

115TH CONGRESS
2D SESSION

H. R. 5456

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

APRIL 10, 2018

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

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.

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 “Access to Substance
5 Abuse Treatment Act of 2018”.

6 **SEC. 2. EXPANDED ACCESS TO SUBSTANCE ABUSE TREAT-**
7 **MENT SERVICES.**

8 Title V of the Public Health Service Act is amended
9 by inserting after section 514 of such Act (42 U.S.C.
10 290bb–7) the following:

1 **“SEC. 514A. EXPANDED ACCESS TO SUBSTANCE ABUSE**
2 **TREATMENT SERVICES.**

3 “(a) IN GENERAL.—The Director of the Center for
4 Substance Abuse Treatment shall make grants to Feder-
5 ally qualified health centers, substance abuse treatment
6 centers, rehabilitation treatment centers, or residential
7 treatment centers to expand access to substance abuse
8 treatment services for adults, adolescents, and children
9 by—

10 “(1) increasing education, screening, care co-
11 ordination, risk reduction interventions, or coun-
12 seling regarding the availability of testing, treat-
13 ment, and clinical management for patients with or
14 at risk of HIV/AIDS, hepatitis C, and other diseases
15 associated with opioid use disorders;

16 “(2) enhancing clinical workflow to improve
17 substance abuse treatment services;

18 “(3) enhancing the use of health information
19 technologies to improve the effectiveness of sub-
20 stance abuse treatment services and increase patient
21 engagement;

22 “(4) educating patients and community mem-
23 bers on opioid use disorders, including the use of
24 opioid antagonists in preventing opioid overdose;

1 “(5) expanding treatment capacity in rural and
2 underserved communities through the use of tele-
3 medicine;

4 “(6) providing treatment transition and cov-
5 erage for patients reentering communities from
6 criminal justice settings or other rehabilitative set-
7 tings;

8 “(7) training and certifying opioid use disorder
9 treatment providers, including physicians, nurses,
10 counselors, social workers, care coordinators, and
11 case managers;

12 “(8) supporting innovative delivery of medica-
13 tion-assisted treatment; and

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

17 “(b) PRIORITY.—In awarding grants under this sub-
18 section, the Director shall prioritize grants to Federally
19 qualified health centers, substance abuse treatment cen-
20 ters and programs, rehabilitation treatment centers and
21 programs, and residential treatment centers—

22 “(1) serving communities with a greater inci-
23 dence of substance abuse; or

24 “(2) providing, or proposing to incorporate,
25 medication-assisted treatment.

1 “(c) REQUIREMENTS.—

2 “(1) EVIDENCE-BASED, COST-EFFECTIVE.—

3 Services funded through a grant under this sub-
4 section shall be—

5 “(A) evidence-based; and

6 “(B) cost-effective.

7 “(2) MANNER OF PROVIDING SERVICES.—Serv-
8 ices funded through a grant under this section—

9 “(A) may be provided by the grantee di-
10 rectly or through referrals to other providers
11 with which the grantee has a formal relation-
12 ship; and

13 “(B) shall be provided in a manner reflect-
14 ing person-centered care.

15 “(d) PROVIDERS.—Providers treating patients for
16 substance use disorders pursuant to a grant under this
17 subsection shall be licensed or credentialed, as applicable,
18 in the States involved to treat such patients for such dis-
19 orders.

20 “(e) DEFINITIONS.—In this section:

21 “(1) The term ‘Federally qualified health cen-
22 ter’ has the meanings given the term in section
23 1861(aa) of the Social Security Act.

24 “(2) The term ‘substance abuse treatment serv-
25 ices’ includes the following:

1 “(A) Screening, assessment, and diagnosis,
2 including risk assessment.

3 “(B) Patient-centered treatment planning
4 or similar processes, including risk assessment
5 and crisis planning.

6 “(C) Outpatient substance use services, in-
7 cluding medication-assisted treatment, recovery
8 support services, and related behavioral health
9 services.

10 “(D) Targeted case management.

11 “(E) Peer support, counselor services, re-
12 covery coaching, and family supports.

13 “(F) Harm reduction and syringe services
14 programs.

15 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this sub-
17 section \$1,000,000,000 for each of fiscal years 2019
18 through 2024.”.

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