

116TH CONGRESS
2D SESSION

S. 4640

To amend the Controlled Substances Act to require physicians and other prescribers of controlled substances to complete training on treating and managing patients with opioid and other substance use disorders, which shall also satisfy certain training requirements to receive a waiver for dispensing narcotic drugs for maintenance or detoxification treatment, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 22, 2020

Mr. BENNET (for himself and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Controlled Substances Act to require physicians and other prescribers of controlled substances to complete training on treating and managing patients with opioid and other substance use disorders, which shall also satisfy certain training requirements to receive a waiver for dispensing narcotic drugs for maintenance or detoxification treatment, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Medication Access and
3 Training Expansion Act of 2020” or the “MATE Act of
4 2020”.

5 **SEC. 2. REQUIRING PRESCRIBERS OF CONTROLLED SUB-**
6 **STANCES TO COMPLETE TRAINING ON**
7 **TREATING AND MANAGING PATIENTS WITH**
8 **OPIOID AND OTHER SUBSTANCE USE DIS-**
9 **ORDERS.**

10 (a) IN GENERAL.—Section 303 of the Controlled
11 Substances Act (21 U.S.C. 823) is amended by adding at
12 the end the following:

13 “(1) REQUIRED TRAINING FOR PRESCRIBERS ON
14 TREATING AND MANAGING PATIENTS WITH OPIOID AND
15 OTHER SUBSTANCE USE DISORDERS.—

16 “(1) APPLICABILITY.—This subsection ap-
17 plies—

18 “(A) to any practitioner who is licensed
19 under State law to prescribe controlled sub-
20 stances; and

21 “(B) beginning with the first registration
22 or renewal of registration by the practitioner
23 under this section that occurs on or after the
24 date that is 90 days after the date of enactment
25 of the Medication Access and Training Expans-
26 ion Act of 2020.

1 “(2) TRAINING REQUIRED.—As a condition on
2 registration under this section to dispense controlled
3 substances in schedule II, III, IV, or V, the Attorney
4 General shall require any practitioner described in
5 paragraph (1)(A) to meet the following conditions:

6 “(A) In the case of a practitioner who is
7 a physician, the physician shall meet not less
8 than 1 of the following conditions:

9 “(i) The physician holds a board cer-
10 tification in addiction psychiatry or addic-
11 tion medicine from the American Board of
12 Medical Specialties.

13 “(ii) The physician holds an addiction
14 certification or board certification from the
15 American Society of Addiction Medicine or
16 the American Board of Addiction Medicine.

17 “(iii) The physician holds a board cer-
18 tification in addiction medicine from the
19 American Osteopathic Association.

20 “(iv) The physician has completed not
21 less than 8 hours of training on the treat-
22 ment and management of patients with
23 opioid and other substance use disorders
24 that—

1 “(I) is provided through class-
2 room situations, seminars at profes-
3 sional society meetings, electronic
4 communication, or other means;

5 “(II) is provided by the American
6 Society of Addiction Medicine, the
7 American Academy of Addiction Psy-
8 chiatry, the American Medical Asso-
9 ciation, the American Osteopathic As-
10 sociation, the American Psychiatric
11 Association, or another organization
12 that the Secretary determines appro-
13 priate; and

14 “(III) includes content relating
15 to—

16 “(aa) opioid maintenance
17 and detoxification;

18 “(bb) the appropriate clin-
19 ical use of all drugs approved by
20 the Food and Drug Administra-
21 tion for the treatment of a sub-
22 stance use disorder;

23 “(cc) initial and periodic pa-
24 tient assessments, including sub-
25 stance use monitoring;

1 “(dd) individualized treat-
2 ment planning, overdose reversal,
3 and relapse prevention;

4 “(ee) counseling and recov-
5 ery support services;

6 “(ff) staffing roles and con-
7 siderations, including bias and
8 anti-racism training to reduce ra-
9 cial and ethnic disparities;

10 “(gg) diversion control; and

11 “(hh) other best practices,
12 such as addiction prevention, as
13 identified by the Secretary after
14 consultation with practitioners
15 from a variety of medical special-
16 ties and who practice in different
17 settings in which controlled sub-
18 stances are prescribed.

19 “(v) The physician has participated as
20 an investigator in one or more clinical
21 trials leading to the approval of a narcotic
22 drug in schedule III, IV, or V for mainte-
23 nance or detoxification treatment, as dem-
24 onstrated by a statement submitted to the

1 Secretary by the sponsor of the approved
2 drug.

3 “(vi) The physician has other training
4 or experience that the medical licensing
5 board of the State where the physician will
6 provide maintenance or detoxification
7 treatment considers demonstrative of the
8 ability of the physician to treat and man-
9 age patients with opioid and other sub-
10 stance use disorders.

11 “(vii)(I) The physician has other
12 training or experience that the Secretary
13 identifies, in a regulation promulgated in
14 accordance with subclause (II), as demon-
15 strative of the ability of the physician to
16 treat and manage patients with opioid and
17 other substance use disorders.

18 “(II)(aa) The Secretary may by regu-
19 lation establish criteria for purposes of
20 subclause (I).

21 “(bb) Subject to item (cc), any cri-
22 teria established by the Secretary under
23 item (aa) shall be effective for a 3-year pe-
24 riod.

1 “(cc) During the 30-day period pre-
 2 ceding the expiration of a 3-year period of
 3 effectiveness of criteria established under
 4 this subclause, the Secretary may extend
 5 the effectiveness of the criteria for an addi-
 6 tional 3-year period by publishing a notice
 7 of the extension in the Federal Register.

8 “(viii) The physician—

9 “(I) graduated in good standing
 10 from an accredited school of allopathic
 11 medicine or osteopathic medicine in
 12 the United States during the 5-year
 13 period preceding the date of the first
 14 registration or renewal of registration
 15 by the physician described in para-
 16 graph (1)(B); and

17 “(II) has successfully completed
 18 a comprehensive allopathic or osteo-
 19 pathic medicine curriculum or accred-
 20 ited medical residency that included—

21 “(aa) not less than 8 hours
 22 of training on treating and man-
 23 aging patients with opioid and
 24 other substance use disorders;
 25 and

1 “(bb) at a minimum—

2 “(AA) the training de-
3 scribed in items (aa)
4 through (hh) of clause
5 (iv)(III); and

6 “(BB) training with re-
7 spect to any other best prac-
8 tice the Secretary deter-
9 mines necessary, which may
10 include training on pain
11 management, including as-
12 sessment and appropriate
13 use of opioid and non-opioid
14 alternatives.

15 “(B) In the case of a practitioner who is
16 not a physician, the practitioner shall meet not
17 less than 1 of the following conditions:

18 “(i) The practitioner has completed
19 not less than 8 hours of initial training on
20 the topics listed in subparagraph
21 (A)(iv)(III) that—

22 “(I) is provided through class-
23 room situations, seminars at profes-
24 sional society meetings, electronic
25 communication, or other means; and

1 “(II) is provided by the American
 2 Society of Addiction Medicine, the
 3 American Academy of Addiction Psy-
 4 chiatry, the American Medical Asso-
 5 ciation, the American Osteopathic As-
 6 sociation, the American Nurses
 7 Credentialing Center, the American
 8 Psychiatric Association, the American
 9 Association of Nurse Practitioners,
 10 the American Academy of Physician
 11 Assistants, or any other organization
 12 that the Secretary determines appro-
 13 priate.

14 “(ii) The practitioner has other train-
 15 ing or experience that the Secretary identi-
 16 fies as demonstrative of the ability of the
 17 practitioner to treat and manage patients
 18 with opioid and other substance use dis-
 19 orders.

20 “(iii) The practitioner—

21 “(I) graduated in good standing
 22 from an accredited physician assistant
 23 school or school of advanced practice
 24 nursing in the United States during
 25 the 5-year period immediately pre-

ceding the date of the first registration or renewal of registration by the practitioner described in paragraph (1)(B); and

“(II) has successfully completed a comprehensive physician assistant or advanced practice nursing curriculum that includes—

“(aa) not less than 8 hours of training on treating and managing patients with opioid and other substance use disorders; and

“(bb) at a minimum—

“(AA) the training described in items (aa) through (hh) of subparagraph (A)(iv)(III); and

“(BB) training with respect to any other best practice the Secretary determines necessary, which may include training on pain management, including assessment and appropriate

1 use of opioid and non-opioid
2 alternatives.

3 “(3) RECIPROCAL TREATMENT.—

4 “(A) PHYSICIANS.—

5 “(i) MEETING CONDITIONS FOR PRE-
6 SCRIBING.—A physician who meets one or
7 more of the conditions listed in paragraph
8 (2)(A) shall be deemed to meet one or
9 more of the conditions listed in subsection
10 (g)(2)(G)(ii).

11 “(ii) MEETING CONDITIONS FOR
12 WAIVER FOR DISPENSING.—A physician
13 who meets one or more of the conditions
14 listed in subsection (g)(2)(G)(ii) shall be
15 deemed to meet one or more of the condi-
16 tions listed in paragraph (2)(A).

17 “(B) OTHER PRACTITIONERS.—

18 “(i) MEETING CONDITIONS FOR PRE-
19 SCRIBING.—A practitioner who is not a
20 physician, and who meets one or more of
21 the conditions listed in paragraph (2)(B),
22 shall be deemed to meet one or more of the
23 conditions listed in subsection
24 (g)(2)(G)(iv)(II).

1 “(ii) MEETING CONDITIONS FOR
 2 WAIVER FOR DISPENSING.—A practitioner
 3 who is not a physician, and who meets one
 4 or more of the conditions listed in sub-
 5 section (g)(2)(G)(iv)(II), shall be deemed
 6 to meet one or more of the conditions list-
 7 ed in paragraph (2)(B).”.

8 (b) TRAINING REQUIRED.—

9 (1) PHYSICIANS.—Section
 10 303(g)(2)(G)(ii)(IV)(hh) of the Controlled Sub-
 11 stances Act (21 U.S.C. 823(g)(2)(G)(ii)(IV)(hh)) is
 12 amended by inserting after “, as identified by the
 13 Secretary” the following: “, which may include best
 14 practices for addiction prevention”.

15 (2) OTHER PRACTITIONERS.—Section
 16 303(g)(2)(G)(iv)(II) of the Controlled Substances
 17 Act (21 U.S.C. 823(g)(2)(G)(iv)(II)) is amended—

18 (A) in item (aa), by striking “or” at the
 19 end;

20 (B) in item (bb), by striking the period at
 21 the end and inserting “; or”; and

22 (C) by adding at the end the following:

23 “(cc) graduated in good standing from an
 24 accredited physician assistant school or school
 25 of advanced practice nursing in the United

1 States during the 5-year period immediately
 2 preceding the date on which the practitioner
 3 submits to the Secretary a notification under
 4 subparagraph (B) and has successfully com-
 5 pleted a comprehensive physician assistant or
 6 advanced practice nursing curriculum that in-
 7 cludes—

8 “(AA) not less than 8 hours of train-
 9 ing on treating and managing opioid-de-
 10 pendent patients;

11 “(BB) the training described in items
 12 (aa) through (hh) of clause (ii)(IV); and

13 “(CC) training with respect to any
 14 other best practice the Secretary deter-
 15 mines necessary, which may include train-
 16 ing on pain management, including assess-
 17 ment and appropriate use of opioid and
 18 non-opioid alternatives.”.

19 (3) TECHNICAL CORRECTIONS.—Section
 20 303(g)(2)(G) of the Controlled Substances Act (21
 21 U.S.C. 823(g)(2)(G)) is amended—

22 (A) in clause (ii)—

23 (i) by moving subclauses (I) and (II)
 24 4 ems to the left;

25 (ii) in subclause (VIII)—

- 1 (I) in item (bb), by moving
2 subitems (AA) and (BB) 2 ems to the
3 right; and
4 (II) by moving items (aa) and
5 (bb) 2 ems to the right; and
6 (iii) by moving subclause (VIII) 2 ems
7 to the right; and
8 (B) in clause (iv)(II)(bb), by striking
9 “has” before “such other training”.

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