through 2010.
6 Amounts made available under this subsection shall be
7 used to supplement and not supplant amounts being used
8 on the date of enactment of this section for activities of
9 the types described in this section.

10 **“SEC. 545. SUBSTANCE ABUSE INTERDISCIPLINARY EXPERT**
11 **EDUCATOR.**

12 “(a) ESTABLISHMENT.—The Secretary shall estab-
13 lish and administer a substance abuse faculty fellowship
14 program through grants and contacts under which the
15 Secretary shall provide assistance to eligible institutions
16 to enable such institutions to employ interdisciplinary fac-
17 ulty who will serve as advanced level expert educators (re-
18 ferred to in this section as ‘expert educators’).

19 “(b) ELIGIBILITY.—

20 “(1) INSTITUTIONS.—To be eligible to receive
21 assistance under this section, an institution shall—

22 “(A) be an accredited medical school or
23 undergraduate or graduate nursing school, or
24 be an institution of higher education that offers
25 one or more of the following—

1 “(i) an accredited physician assistant
2 program;

3 “(ii) an accredited dental health pro-
4 fessional program;

5 “(iii) a graduate program in phar-
6 macy;

7 “(iv) a graduate program in public
8 health;

9 “(v) a graduate program in social
10 work;

11 “(vi) a graduate program in psy-
12 chology;

13 “(vii) a graduate program in marriage
14 and family therapy; or

15 “(viii) a graduate program in coun-
16 seling; and

17 “(B) prepare and submit to the Secretary
18 an application at such time, in such manner,
19 and containing such information as the Sec-
20 retary may require.

21 “(2) QUALIFICATIONS FOR EXPERT EDU-
22 CATORS.—To be eligible to receive an advanced level
23 expert educator faculty appointment from an eligible
24 institution under this section, an individual shall
25 prepare and submit to the institution an application

1 at such time, in such manner, and containing such
2 information as the institution may require. Expert
3 educators should have advanced level training in
4 education about substance use disorders and exper-
5 tise in such areas as culturally competent and gen-
6 der specific prevention and treatment strategies for
7 vulnerable populations (such as adults and adoles-
8 cents with dual diagnosis, older individuals, children
9 in families affected by substance abuse, and individ-
10 uals and families involved in the criminal justice sys-
11 tem) and will serve as resources and advisors for
12 health professional training institutions.

13 “(c) USE OF FUNDS.—

14 “(1) IN GENERAL.—An eligible institution shall
15 utilize assistance received under this section to pro-
16 vide one or more fellowships to eligible individuals.
17 Such assistance shall be used to pay a sum of not
18 to exceed 50 percent of the annual salary of the in-
19 dividual under such a fellowship for a 5-year period.

20 “(2) FELLOWSHIPS.—Under a fellowship under
21 paragraph (1), an individual shall—

22 “(A) devote a substantial number of teach-
23 ing hours to substance abuse issues (as part of
24 both required and elective courses) at the insti-

1 tution involved during the period of the fellow-
2 ship;

3 “(B) incorporate substance abuse issues,
4 including the impact on children and families,
5 into the required curriculum of the institution
6 in a manner that is likely to be sustained after
7 the period of the fellowship ends (courses de-
8 scribed in this subparagraph should be provided
9 as part of several different health care training
10 programs at the institution involved); and

11 “(C) educate health professionals about
12 issues related to the nontherapeutic use of pre-
13 scription medications.

14 “(3) EVALUATIONS.—The Secretary shall con-
15 duct a process and outcome evaluation of the pro-
16 grams and activities carried out with amounts ap-
17 propriated under this section and shall provide an-
18 nual reports to the Director of the Office of National
19 Drug Control Policy and the appropriate committees
20 of Congress.

21 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section,
23 \$6,000,000 for each of the fiscal years 2006 through
24 2010. Amounts made available under this subsection shall
25 be used to supplement and not supplant amounts being

1 used on the date of enactment of this section for activities
2 of the types described in this section.

3 **“SEC. 546. CENTER OF EXCELLENCE.**

4 “(a) IN GENERAL.—The Secretary shall establish
5 centers of excellence at medical centers or universities
6 throughout the United States to—

7 “(1) initiate, promote, and implement training,
8 research, and clinical activities related to targeted
9 issues or special areas of focus such as brief inter-
10 vention in general health settings, children and fami-
11 lies affected by substance abuse, older individuals,
12 maternal and child health issues, individuals with
13 dual diagnosis, prevention in the general health set-
14 ting, and clinical practice standards for primary care
15 providers; and

16 “(2) provide opportunities for interdisciplinary
17 collaboration in curriculum development, course de-
18 velopment, clinical practice, research and translation
19 of research into practice, and policy analysis and
20 formulation.

21 “(b) USE OF FUNDS.—Centers of excellence estab-
22 lished under subsection (a) shall use funds provided under
23 this section to—

1 “(1) disseminate information on evidence-based
2 approaches concerning the prevention and treatment
3 of substance use disorders; and

4 “(2) assist health professionals and alcohol and
5 drug treatment counselors to incorporate the latest
6 research into their treatment practices.

7 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
8 is authorized to be appropriated to carry out this section,
9 \$6,000,000 for each of the fiscal years 2006 through
10 2010.”.

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