

116TH CONGRESS  
1ST SESSION

# H. R. 2922

To address the opioid epidemic, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2019

Ms. KUSTER of New Hampshire (for herself, Mr. FITZPATRICK, Ms. SCANLON, Ms. PINGREE, Ms. STEVENS, Ms. JACKSON LEE, Ms. FRANKEL, Mr. TRONE, Mr. TONKO, Mr. RASKIN, Ms. BROWNLEY of California, Mr. DOGGETT, Mr. PAPPAS, Ms. CLARK of Massachusetts, Mrs. TRAHAN, Mr. WELCH, Mr. CASTRO of Texas, Mrs. DINGELL, Ms. SHALALA, Ms. MOORE, Mr. MCNERNEY, Mr. MOULTON, Ms. BLUNT ROCHESTER, Mr. McGOVERN, Mr. LARSON of Connecticut, Mr. CROW, Ms. MATSUI, Ms. KELLY of Illinois, Ms. BARRAGÁN, Ms. SCHAKOWSKY, Mr. VEASEY, and Ms. BASS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Ways and Means, the Budget, and Education and Labor, 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

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## A BILL

To address the opioid epidemic, 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 “Respond to the Needs  
5       in the Opioid War Act” or the “Respond NOW Act”.

1 **SEC. 2. TABLE OF CONTENTS.**

2 The table of contents of this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

**TITLE I—OPIOID EPIDEMIC RESPONSE FUND**

Sec. 101. Opioid Epidemic Response Fund.

Sec. 102. Substance Abuse and Mental Health Services Administration.

Sec. 103. Centers for Disease Control and Prevention.

Sec. 104. Food and Drug Administration.

Sec. 105. National Institutes of Health.

Sec. 106. Health Resources and Services Administration.

Sec. 107. Administration for Children and Families.

**TITLE II—ADDITIONAL INVESTMENTS IN EXISTING PROGRAMS  
TO RESPOND TO THE OPIOID EPIDEMIC**

Sec. 201. Increase in funding for regional partnership grants.

Sec. 202. Account for the State and Tribal Response to the Opioid Abuse Crisis.

**TITLE III—EXPANDING ACCESS TO TREATMENT SERVICES**

Sec. 301. Eliminating time limitation for nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse midwives, and physician assistants To be qualifying practitioners.

Sec. 302. Coverage of methadone under Medicare part B.

3 **TITLE I—OPIOID EPIDEMIC  
RESPONSE FUND**

4 **5 SEC. 101. OPIOID EPIDEMIC RESPONSE FUND.**

6 (a) IN GENERAL.—The Secretary of Health and  
7 Human Services (referred to in this section as the “Sec-  
8 retary”) shall use any funds appropriated pursuant to the  
9 authorization of appropriations under subsection (c) to  
10 carry out the programs and activities described in sub-  
11 section (d) to address the opioid and substance use epi-  
12 demic. Such funds shall be in addition to any funds which

1 are otherwise available to carry out such programs and  
2 activities.

3 (b) OPIOID EPIDEMIC RESPONSE FUND.—

4 (1) ESTABLISHMENT OF ACCOUNT.—There is  
5 established in the Treasury an account, to be known  
6 as the Opioid Epidemic Response Fund (referred to  
7 in this section as the “Fund”), for purposes of fund-  
8 ing the programs and activities described in sub-  
9 section (d).

10 (2) TRANSFER.—For each of fiscal years 2020  
11 through 2024, \$5,000,000,000 shall be transferred  
12 to the Fund from the general fund of the Treasury.

13 (3) AMOUNTS DEPOSITED.—Any amounts  
14 transferred under paragraph (2) shall remain un-  
15 available in the Fund until such amounts are appro-  
16 priated pursuant to subsection (c).

17 (c) APPROPRIATIONS.—

18 (1) AUTHORIZATION OF APPROPRIATIONS.—For  
19 the period of fiscal years 2020 through 2024, there  
20 is authorized to be appropriated from the Fund to  
21 the Department of Health and Human Services, for  
22 the purpose of carrying out the programs and activi-  
23 ties described in subsection (d), an amount not to  
24 exceed the total amount transferred to the Fund

1       under subsection (b)(2), to remain available until ex-  
2       pended.

3                   (2) OFFSETTING FUTURE APPROPRIATIONS.—

4       For any of fiscal years 2020 through 2024, for any  
5       discretionary appropriation to the Department of  
6       Health and Human Services (or any agency therein)  
7       pursuant to the authorization of appropriations  
8       under paragraph (1) for the purpose of carrying out  
9       the programs and activities described in subsection  
10      (d), the total amount of such appropriations for the  
11      applicable fiscal year (not to exceed the total amount  
12      remaining in the Account) shall be subtracted from  
13      the estimate of discretionary budget authority and  
14      the resulting outlays for any estimate under the  
15      Congressional Budget and Impoundment Control  
16      Act of 1974 or the Balanced Budget and Emergency  
17      Deficit Control Act of 1985, and the amount trans-  
18      ferred to the Fund shall be reduced by the same  
19      amount.

20                   (d) PROGRAMS AND ACTIVITIES.—Of the total  
21      amount authorized to be appropriated from the Fund to  
22      the Department of Health and Human Services by sub-  
23      section (c)(1), such amount shall be allocated as follows:

24                   (1) SAMHSA.—For the Substance Abuse and  
25      Mental Health Services Administration to carry out

1       programs and activities pursuant to section 102,  
2       \$3,650,000,000 for each of fiscal years 2020  
3       through 2024.

4               (2) CDC.—For the Centers for Disease Control  
5       and Prevention to carry out programs and activities  
6       pursuant to section 103, \$500,000,000 for each of  
7       fiscal years 2020 through 2024.

8               (3) FDA.—For the Food and Drug Adminis-  
9       tration to carry out programs and activities pursu-  
10       ant to section 104, \$65,000,000 for each of fiscal  
11       years 2020 through 2024.

12               (4) NIH.—For the National Institutes of  
13       Health to carry out programs and activities pursu-  
14       ant to section 105, \$500,000,000 for each of fiscal  
15       years 2020 through 2024.

16               (5) HRSA.—For the Health Resources and  
17       Services Administration to carry out programs and  
18       activities pursuant to section 106, \$235,000,000 for  
19       each of fiscal years 2020 through 2024.

20               (6) ACF.—For the Administration for Children  
21       and Families to carry out programs and activities  
22       pursuant to section 107, \$50,000,000 for each of  
23       fiscal years 2020 through 2024.

24               (e) ACCOUNTABILITY AND OVERSIGHT.—

25               (1) WORK PLAN.—

(A) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives, a work plan including the proposed allocation of funds appropriated pursuant to the authorization of appropriations under subsection (c) for each of fiscal years 2020 through 2024 and the contents described in subparagraph (B).

15 (B) CONTENTS.—The work plan submitted  
16 under subparagraph (A) shall include—

17 (i) the amount of money to be obli-  
18 gated or expended out of the Fund in each  
19 fiscal year for each program and activity  
20 described in subsection (d); and

21 (ii) a description and justification of  
22 each such program and activity.

23 (2) REPORTS.—

24 (A) ANNUAL REPORTS.—Not later than  
25 October 1 of each of fiscal years 2020 through

1           2024, the Secretary of Health and Human  
2           Services shall submit to the Committee on  
3           Health, Education, Labor, and Pensions and  
4           the Committee on Appropriations of the Senate  
5           and the Committee on Energy and Commerce  
6           and the Committee on Appropriations of the  
7           House of Representatives, a report including—

(i) the amount of money obligated or

expended out of the Fund in the prior fiscal year for each program and activity described in subsection (d);

(ii) a description of all programs and

activities using funds provided pursuant to the authorization of appropriations under subsection (c); and

(iii) how the programs and activities

are responding to the opioid epidemic.

18 (B) ADDITIONAL REPORTS.—At the re-  
19 quest of the Committee on Health, Education,  
20 Labor, and Pensions or the Committee on Ap-  
21 propriations of the Senate, or the Committee on  
22 Energy and Commerce or the Committee on  
23 Appropriations of the House of Representatives,  
24 the Secretary of Health and Human Services  
25 shall provide an update in the form of testi-

1                   mony and any additional reports to the respec-  
2                   tive congressional committee regarding the allo-  
3                   cation of funding under this section or the de-  
4                   scription of the programs and activities under-  
5                   taken with such funding.

6                   (f) LIMITATIONS.—Notwithstanding any transfer au-  
7                   thority authorized by this Act or any appropriations Act,  
8                   any funds made available pursuant to the authorization  
9                   of appropriations under subsection (c) may not be used  
10                   for any purpose other than the programs and activities  
11                   described in subsection (d) to address the opioid and sub-  
12                   stance use epidemic.

13                   (g) SUNSET.—This section shall expire at the end of  
14                   fiscal year 2029.

15                   **SEC. 102. SUBSTANCE ABUSE AND MENTAL HEALTH SERV-  
16                   ICES ADMINISTRATION.**

17                   The entirety of the funds made available pursuant to  
18                   section 101(d)(1) shall be for carrying out subsections (b)  
19                   and (c) of section 1003 of the 21st Century Cures Act  
20                   (42 U.S.C. 290ee–3 note).

21                   **SEC. 103. CENTERS FOR DISEASE CONTROL AND PREVEN-  
22                   TION.**

23                   (a) ADDRESSING OPIOID USE DISORDER.—The en-  
24                   tirety of the funds made available pursuant to section  
25                   101(d)(2) shall be for the Director of the Centers for Dis-

1 ease Control and Prevention, pursuant to applicable au-  
2 thorities in the Public Health Service Act (42 U.S.C. 201  
3 et seq.), to continue and expand programs of the Centers  
4 for Disease Control and Prevention to address opioid use  
5 disorder, including by—

6 (1) improving the timeliness and quality of data

7 on the opioid epidemic, including improvement of—

8 (A) data on fatal and nonfatal overdoses;

9 (B) syndromic surveillance;

10 (C) data on long-term sequelae (including  
11 neonatal abstinence syndrome); and

(D) cause of death reporting related to substance abuse or opioid overdose;

14 (2) expanding and strengthening evidence-based  
15 prevention and education strategies;

16 (3) supporting responsible prescribing practices,  
17 including through development and dissemination of  
18 prescriber guidelines;

19 (4) improving access to and use of effective pre-  
20 vention, treatment, and recovery support, including  
21 through grants and the provision of technical assist-  
22 ance to States and localities;

23 (5) strengthening partnerships with first re-  
24 sponders, including to protect their safety;

(6) considering the needs of vulnerable populations;

3 (7) addressing infectious diseases linked to the  
4 opioid crisis;

5 (8) strengthening prescription drug monitoring  
6 programs; and

7 (9) providing financial and technical assistance  
8 to State and local health department efforts to treat  
9 and prevent substance use disorder.

10 (b) LIMITATION.—Of the funds made available pur-  
11 suant to section 101(d)(2) for carrying out this section,  
12 not more than 20 percent may be used for intramural pur-  
13 poses.

## 14 SEC. 104. FOOD AND DRUG ADMINISTRATION.

15 The entirety of the funds made available pursuant to  
16 section 101(d)(3) shall be for the Commissioner of Food  
17 and Drugs, pursuant to applicable authorities in the Pub-  
18 lic Health Service Act (42 U.S.C. 201 et seq.) or the Fed-  
19 eral Food, Drug, and Cosmetic Act (21 U.S.C. 301 et  
20 seq.) and other applicable law, to support widespread inno-  
21 vation in non-opioid and non-addictive medical products  
22 for pain treatment, access to opioid addiction treatments,  
23 appropriate use of approved opioids, and efforts to reduce  
24 illicit importation of opioids. Such support may include the  
25 following:

1 (1) Facilitating the development of non-opioid  
2 and non-addictive pain treatments.

3 (2) Advancing guidance documents for sponsors  
4 of non-opioid pain products.

5 (3) Developing evidence to inform the potential  
6 for nonprescription overdose therapies.

7 (4) Examining expanded labeling indications for  
8 medication-assisted treatment.

20 (7) Examining options to limit the duration of  
21 opioid prescriptions for acute pain, including  
22 through packaging options.

23 (8) Increasing staff and infrastructure capacity  
24 to inspect and analyze packages at international  
25 mail facilities and pursue criminal investigations.

1 **SEC. 105. NATIONAL INSTITUTES OF HEALTH.**

2 The entirety of the funds made available pursuant to  
3 section 101(d)(4) shall be for the Director of the National  
4 Institutes of Health, pursuant to applicable authorities in  
5 the Public Health Service Act (42 U.S.C. 201 et seq.),  
6 to carry out activities related to—

7 (1) accelerating research for addressing the  
8 opioid epidemic, including developing non-opioid  
9 medications and interventions, including non-addict-  
10 ive medications, to manage pain, as well as to treat  
11 and to prevent substance use disorders;

12 (2) conducting and supporting research on  
13 which treatments (in terms of pain management as  
14 well as treating and preventing substance use dis-  
15 orders) are optimal for which patients; and

16 (3) conducting and supporting research on cre-  
17 ating longer-lasting or faster-acting antidotes for  
18 opioid overdose, particularly in response to the prev-  
19 alence of fentanyl and carfentanyl overdoses.

20 **SEC. 106. HEALTH RESOURCES AND SERVICES ADMINIS-  
21 TRATION.**

22 The entirety of the funds made available pursuant to  
23 section 101(d)(5) shall be for the Administrator of the  
24 Health Resources and Services Administration, pursuant  
25 to applicable authorities in titles III, VII, and VIII of the  
26 Public Health Service Act (42 U.S.C. 241 et seq.), to

1 carry out activities that increase the availability and ca-  
2 pacity of the behavioral health workforce. Such activities  
3 may include providing loan repayment assistance for sub-  
4 stance abuse treatment providers.

5 **SEC. 107. ADMINISTRATION FOR CHILDREN AND FAMILIES.**

6 Of the funds made available pursuant to section  
7 101(d)(6) for each of fiscal years 2020 through 2024—

8 (1) \$25,000,000 for each such fiscal year shall  
9 be for the Secretary of Health and Human Services  
10 to carry out title I of the Child Abuse Prevention  
11 and Treatment Act (42 U.S.C. 5101 et seq.); and

12 (2) \$25,000,000 for each such fiscal year shall  
13 be for the Secretary of Health and Human Services  
14 to carry out title II of such Act (42 U.S.C. 5116 et  
15 seq.).

16 **TITLE II—ADDITIONAL INVEST-  
17 MENTS IN EXISTING PRO-  
18 GRAMS TO RESPOND TO THE  
19 OPIOID EPIDEMIC**

20 **SEC. 201. INCREASE IN FUNDING FOR REGIONAL PARTNER-  
21 SHIP GRANTS.**

22 Section 436 of the Social Security Act (42 U.S.C.  
23 629f) is amended—

24 (1) in subsection (a), by striking  
25 “\$345,000,000 for each of fiscal years 2017 through

1        2021” and inserting “\$385,000,000 for each of fis-  
2        cal years 2018 through 2024”; and

3                (2) in subsection (b)—

4                        (A) in paragraph (4)(A), by striking “2017  
5                        through 2021” and inserting “2018 through  
6                        2024”; and

7                        (B) in paragraph (5), by striking  
8                        “\$20,000,000 for each of fiscal years 2017  
9                        through 2021” and inserting “\$60,000,000 for  
10                        each of fiscal years 2018 through 2024”.

11 **SEC. 202. ACCOUNT FOR THE STATE AND TRIBAL RE-**  
12 **SPONSE TO THE OPIOID ABUSE CRISIS.**

13        Section 1003(h) of the 21st Century Cures Act (42  
14 U.S.C. 290ee–3 note) is amended by striking  
15 “\$500,000,000 for each of fiscal years 2019 through  
16 2021” and inserting “\$500,000,000 for fiscal years 2019  
17 and \$3,750,000,000 for each of fiscal years 2020 through  
18 2023”.

1     **TITLE III—EXPANDING ACCESS**  
2       **TO TREATMENT SERVICES**

3     **SEC. 301. ELIMINATING TIME LIMITATION FOR NURSE**  
4           **PRACTITIONERS, CLINICAL NURSE SPECIAL-**  
5           **ISTS, CERTIFIED REGISTERED NURSE ANES-**  
6           **THETISTS, CERTIFIED NURSE MIDWIVES, AND**  
7           **PHYSICIAN ASSISTANTS TO BE QUALIFYING**  
8           **PRACTITIONERS.**

9           Section 303(g)(2)(G)(iii)(III) of the Controlled Sub-  
10   stances Act (21 U.S.C. 823(g)(2)(G)(iii)(III)) is amended  
11   by striking “for the period beginning on October 1, 2018,  
12   and ending on October 1, 2023.”.

13     **SEC. 302. COVERAGE OF METHADONE UNDER MEDICARE**  
14           **PART B.**

15       (a) **COVERAGE.**—Section 1861(s)(2) of the Social Se-  
16   curity Act (42 U.S.C. 1395x(s)(2)) is amended—

17           (1) by striking “and” at the end of subpara-  
18   graph (GG);

19           (2) by adding “and” at the end of subpara-  
20   graph (HH); and

21           (3) by inserting after subparagraph (HH) the  
22   following new subparagraph:

23               “(II) methadone, if furnished or dispensed  
24   (including by prescription) in an oral form on  
25   or after January 1, 2019, to an individual for

1           the purpose of maintenance or detoxification  
2           treatment by a physician or other practitioner  
3           who has in effect a registration or waiver under  
4           section 303(g) of such Act (21 U.S.C. 823(g))  
5           to dispense methadone for such purpose;”.

6           (b) PAYMENT.—

7           (1) IN CONNECTION WITH PHYSICIAN AND SUP-  
8           PLIER SERVICE.—Section 1842(o)(1) of the Social  
9           Security Act (42 U.S.C. 1395u(o)(1)) is amended by  
10           adding at the end the following new subparagraph:

11           “(H) In the case of methadone (as de-  
12           scribed in section 1861(s)(2)(II)), the amount  
13           provided under section 1847A for such drug.”.

14           (2) COVERED OPD SERVICE.—Section  
15           1833(t)(1)(B)(iii) of the Social Security Act (42  
16           U.S.C. 1395l(t)(1)(B)(iii)) is amended by inserting  
17           “and methadone described in paragraph (2)(II) of  
18           such section” after “section 1861(s)”.

19           (c) BUDGET NEUTRALITY.—The Secretary of Health  
20           and Human Services shall implement the amendments  
21           made by this section in a manner such that—

22           (1) estimated expenditures under the physician  
23           fee schedule under section 1848 of the Social Secu-  
24           rity Act (42 U.S.C. 1395w-4) with application of  
25           such amendments are equal to estimated expendi-

1       tures under such schedule without application of  
2       such amendments; and

3               (2) estimated expenditures under the prospec-  
4       tive payment system under section 1833(t) of the  
5       Social Security Act (42 U.S.C. 1395l(t)) with appli-  
6       cation of such amendments made by this section are  
7       equal to estimated expenditures under such system  
8       without application of such amendments.

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