

116TH CONGRESS
2D SESSION

H. R. 7701

To establish programs related to prevention of prescription opioid misuse,
and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 21, 2020

Mr. CARTWRIGHT introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Education and Labor, and Ways and Means, 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

A BILL

To establish programs related to prevention of prescription
opioid misuse, 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 “Addiction Prevention
5 and Responsible Opioid Practices Act”.

1 **SEC. 2. FEDERAL LICENSURE OF PHARMACEUTICAL REP-**
2 **RESENTATIVES WHO PROMOTE CERTAIN**
3 **OPIOIDS.**

4 Subchapter E of chapter V of the Federal Food,
5 Drug, and Cosmetic Act (21 U.S.C. 360bbb et seq.) is
6 amended by adding at the end the following:

7 **“SEC. 569E. FEDERAL LICENSURE OF PHARMACEUTICAL**
8 **REPRESENTATIVES WHO PROMOTE CERTAIN**
9 **OPIOIDS.**

10 “(a) IN GENERAL.—The Secretary, in consultation
11 with the Attorney General, shall establish a licensure pro-
12 gram for pharmaceutical representatives described in sub-
13 section (b).

14 “(b) LICENSURE PROGRAM.—

15 “(1) REQUIREMENT.—Beginning on July 1,
16 2021, no individual described in paragraph (2) may
17 engage in the marketing or promoting of opioid
18 drugs unless such individual is licensed under this
19 section.

20 “(2) INDIVIDUALS REQUIRED TO OBTAIN LI-
21 CENSURE.—An individual required to obtain a li-
22 cense under this section is any individual who, on
23 behalf of a drug manufacturer, engaged, on more
24 than 15 days in a calendar year, in the marketing
25 or promotion to health care professionals, including
26 educational or sales communications, meetings or

1 paid events, and the provision of goods, gifts, and
2 samples, of any opioid drug (other than methadone)
3 that is listed in schedule II of section 202(c) of the
4 Controlled Substances Act.

5 “(3) LICENSURE PERIOD.—Each license issued
6 under this section shall be valid for 3 years, and
7 may be renewed for additional 3-year periods.

8 “(c) REQUIREMENTS.—An individual required to ob-
9 tain a license under this section shall—

10 “(1) submit to the Secretary, at such time and
11 in such manner as the Secretary may require—

12 “(A) such information as the Secretary
13 may require; and

14 “(B) a registration fee in the amount of
15 \$3,000;

16 “(2) certify that such individual has completed
17 training on ethics, pharmaceutical marketing regula-
18 tions, the ‘CDC Guidelines for Prescribing Opioids
19 for Chronic Pain’, published by the Centers for Dis-
20 ease Control and Prevention in 2016 (or any suc-
21 cessor document) or the ‘FDA Blueprint for Pre-
22 scriber Education for Extended-Release and Long-
23 Acting Opioid Analgesics’, and applicable Federal
24 laws pertaining to drug marketing, labeling, and
25 clinical trials, as the Secretary may require;

1 “(3) certify that such individual will not engage
2 in any illegal, fraudulent, misleading, or other decep-
3 tive marketing of schedule II opioid drugs; and

4 “(4) file with the Secretary annual reports dis-
5 closing the names of providers visited and any drug
6 samples or gifts such individual gives any such pro-
7 vider.

8 “(d) MANUFACTURER REPORTING REQUIRE-
9 MENTS.—The manufacturer who employs or contracts
10 with any individual required to obtain a license under this
11 section shall include in reports required under section
12 1128G of the Social Security Act the name of each such
13 licensed individual that provides payments or other trans-
14 fers of value required to be reported under such section
15 1128G that relates to an opioid drug that is listed in
16 schedule II of the Controlled Substances Act.”.

17 **SEC. 3. WITHDRAWAL OF APPROVAL OF CERTAIN OPIOIDS.**

18 (a) IN GENERAL.—Notwithstanding any other provi-
19 sion of law, any ultra-high-dose opioid shall be considered
20 a drug that presents an imminent hazard to the public
21 health within the meaning of section 505(e) of the Federal
22 Food, Drug, and Cosmetic Act (21 U.S.C. 355(e)), and
23 the Secretary of Health and Human Services shall sus-
24 pend the approval of such drug, in accordance with such
25 section 505(e).

1 (b) DEFINITION.—In this section, the term “ultra-
2 high-dose opioid” means an opioid drug for which the
3 daily dosage provided for in the approved label exceeds
4 the morphine milligram equivalents per day outlined in the
5 report entitled “CDC Guidelines for Prescribing Opioids
6 for Chronic Pain”, published by the Centers for Disease
7 Control and Prevention in 2016 (or any successor docu-
8 ment).

9 **SEC. 4. CONTINUING MEDICAL EDUCATION AND PRESCRIP-**
10 **TION DRUG MONITORING PROGRAM REG-**
11 **ISTRATION FOR PRESCRIBERS.**

12 Section 303 of the Controlled Substances Act (21
13 U.S.C. 823) is amended—

14 (1) by redesignating subsection (k) as sub-
15 section (l); and

16 (2) by inserting after subsection (j) the fol-
17 lowing:

18 “(k)(1) The Attorney General shall not register, or
19 renew the registration of, a practitioner under subsection
20 (f) who is licensed under State law to prescribe controlled
21 substances in schedule II, III, or IV, unless the practi-
22 tioner submits to the Attorney General, for each such reg-
23 istration or renewal request, a written certification that—

24 “(A)(i) the practitioner has, during the 1-year
25 period preceding the registration or renewal request,

1 completed a training program described in para-
2 graph (2); or

3 “(ii) the practitioner, during the applicable reg-
4 istration period, will not prescribe such controlled
5 substances in amounts in excess of a 72-hour supply
6 (for which no refill is available); and

7 “(B) the practitioner has registered with the
8 prescription drug monitoring program of the State
9 in which the practitioner practices, if the State has
10 such program.

11 “(2) A training program described in this paragraph
12 is a training program that—

13 “(A) follows the best practices for pain manage-
14 ment, as described in the ‘Guideline for Prescribing
15 Opioids for Chronic Pain’ as published by the Cen-
16 ters for Disease Control and Prevention in 2016, or
17 any successor thereto, or the ‘FDA Blueprint for
18 Prescriber Education for Extended-Release and
19 Long-Acting Opioid Analgesics’ as published by the
20 Food and Drug Administration in 2017, or any suc-
21 cessor thereto;

22 “(B) includes information on—

23 “(i) recommending non-opioid and non-
24 pharmacological therapy;

1 “(ii) establishing treatment goals and eval-
2 uating patient risks;

3 “(iii) prescribing the lowest dose and few-
4 est number of pills considered effective;

5 “(iv) addictive and overdose risks of
6 opioids;

7 “(v) diagnosing and managing substance
8 use disorders, including linking patients to evi-
9 dence-based treatment;

10 “(vi) identifying narcotics-seeking behav-
11 iors; and

12 “(vii) using prescription drug monitoring
13 programs; and

14 “(C) is approved by the Secretary.”.

15 **SEC. 5. REPORT ON PRESCRIBER EDUCATION COURSES**
16 **FOR MEDICAL AND DENTAL STUDENTS.**

17 Each school of medicine, school of osteopathic medi-
18 cine, and school of dentistry participating in a program
19 under title IV of the Higher Education Act of 1965 (20
20 U.S.C. 1070a et seq.), as a condition for such participa-
21 tion, shall submit an annual report to the Secretary of
22 Education and the Secretary of Health and Human Serv-
23 ices on any prescriber education courses focused specifi-
24 cally on pain management and responsible opioid pre-
25 scribing practices that such school requires students to

1 take, and whether such courses are consistent with the
2 most recently published version of the “Guideline for Pre-
3 scribing Opioids for Chronic Pain” of the Centers for Dis-
4 ease Control and Prevention or the “FDA Blueprint for
5 Prescriber Education for Extended-Release and Long-Act-
6 ing Opioid Analgesics”, as published by the Food and
7 Drug Administration in 2017. The Secretary of Education
8 and the Secretary of Health and Human Services shall
9 compile the reports submitted by such schools and submit
10 an annual summary of such reports to Congress.

11 **SEC. 6. REQUIREMENTS UNDER PRESCRIPTION DRUG MON-**
12 **ITORING PROGRAMS.**

13 (a) IN GENERAL.—Beginning 1 year after the date
14 of enactment of this Act, each State that receives funding
15 under any of the programs described in subsection (c)
16 shall—

17 (1) require practitioners, or their designees, in
18 the State to consult the database of the prescription
19 drug monitoring program before writing prescrip-
20 tions for controlled substances (as such term is de-
21 fined in section 102 of the Controlled Substances
22 Act (21 U.S.C. 802)) in schedule II, III, or IV
23 under section 202 of such Act (21 U.S.C. 812);

24 (2) require dispensers of controlled substances
25 in schedule II, III, or IV, or their designees, to input

1 data into the database of the prescription drug mon-
2 itoring program within 24 hours of filling a quali-
3 fying prescription, as required by the Attorney Gen-
4 eral and the Secretary of Health and Human Serv-
5 ices, including patient identifier information, the na-
6 tional drug code of the dispensed drug, date of dis-
7 pensing the drug, quantity and dosage of the drug
8 dispensed, form of payment, Drug Enforcement Ad-
9 ministration registration number of the practitioner,
10 Drug Enforcement Administration registration num-
11 ber of the dispenser;

12 (3) allow practitioners and dispensers to des-
13 ignate other appropriate individuals to act as agents
14 of such practitioners and dispensers for purposes of
15 obtaining and inputting data from the database for
16 purposes of complying with paragraphs (1) and (2),
17 as applicable;

18 (4) provide informational materials for practi-
19 tioners and dispensers to identify and refer patients
20 with possible substance use disorders to professional
21 treatment specialists;

22 (5) establish formal data sharing agreements to
23 foster electronic connectivity with the prescription
24 drug monitoring programs of each State (if such
25 State has such a program) with which the State

1 shares a border, to facilitate the exchange of infor-
2 mation through an established technology architec-
3 ture that ensures common data standards, privacy
4 protection, and secure and streamlined information
5 sharing;

6 (6) authorize direct access to the State's data-
7 base of the prescription drug monitoring program to
8 all State law enforcement agencies, State boards re-
9 sponsible for the licensure, regulation, or discipline
10 of practitioners, pharmacists, or other persons au-
11 thorized to prescribe, administer, or dispense con-
12 trolled substances; and

13 (7) in order to enhance accountability in pre-
14 scribing and dispensing patterns, not fewer than 4
15 times per year, proactively provide informational re-
16 ports on aggregate trends and individual outliers,
17 based on information available through the State
18 prescription drug monitoring program to—

19 (A) the State entities and persons de-
20 scribed in paragraph (6); and

21 (B) the Medicaid agency and the depart-
22 ment of public health of the State.

23 (b) TRANSPARENCY IN PRESCRIBING PRACTICES AND
24 INTERVENTION FOR HIGH PRESCRIBERS.—

1 (1) STATE REPORTING REQUIREMENT.—Each
2 State that receives funding under any of the pro-
3 grams described in subsection (c) shall, twice per
4 year, submit to the Secretary of Health and Human
5 Services and the Administrator of the Drug Enforce-
6 ment Administration—

7 (A) a list of all practitioners and dis-
8 pensers who, in the applicable reporting period,
9 have prescribed or dispensed schedule II, III, or
10 IV opioids in the State;

11 (B) the amount of schedule II, III, or IV
12 opioids that were prescribed and dispensed by
13 each individual practitioner and dispenser de-
14 scribed in subparagraph (A); and

15 (C) any additional information that the
16 Secretary and Administrator may require to
17 support surveillance and evaluation of trends in
18 prescribing or dispensing of schedule II, III, or
19 IV opioids, or to identify possible non-medical
20 use and diversion of such substances.

21 (2) ANNUAL REPORT.—Not later than 1 year
22 after the date of enactment of this Act, and annually
23 thereafter, the Secretary of Health and Human
24 Services, in consultation with the Administrator of
25 the Drug Enforcement Administration, the Secretary

1 of Defense, the Secretary of Veterans Affairs, and
2 the Director of the Indian Health Service, shall sub-
3 mit to Congress, and make public, a report identi-
4 fying outliers among the medical specialties and geo-
5 graphic areas with the highest rates of opioid pre-
6 scribing in the Nation, by zip code.

7 (3) DEVELOPMENT OF ACTION PLAN.—

8 (A) INITIAL PLAN.—Not later than 1 year
9 after the date of enactment of this Act, the Sec-
10 retary of Health and Human Services, in con-
11 sultation with the Administrator of the Drug
12 Enforcement Administration, the Secretary of
13 Defense, the Secretary of Veterans Affairs, and
14 the Director of the Indian Health Service, shall
15 submit to Congress a plan of action, including
16 warning letters and enforcement mechanisms,
17 for addressing outliers in opioid prescribing
18 practices and ensuring an adequate Federal re-
19 sponse to protect the public health.

20 (B) UPDATED PLAN.—The Secretary of
21 Health and Human Services shall submit to
22 Congress updates to the plan of action de-
23 scribed in subparagraph (A), as such Secretary,
24 in consultation with the heads of agencies de-

1 scribed in such subparagraph, determines ap-
2 propriate.

3 (c) PROGRAMS DESCRIBED.—The programs de-
4 scribed in this subsection are—

5 (1) the Harold Rogers Prescription Drug Moni-
6 toring Program established under the Departments
7 of Commerce, Justice, and State, the Judiciary, and
8 Related Agencies Appropriations Act, 2002 (Public
9 Law 107–77; 115 Stat. 748);

10 (2) the controlled substance monitoring pro-
11 gram under section 3990 of the Public Health Serv-
12 ice Act (42 U.S.C. 280g–3);

13 (3) the Prescription Drug Overdose: Prevention
14 for States program of the Centers for Disease Con-
15 trol and Prevention;

16 (4) the Prescription Drug Overdose: Data-Driv-
17 en Prevention Initiative of Centers for Disease Con-
18 trol and Prevention;

19 (5) the Enhanced State Opioid Overdose Sur-
20 veillance program of the Centers for Disease Control
21 and Prevention;

22 (6) the opioid grant program under section
23 1003 of the 21st Century Cures Act (Public Law
24 114–255); and

1 (7) the State Opioid Response Grant program
2 described under the heading “SUBSTANCE ABUSE
3 TREATMENT” under the heading “SUBSTANCE
4 ABUSE AND MENTAL HEALTH SERVICES ADMINIS-
5 TRATION” of title II of division A of the Further
6 Consolidated Appropriations Act, 2020 (Public Law
7 116–94).

8 (d) DEFINITIONS.—In this section, the terms “dis-
9 penser” and “practitioner” have the meanings given such
10 terms in section 102 of the Controlled Substances Act (21
11 U.S.C. 802).

12 **SEC. 7. INTEROPERABILITY OF CERTIFIED HEALTH INFOR-**
13 **MATION TECHNOLOGY.**

14 Section 3001(c)(5) of the Public Health Service Act
15 (42 U.S.C. 300jj–11(c)(5)) is amended by adding at the
16 end the following:

17 “(F) INTEROPERABILITY.—Beginning on
18 January 1, 2021, the National Coordinator
19 shall not certify electronic health records as
20 health information technology that is in compli-
21 ance with applicable certification criteria under
22 this paragraph unless such technology is inter-
23 operable with the prescription drug monitoring
24 programs of each State that, at the time of the

1 request for such certification, has such a pro-
2 gram.”.

3 **SEC. 8. STUDIES RELATED TO OVERDOSE DISCHARGE AND**
4 **FOLLOW-UP POLICIES.**

5 (a) STUDY.—Not later than January 1, 2021, the
6 Secretary of Health and Human Services shall—

7 (1) conduct a study on the scope and cir-
8 cumstances of non-fatal opioid overdoses, the policies
9 and procedures that States, health care systems, and
10 first responders have implemented; and

11 (2) in partnership with stakeholder organiza-
12 tions with subject matter expertise, establish guide-
13 lines for hospital procedures following non-fatal
14 opioid overdose and the administration of overdose
15 reversal medication.

16 (b) STUDY AND DEVELOPMENT OF QUALITY MEAS-
17 URES UNDER MEDICARE RELATED TO OPIOID ABUSE
18 AND SUBSTANCE USE DISORDER.—Section 1890A(e) of
19 the Social Security Act (42 U.S.C. 1395aaa–1(e)) is
20 amended—

21 (1) by striking “MEASURES.—The Adminis-
22 trator” and inserting “MEASURES.—

23 “(1) IN GENERAL.—The Administrator”; and

24 (2) by adding at the end the following new
25 paragraph:

1 “(2) STUDY AND DEVELOPMENT OF QUALITY
2 MEASURES RELATED TO OPIOID ABUSE AND SUB-
3 STANCE USE DISORDER.—Beginning not later than
4 1 year after the date of enactment of this para-
5 graph, the Administrator of the Center for Medicare
6 & Medicaid Services shall study, and through con-
7 tracts develop, in coordination with appropriate sub-
8 ject matter organizations (such as the entity with a
9 contract under section 1890), for use under this Act,
10 quality measures related to standards of care for
11 treating individuals with non-fatal opioid overdose,
12 discharge procedures, and linkages to appropriate
13 substance use disorder treatment and community
14 support services.”.

15 **SEC. 9. MEDICAID OPIOID DRUG MAPPING TOOL.**

16 (a) IN GENERAL.—The Secretary of Health and
17 Human Services shall create an interactive opioid drug
18 mapping tool, which shall be made publicly available on
19 the internet website of the Centers for Medicare & Med-
20 icaid Services, showing prescribing practices of providers
21 that participate in State Medicaid programs and geo-
22 graphic comparisons, at the State, county, and ZIP code
23 levels, of de-identified opioid prescription claims made
24 under State Medicaid programs under title XIX of the So-
25 cial Security Act (42 U.S.C. 1396 et seq.).

1 (b) COLLECTION OF DATA FROM STATES.—The Sec-
2 retary of Health and Human Services may request from
3 States such data as the Secretary determines necessary
4 to create the opioid mapping tool described in subsection
5 (a).

6 **SEC. 10. NATIONAL ACADEMIES STUDY.**

7 (a) STUDY.—The Secretary of Health and Human
8 Services shall enter into a contract with the National
9 Academies of Science, Engineering, and Medicine (re-
10 ferred to in this section as the “National Academies”) to
11 carry out a study on the addition of coverage under the
12 Medicare program under title XVIII of the Social Security
13 Act of alternative treatment modalities (such as integra-
14 tive medicine, including acupuncture and exercise therapy,
15 neural stimulation, biofeedback, radiofrequency ablation,
16 and trigger point injections) furnished to Medicare bene-
17 ficiaries who suffer from acute or chronic lower back pain.
18 Such study shall, pursuant to the contract under this
19 paragraph, include an analysis of—

20 (1) scientific research on the short-term and
21 long-term impact of the addition of such coverage on
22 clinical efficacy for pain management of such bene-
23 ficiaries;

1 (2) whether the lack of Medicare coverage for
2 alternative treatment modalities impacts the volume
3 of opioids prescribed for beneficiaries; and

4 (3) the cost to the Medicare program of the ad-
5 dition of such coverage to treat pain and mitigate
6 the progression of chronic pain, as weighed against
7 the cost of opioid use disorder, overdose, readmis-
8 sion, subsequent surgeries, and utilization and ex-
9 penditures under parts B and D of such title.

10 (b) REPORT.—Not later than 1 year after the date
11 of enactment of this Act, pursuant to the contract under
12 subsection (a), the National Academies shall submit to
13 Congress a report on the study under subsection (a).

14 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
15 out this section, there are authorized to be appropriated
16 such sums as may be necessary.

17 **SEC. 11. EXCISE TAX ON OPIOID PAIN RELIEVERS.**

18 (a) IN GENERAL.—Subchapter E of chapter 32 of the
19 Internal Revenue Code of 1986 is amended by adding at
20 the end the following new section:

21 **“SEC. 4192. OPIOID PAIN RELIEVERS.**

22 “(a) IN GENERAL.—There is hereby imposed on the
23 manufacturer or producer of any taxable active opioid a
24 tax equal to the amount determined under subsection (b).

1 “(b) AMOUNT DETERMINED.—The amount deter-
2 mined under this subsection with respect to a manufac-
3 turer or producer for a calendar year is 1 cent per milli-
4 gram of taxable active opioid in the production or manu-
5 facturing quota determined for such manufacturer or pro-
6 ducer for the calendar year under section 306 of the Con-
7 trolled Substances Act (21 U.S.C. 826).

8 “(c) TAXABLE ACTIVE OPIOID.—For purposes of this
9 section—

10 “(1) IN GENERAL.—The term ‘taxable active
11 opioid’ means any controlled substance (as defined
12 in section 102 of the Controlled Substances Act (21
13 U.S.C. 802), as in effect on the date of the enact-
14 ment of this section) manufactured in the United
15 States which is opium, an opiate, or any derivative
16 thereof.

17 “(2) EXCLUSIONS.—

18 “(A) OTHER INGREDIENTS.—In the case
19 of a product that includes a taxable active
20 opioid and another ingredient, subsection (a)
21 shall apply only to the portion of such product
22 that is a taxable active opioid.

23 “(B) DRUGS USED IN ADDICTION TREAT-
24 MENT.—The term ‘taxable active opioid’ shall
25 not include any controlled substance (as so de-

1 fined) which is used exclusively for the treat-
 2 ment of opioid addiction as part of a medica-
 3 tion-assisted treatment.”.

4 (b) CLERICAL AMENDMENTS.—

5 (1) The heading of subchapter E of chapter 32
 6 of the Internal Revenue Code of 1986 is amended by
 7 striking “**Medical Devices**” and inserting
 8 “**Other Medical Products**”.

9 (2) The table of subchapters for chapter 32 of
 10 such Code is amended by striking the item relating
 11 to subchapter E and inserting the following new
 12 item:

“SUBCHAPTER E. OTHER MEDICAL PRODUCTS”.

13 (3) The table of sections for subchapter E of
 14 chapter 32 of such Code is amended by adding at
 15 the end the following new item:

“Sec. 4192. Opioid pain relievers.”.

16 (c) EFFECTIVE DATE.—The amendments made by
 17 this section shall apply to calendar years beginning after
 18 the date of the enactment of this Act.

19 **SEC. 12. OPIOID CONSUMER ABUSE REDUCTION PROGRAM.**

20 (a) OPIOID TAKE-BACK PROGRAM.—Section 302 of
 21 the Controlled Substances Act (21 U.S.C. 822) is amend-
 22 ed by adding at the end the following:

1 “(h)(1) The Attorney General shall establish a na-
2 tional take-back program for the safe and environmentally
3 responsible disposal of controlled substances.

4 “(2) In establishing the take-back program required
5 under paragraph (1), the Attorney General—

6 “(A) shall consult with the Secretary and the
7 Administrator of the Environmental Protection
8 Agency; and

9 “(B) may coordinate with States, law enforce-
10 ment agencies, water resource management agencies,
11 manufacturers, practitioners, pharmacists, public
12 health entities, transportation and incineration serv-
13 ice contractors, and other entities and individuals, as
14 appropriate.

15 “(3) The take-back program established under para-
16 graph (1)—

17 “(A) shall—

18 “(i) ensure appropriate geographic dis-
19 tribution so as to provide—

20 “(I) reasonably convenient and equi-
21 table access to permanent take-back loca-
22 tions, including not less than 1 disposal
23 site for every 25,000 residents and not less
24 than 1 physical disposal site per town, city,

1 county, or other unit of local government,
2 where possible; and

3 “(II) periodic collection events and
4 mail-back programs, including public no-
5 tice of such events and programs, as a sup-
6 plement to the permanent take-back loca-
7 tions described in subclause (I), particu-
8 larly in areas in which the provision of ac-
9 cess to such locations at the level described
10 in that subclause is not possible;

11 “(ii) establish a process for the accurate
12 cataloguing and reporting of the quantities of
13 controlled substances collected; and

14 “(iii) include a public awareness campaign
15 and education of practitioners and pharmacists;
16 and

17 “(B) may work in coordination with State and
18 locally implemented public and private take-back
19 programs.

20 “(4) From time to time, beginning in the second cal-
21 endar year that begins after the date of enactment of this
22 subsection, the Secretary of the Treasury shall transfer
23 from the general fund of the Treasury an amount equal
24 to one-half of the total amount of taxes collected under
25 section 4192 of the Internal Revenue Code of 1986 to the

1 Attorney General to carry out this subsection. Amounts
2 transferred under this subparagraph shall remain avail-
3 able until expended.”.

4 (b) FUNDING OF SUBSTANCE ABUSE PROGRAMS.—
5 From time to time, beginning in the second calendar year
6 that begins after the date of enactment of this Act, the
7 Secretary of the Treasury shall transfer from the general
8 fund of the Treasury an amount equal to one-half of the
9 total amount of taxes collected under section 4192 of the
10 Internal Revenue Code of 1986, as added by this Act, to
11 the Director of the Center for Substance Abuse Treatment
12 of the Substance Abuse and Mental Health Services Ad-
13 ministration for programs of the Center, including the
14 Block Grants for Prevention and Treatment of Substance
15 Abuse program under subpart II of part B of title XIX
16 of the Public Health Service Act (42 U.S.C. 300x–21 et
17 seq.) and Programs of Regional and National Significance.
18 Amounts transferred under this subsection shall remain
19 available until expended.

20 **SEC. 13. GAO STUDY.**

21 Not later than 1 year after the date of enactment
22 of this Act, the Comptroller General of the United States
23 shall—

24 (1) conduct a study examining the coverage of-
25 fered under commercial health insurance plans and

reimbursement rates under the Medicare program
and State Medicaid plans with respect to—

(A) substance use disorder treatment services, as compared to other health services, and how any disparity identified under this paragraph may contribute to differences in salary and turnover among substance abuse disorder providers; and

(B) rates of coverage or reimbursement, as applicable, for substance abuse disorder services provided via telehealth, as compared to such services provided in-person; and

(2) provide recommendations with respect to addressing any disparities identified under subparagraph (A) or (B) of paragraph (1) in order to bolster retention of substance abuse disorder providers and the provision of substance abuse disorder services.

SEC. 14. EXPANDING ACCESS TO SUBSTANCE USE DISORDER AND MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH UNDER THE MEDICARE PROGRAM.

Section 1834(m)(7) of the Social Security Act (42 U.S.C. 1395m(m)(7)) is amended—

1 (1) in the paragraph heading, by inserting
 2 “AND MENTAL HEALTH SERVICES” after “SUB-
 3 STANCE USE DISORDER SERVICES”;

4 (2) by inserting “or, on or after the first day
 5 after the end of the public health emergency de-
 6 scribed in section 1135(g)(1)(B), to an eligible tele-
 7 health individual for purposes of diagnosis of a sub-
 8 stance use disorder or diagnosis or treatment of a
 9 mental health disorder, as determined by the Sec-
 10 retary,” after “as determined by the Secretary,”.

11 **SEC. 15. ENSURING PARITY FOR MENTAL HEALTH AND AD-**
 12 **DICTION TREATMENT SERVICES.**

13 Title V of the Public Health Service Act (42 U.S.C.
 14 290ll et seq.) is amended—

15 (1) in part K, by redesignating section 550 (42
 16 U.S.C. 290ee–10), relating to sobriety treatment
 17 and recovery teams, as section 553 and transferring
 18 such section to appear after section 552 in part D;
 19 and

20 (2) by adding at the end of such part D the fol-
 21 lowing:

22 **“SEC. 554. COMPLIANCE WITH MENTAL HEALTH AND AD-**
 23 **DICTION TREATMENT PARITY.**

24 “(a) IN GENERAL.—The Secretary, in coordination
 25 with the Secretary of Labor, shall award grants to, or

1 enter into cooperative agreements with, States to ensure
2 that health insurance issuers in the State comply with sec-
3 tion 2726.

4 “(b) USE OF GRANT.—A State shall use amounts re-
5 ceived under a grant or cooperative agreement under this
6 section to—

7 “(1) establish clear guidelines for parity compli-
8 ance for mental health and substance use disorder
9 benefits;

10 “(2) ensure parity compliance during public
11 health emergencies with best practices for delivering
12 evidence-based mental health and substance use dis-
13 order treatment, including to ensure virtual, video,
14 internet, telephonic, and other remote services are
15 appropriately covered, including alignment with au-
16 thorities, flexibilities, and coverage promulgated by
17 the Centers for Medicare & Medicaid Services;

18 “(3) engage with health insurance issuers to en-
19 sure that they comply with the guidelines promul-
20 gated and other provisions of section 2726, including
21 through audits, market conduct examinations, secret
22 shopper programs, or other means;

23 “(4) share information with other States who
24 receive grants under this section;

1 “(5) submit a report to the Secretary and the
2 Secretary of Labor on information, actions, rec-
3 ommendations, and such other information as such
4 secretaries may require; and

5 “(6) publicly post a summary of each report
6 submitted under paragraph (5) on the websites of
7 the Department of Health and Human Services and
8 the Department of Labor.

9 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 \$10,000,000 for each of fiscal years 2021 through 2025.”.

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