

115TH CONGRESS  
1ST SESSION

# H. R. 3382

To amend the Public Health Service Act to better address substance use and substance use disorders among young people.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 25, 2017

Ms. CLARK of Massachusetts (for herself and Mr. BUCSHON) 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 better address substance use and substance use disorders among young people.

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 “Youth Opioid Use  
5 Treatment Help Act of 2017” or the “YOUTH Act”.

6 **SEC. 2. REAUTHORIZATION OF SUBSTANCE ABUSE TREAT-**  
7 **MENT SERVICES FOR CHILDREN, ADOLES-**  
8 **CENTS, AND YOUNG ADULTS.**

9 Section 514 of the Public Health Service Act (42  
10 U.S.C. 290bb–7) is amended—

1 (1) in the section heading, by striking “**CHIL-**  
2 **DREN AND ADOLESCENTS**” and inserting “**CHIL-**  
3 **DREN, ADOLESCENTS, AND YOUNG ADULTS**”;

4 (2) in subsection (a)(2), by striking “children,  
5 including” and inserting “children, adolescents, and  
6 young adults, including”; and

7 (3) by striking “children and adolescents” each  
8 place it appears and inserting “children, adolescents,  
9 and young adults”.

10 **SEC. 3. ACCESS TO MEDICATION-ASSISTED TREATMENT**  
11 **FOR ADOLESCENTS AND YOUNG ADULTS**  
12 **DEMONSTRATION PROGRAM.**

13 (a) IN GENERAL.—The Secretary of Health and  
14 Human Services, acting through the Director of the Agen-  
15 cy for Healthcare Research and Quality (in this section  
16 referred to as the “Director”), shall award grants to eligi-  
17 ble entities to establish demonstration programs to—

18 (1) expand access to medication-assisted treat-  
19 ment for opioid use disorders among adolescents and  
20 young adults;

21 (2) identify and test solutions for overcoming  
22 barriers to implementation of medication-assisted  
23 treatment for adolescents and young adults; or

24 (3) create and distribute resources on medica-  
25 tion-assisted treatment training and implementation

1 for providers of health care to children, adolescents,  
2 and young adults.

3 (b) ELIGIBLE ENTITIES.—To be eligible to receive a  
4 grant under subsection (a), an entity shall—

5 (1) be a State, political subdivision of a State,  
6 Indian tribe, or tribal organization, professional fam-  
7 ily medicine provider organization, professional pedi-  
8 atric provider organization or other organization  
9 representing providers of health care to children,  
10 adolescents, and young adults, professional addiction  
11 medicine provider organization, hospital, an institu-  
12 tion of higher education, or other appropriate public  
13 or nonprofit institution; and

14 (2) certify that it is in compliance with all ap-  
15 plicable registration and licensing requirements.

16 (c) APPLICATION.—To seek a grant under this sec-  
17 tion, an entity shall submit to the Director an application  
18 at such time, in such manner, and containing such infor-  
19 mation as the Director may require.

20 (d) DURATION.—An eligible entity may receive funds  
21 under this section to carry out a demonstration program  
22 described in this section for a period of not greater than  
23 3 years. After the first year for which funding is provided  
24 to an eligible entity for a demonstration program, funding  
25 may be provided under this section for a subsequent year

1 for such program only upon review of such program by  
2 the Director and approval by the Director of such subse-  
3 quent year of funding.

4 (e) REPORTS.—

5 (1) BY GRANT RECIPIENTS.—Each eligible enti-  
6 ty awarded a grant under this section for a dem-  
7 onstration program shall submit to the Director  
8 progress reports on such demonstration program at  
9 such times, in such manner, and containing such in-  
10 formation as the Director may require.

11 (2) BY DIRECTOR.—Not later than one year  
12 after the date on which all demonstration programs  
13 funded under this section have been completed, the  
14 Director shall submit to the Committee on Health,  
15 Education, Labor, and Pensions of the Senate, and  
16 the Committee on Energy and Commerce of the  
17 House of Representatives a report that—

18 (A) describes the availability of medication-  
19 assisted treatment for adolescents and young  
20 adults with opioid use disorders in the United  
21 States, including barriers to such treatment;

22 (B) describes the specific demonstration  
23 programs carried out pursuant to this section;

24 (C) evaluates the effectiveness of such pro-  
25 grams;

1 (D) evaluates any unintended consequences  
2 of such programs; and

3 (E) provides recommendations for ensuring  
4 that medication-assisted treatment is accessible  
5 to adolescents and young adults with opioid use  
6 disorders.

7 (f) DEFINITIONS.—In this section:

8 (1) The phrase “adolescents and young adults”  
9 means individuals who have attained 10 years of age  
10 and not yet attained 26 years of age.

11 (2) The term “medication-assisted treatment”  
12 means the combination of pharmacological treat-  
13 ments approved by the Food and Drug Administra-  
14 tion, and counseling and behavioral therapies, for  
15 the treatment of substance use disorders.

16 (3) The term “opioid use disorder” means a  
17 problematic pattern of opioid use leading to clinically  
18 significant impairment or distress occurring within a  
19 12-month period.

20 (4) The term “pediatric health care provider”  
21 means a provider of health care to individuals who  
22 have attained 10 years of age and not yet attained  
23 26 years of age.

24 (5) The term “professional family medicine pro-  
25 vider organization” means a national organization

1       whose members consist primarily of family medicine  
2       providers.

3           (6) The term “professional pediatric provider  
4       organization” means a national organization whose  
5       members consist primarily of pediatric health care  
6       providers.

7       (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
8       authorized to be appropriated \$5,000,000 to carry out this  
9       section.

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