

115TH CONGRESS  
2D SESSION

# S. 2589

To amend title V of the Public Health Service Act to establish a grant program to create comprehensive opioid recovery centers, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

MARCH 22, 2018

Ms. HASSAN (for herself and Mrs. CAPITO) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend title V of the Public Health Service Act to establish a grant program to create comprehensive opioid recovery centers, 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 “Comprehensive Opioid  
5 Recovery Centers Act of 2018”.

6 **SEC. 2. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

7 (a) IN GENERAL.—Part D of title V of the Public  
8 Health Service Act is amended by adding at the end the  
9 following new section:

1 **“SEC. 550. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

2       “(a) IN GENERAL.—The Secretary, acting through  
3 the Assistant Secretary for Mental Health and Substance  
4 Use, shall award grants on a competitive basis to eligible  
5 entities to establish or operate a comprehensive opioid re-  
6 covery center (referred to in this section as a ‘Center’).  
7 A Center may be a single entity or a set of integrated  
8 delivery networks operating together in one State.

9       “(b) GRANT PERIOD.—

10           “(1) IN GENERAL.—A grant awarded under  
11 subsection (a) shall be for a period not less than 3  
12 years and not more than 5 years.

13           “(2) RENEWAL.—A grant awarded under sub-  
14 section (a) may be renewed, on a competitive basis,  
15 for additional periods of time, as determined by the  
16 Secretary. In determining whether to renew a grant  
17 under this paragraph, the Secretary shall consider  
18 the data submitted under subsection (h).

19       “(c) MINIMUM NUMBER OF CENTERS.—The Sec-  
20 retary shall allocate the amounts made available under  
21 subsection (i) such that not fewer than 10 Centers may  
22 be established across the United States.

23       “(d) APPLICATION.—In order to be eligible for a  
24 grant under subsection (a), an entity shall submit an ap-  
25 plication to the Secretary at such time and in such manner

1 as the Secretary may require. Such application shall in-  
2 clude—

3 “(1) evidence that such entity carries out, or is  
4 capable of coordinating with other entities to carry  
5 out, the activities described in subsection (g); and

6 “(2) such other information as the Secretary  
7 may require.

8 “(e) PRIORITY.—In awarding grants under sub-  
9 section (a), the Secretary shall give priority to eligi-  
10 ble entities located in a State or Indian country (as defined in  
11 section 1151 of title 18, United States Code) with a high  
12 per capita drug overdose mortality rate, as determined by  
13 the Director of the Centers for Disease Control and Pre-  
14 vention.

15 “(f) USE OF GRANT FUNDS.—An eligible entity  
16 awarded a grant under subsection (a) shall use the grant  
17 funds to establish or operate a Center to carry out the  
18 activities described in subsection (g).

19 “(g) CENTER ACTIVITIES.—Each Center shall, at a  
20 minimum, carry out the activities described in this sub-  
21 section.

22 “(1) OUTREACH.—Each Center shall carry out  
23 the following outreach activities:

24 “(A) Perform community needs assess-  
25 ments.

1           “(B) Train and supervise outreach staff to  
2 work with State and local health departments,  
3 health care providers, State and local education  
4 agencies, institutions of higher education, State  
5 and local workforce development boards, State  
6 and local community action agencies, justice  
7 professionals, and other community partners as  
8 determined by the Secretary, to ensure that  
9 such entities are aware of the services of the  
10 Center.

11           “(C) Disseminate and make available on-  
12 line evidence-based resources that educate pro-  
13 fessionals and the public on opioid use disorder  
14 and other substance use disorders.

15           “(2) TREATMENT AND RECOVERY SERVICES.—  
16 Each Center shall provide the following treatment  
17 and recovery services:

18           “(A) Ensure that intake and ongoing eval-  
19 uations meet the clinical needs of patients, in-  
20 cluding by offering assessments for services and  
21 level of care recommendations through inde-  
22 pendent, research-validated verification proc-  
23 esses for reviewing patient placement in addic-  
24 tion treatment settings.

1           “(B) Periodically conduct patient assess-  
2           ments to ensure continued and meaningful re-  
3           covery, as defined by the Assistant Secretary  
4           for Mental Health and Substance Use.

5           “(C) Provide the full continuum of treat-  
6           ment services, including—

7                   “(i) all drugs approved by the Food  
8                   and Drug Administration to treat sub-  
9                   stance use disorders, including opioid use  
10                  disorder and alcohol use disorder;

11                  “(ii) medically supervised detoxifica-  
12                  tion that includes patient evaluation, sta-  
13                  bilization, and readiness for and entry into  
14                  treatment;

15                  “(iii) counseling provided by a pro-  
16                  gram counselor or other certified profes-  
17                  sional who is qualified by education, train-  
18                  ing, or experience to assess the psycho-  
19                  logical and sociological background of pa-  
20                  tients, to contribute to the appropriate  
21                  treatment plan for the patient, and to  
22                  monitor patient progress;

23                  “(iv) residential rehabilitation, and  
24                  outpatient and intensive outpatient pro-  
25                  grams;

1 “(v) recovery housing;

2 “(vi) community-based and peer re-  
3 covery support services;

4 “(vii) job training, job placement as-  
5 sistance, and continuing education assist-  
6 ance to support reintegration into the  
7 workforce; and

8 “(viii) other best practices, as deter-  
9 mined by the Secretary.

10 “(D) Administer an onsite pharmacy and  
11 provide toxicology services.

12 “(E) Establish and operate a secure and  
13 confidential electronic health information sys-  
14 tem.

15 “(h) DATA REPORTING AND PROGRAM OVER-  
16 SIGHT.—With respect to a grant awarded under sub-  
17 section (a) to an eligible entity for a Center, not later than  
18 90 days after the end of the first year of the grant period,  
19 and annually thereafter for the duration of the grant pe-  
20 riod (including the duration of any renewal period for such  
21 grant), the entity shall submit data, as appropriate, to the  
22 Secretary regarding—

23 “(1) the programs and activities funded by the  
24 grant;

1           “(2) health outcomes of individuals with a sub-  
2           stance use disorder who received services from the  
3           Center;

4           “(3) the effectiveness of interventions designed,  
5           tested, and evaluated by an independent program  
6           evaluator;

7           “(4) the retention rate of program participants;  
8           and

9           “(5) any other information that the Secretary  
10          may require for the purpose of—

11                 “(A) evaluating the effectiveness of the  
12                 Center; and

13                 “(B) ensuring that the Center is complying  
14                 with all the requirements of the grant, including  
15                 providing the full continuum of services de-  
16                 scribed in subsection (g)(2)(C).

17          “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
18          authorized to be appropriated \$10,000,000 for each of fis-  
19          cal years 2019 through 2023 for purposes of carrying out  
20          this section.”.

21          (b) REPORTS TO CONGRESS.—

22                 (1) PRELIMINARY REPORT.—Not later than 3  
23                 years after the date of the enactment of this Act, the  
24                 Secretary of Health and Human Services shall sub-  
25                 mit to Congress a preliminary report that analyzes

1 data submitted under section 550(h) of the Public  
2 Health Service Act, as added by subsection (a).

3 (2) FINAL REPORT.—Not later than one year  
4 after submitting the preliminary report required  
5 under paragraph (1), the Secretary of Health and  
6 Human Services shall submit to Congress a final re-  
7 port that includes—

8 (A) an evaluation of the effectiveness of  
9 comprehensive opioid recovery centers estab-  
10 lished or operated pursuant to section 550 of  
11 the Public Health Service Act, as added by sub-  
12 section (a);

13 (B) recommendations on whether the grant  
14 program established under such section 550  
15 should be reauthorized and expanded; and

16 (C) standards and best practices for the  
17 treatment of substance use disorders.

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