AMENDMENT TO
RULES COMMITTEE PRINT 116–41
OFFERED BY MRS. TRAHAN OF MASSACHUSETTS

Add at the end of title VIII the following new section (and conform the table of contents accordingly):

SEC. 812. REQUIRING PRESCRIBERS OF CONTROLLED SUBSTANCES TO COMPLETE TRAINING ON TREATING AND MANAGING PATIENTS WITH OPIOID AND OTHER SUBSTANCE USE DISORDERS.

(a) In general.—Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended by adding at the end the following:

“(l) Required Training for Prescribers on Treating and Managing Patients with Opioid and Other Substance Use Disorders.—

“(1) Applicability.—This subsection applies—

“(A) with respect to any practitioner who is licensed under State law to prescribe controlled substances; and

“(B) beginning with the first registration or renewal of registration by the practitioner
under this section occurring 90 or more days
after the date of enactment of the Medication

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

“(A) If the practitioner is a physician, the
practitioner must meet one or more of the fol-
lowing conditions:

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

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

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

“(iv) The physician has, with respect
to the treatment and management of pa-
tients with opioid and other substance use
disorders, completed not less than 8 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this clause. Such training shall include—

“(I) opioid maintenance and detoxification;

“(II) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder;

“(III) initial and periodic patient assessments (including substance use monitoring);

“(IV) individualized treatment planning, overdose reversal, and relapse prevention;
“(V) counseling and recovery support services;
“(VI) staffing roles and considerations;
“(VII) diversion control; and
“(VIII) other best practices, such as prevention of addiction, as identified by the Secretary, after consultation with practitioners from a variety of medical specialties and who practice in different settings in which controlled substances are prescribed.
“(v) The physician has participated as an investigator in one or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the Secretary by the sponsor of such approved drug.
“(vi) The physician has such other training or experience as the State medical licensing board of the State where the physician will provide maintenance or detoxification treatment considers to dem-
onstrate the ability of the physician to
treat and manage patients with opioid and
other substance use disorders.

“(vii) The physician has such other
training or experience as the Secretary
considers to demonstrate the ability of the
physician to treat and manage patients
with opioid and other substance use dis-
orders. Any criteria of the Secretary under
this clause shall be established by regula-
tion. Any such criteria are effective only
for 3 years after the date on which the cri-
teria are promulgated, but may be ex-
tended for such additional discrete 3-year
periods as the Secretary considers appro-
priate for purposes of this clause. Such an
extension of criteria may only be effec-
tuated through a statement published in
the Federal Register by the Secretary dur-
ing the 30-day period preceding the end of
the 3-year period involved.

“(viii) The physician graduated in
good standing from an accredited school of
alopathic medicine or osteopathic medicine
in the United States during the 5-year pe-
period immediately preceding the date on which the physician first registers or renews under this section and has successfully completed a comprehensive allopathic or osteopathic medicine curriculum or accredited medical residency that—

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

“(II) included, at a minimum—

“(aa) the training described in subclauses (I) through (VIII) of clause (iv); and

“(bb) training with respect to any other best practice the Secretary determines should be included in the curriculum, which may include training on pain management, including assessment and appropriate use of opioid and non-opioid alternatives.
“(B) If the practitioner is not a physician, the practitioner must meet one or more of the following conditions:

“(i) Completed not fewer than 24 hours of initial training addressing each of the topics listed in subparagraph (A)(iv) (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Nurses Credentialing Center, the American Psychiatric Association, the American Association of Nurse Practitioners, the American Academy of Physician Assistants, or any other organization that the Secretary determines is appropriate for purposes of this clause;

“(ii) Has such other training or experience as the Secretary determines will demonstrate the ability of the practitioner to treat and manage patients with opioid and other substance use disorders.
“(iii) Graduated in good standing from an accredited physician assistant school or school of advanced practice nursing in the United States during the 5-year period immediately preceding the date on which the practitioner first registers or renews under this section and has successfully completed a comprehensive physician assistant or advanced practice nursing curriculum that includes not less than 24 hours of training on treating and managing patients with opioid and other substance use disorders and, at a minimum—

“(I) the training described in subclauses (I) through (VIII) of subparagraph (A)(iv); and

“(II) training with respect to any other best practice the Secretary determines should be included in the curriculum, which may include training on pain management, including assessment and appropriate use of opioid and non-opioid alternatives.

“(3) Reciprocal treatment.—
“(A) PHYSICIANS.—A physician who meets
one or more of the conditions listed in para-
graph (2)(A) is deemed to meet one or more of
the conditions listed in subsection (g)(2)(G)(ii),
and a physician who meets one or more of the
conditions listed in subsection (g)(2)(G)(ii) is
deemed to meet one or more of the conditions
listed in paragraph (2)(A).

“(B) OTHER PRACTITIONERS.—A practi-
tioner who is not a physician, and who meets
one or more of the conditions listed in para-
graph (2)(B), is deemed to meet one or more
of the conditions listed in subsection
(g)(2)(G)(iv)(II), and a practitioner who is not
a physician, and who meets one or more of the
conditions listed in subsection (g)(2)(G)(iv)(II),
is deemed to meet one or more of the conditions
listed in paragraph (2)(B).”.

(b) TRAINING REQUIRED.—

(1) PHYSICIANS.—Section
303(g)(2)(G)(ii)(IV)(hh) of the Controlled Sub-
stances Act (21 U.S.C. 823(g)(2)(G)(ii)(IV)) is
amended by inserting “such as prevention of addic-
tion,” after “other best practices,”.
(2) OTHER PRACTITIONERS.—Section 303(g)(2)(G)(iv)(II) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(G)(iv)(II)) is amended—

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

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

(C) by adding at the end the following new item:

“(cc) graduated in good standing from an accredited physician assistant school or school of advanced practice nursing in the United States during the 5-year period immediately preceding the date on which the practitioner submits to the Secretary a written notification under subparagraph (B) and has successfully completed a comprehensive physician assistant or advanced practice nursing curriculum that includes not less than 24 hours of training on treating and managing opioid-dependent patients and, at a minimum—

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

“(BB) training with respect to any other best practice the Secretary deter-
mines should be included in the curriculum, which may include training on pain management, including assessment and appropriate use of opioid and non-opioid alternatives.”.

(3) TECHNICAL CORRECTION.—Section 303(g)(2)(G)(iv)(II)(bb) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(G)(iv)(II)(bb)) is amended by striking “has” before “such other training”.