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114TH CONGRESS
2D SESSION

H. R. 4861

To amend the Public Health Service Act to authorize grants to health centers to expand access to evidence-based substance abuse treatment services.

IN THE HOUSE OF REPRESENTATIVES

MARCH 23, 2016

Ms. DELAURO introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To amend the Public Health Service Act to authorize grants to health centers to expand access to evidence-based substance abuse treatment services.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Access to Substance Abuse Treatment Act of 2016''.

SEC. 2. EXPANDED ACCESS TO SUBSTANCE ABUSE TREATMENT SERVICES.

Title V of the Public Health Service Act is amended—

(1) by redesignating the second section 514 (42 U.S.C. 290bb–9; relating methamphetamine and amphetamine treatment initiative) as section 514B; and

(2) by inserting after section 514B, as so redesignated, the following:

"SEC. 514C. EXPANDED ACCESS TO SUBSTANCE ABUSE TREATMENT SERVICES.

''(a) IN GENERAL.—The Director of the Center for Substance Abuse Treatment shall make grants to Federally qualified health centers, substance abuse treatment centers, rehabilitation treatment centers, or residential treatment centers to expand access to substance abuse treatment services for adults, adolescents, and children by—

''(1) increasing education, screening, care coordination, risk reduction interventions, or counseling regarding the availability of testing, treatment, and clinical management for patients with or at risk of HIV/AIDS, hepatitis C, and other diseases associated with opioid use disorders;

''(2) enhancing clinical workflow to improve substance abuse treatment services;

''(3) enhancing the use of health information technologies to improve the effectiveness of sub-

stance abuse treatment services and increase patient engagement;

''(4) educating patients and community members on opioid use disorders, including the use of opioid antagonists in preventing opioid overdose;

''(5) expanding treatment capacity in rural and underserved communities through the use of telemedicine;

''(6) providing treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;

''(7) training and certifying opioid use disorder treatment providers, including physicians, nurses, counselors, social workers, care coordinators, and case managers;

''(8) supporting innovative delivery of medication-assisted treatment; and

''(9) enhancing prevention using evidence-based methods proven to reduce the number of persons with opioid use disorders.

''(b) PRIORITY.—In awarding grants under this subsection, the Director shall prioritize grants to Federally qualified health centers, substance abuse treatment cen-

ters and programs, rehabilitation treatment centers and programs, and residential treatment centers—

"(1) serving communities with a greater incidence of substance abuse; or

"(2) providing, or proposing to incorporate, medication-assisted treatment.

"(c) REQUIREMENTS.—

"(1) EVIDENCE-BASED, COST-EFFECTIVE.—Services funded through a grant under this subsection shall be—

"(A) evidence-based; and

"(B) cost-effective.

"(2) MANNER OF PROVIDING SERVICES.—Services funded through a grant under this section—

"(A) may be provided by the grantee directly or through referrals to other providers with which the grantee has a formal relationship; and

"(B) shall be provided in a manner reflecting person-centered care.

"(d) PROVIDERS.—Providers treating patients for substance use disorders pursuant to a grant under this subsection shall be licensed or credentialed, as applicable, in the States involved to treat such patients for such disorders.

''(e) DEFINITIONS.—In this section:

''(1) The term 'Federally qualified health center' has the meanings given the terms in section 1861(aa) of the Social Security Act.

''(2) The term 'substance abuse treatment services' includes the following:

''(A) Screening, assessment, and diagnosis, including risk assessment.

''(B) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.

''(C) Outpatient substance use services, including medication-assisted treatment, and related behavioral health services.

''(D) Targeted case management.

''(E) Peer support, counselor services, and family supports.

''(F) Harm reduction and syringe services programs.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection $1,000,000,000 for each of fiscal years 2017 through 2022.''.

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