

116TH CONGRESS
1ST SESSION

H. R. 2482

To amend section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to eliminate the separate registration requirement for dispensing narcotic drugs in schedule III, IV, or V (such as buprenorphine) for maintenance or detoxification treatment, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 2, 2019

Mr. TONKO (for himself, Mr. LUJÁN, Mr. DELGADO, Mr. BUDD, Ms. STEFANIK, and Mr. TURNER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, 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 amend section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to eliminate the separate registration requirement for dispensing narcotic drugs in schedule III, IV, or V (such as buprenorphine) 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mainstreaming Addic-
5 tion Treatment Act of 2019”.

1 **SEC. 2. ELIMINATING SEPARATE REGISTRATION REQUIRE-**
2 **MENT FOR DISPENSING NARCOTIC DRUGS IN**
3 **SCHEDULE III, IV, AND V FOR MAINTENANCE**
4 **OR DETOXIFICATION TREATMENT.**

5 (a) IN GENERAL.—Section 303 of the Controlled
6 Substances Act (21 U.S.C. 823) is amended—

7 (1) by striking paragraph (2) of subsection (g);

8 and

9 (2) in subsection (g), as amended—

10 (A) by striking “(g)(1) Except as provided
11 in paragraph (2), practitioners who dispense
12 narcotic drugs to individuals for maintenance
13 treatment or detoxification treatment” and in-
14 serting “(g) Practitioners who dispense narcotic
15 drugs (other than narcotic drugs in schedule
16 III, IV, or V) to individuals for maintenance
17 treatment or detoxification treatment”;

18 (B) by redesignating subparagraphs (A),
19 (B), and (C) as paragraphs (1), (2), and (3),
20 respectively; and

21 (C) in paragraph (2), as redesignated, by
22 redesignating clauses (i) and (ii) as subpara-
23 graphs (A) and (B), respectively.

24 (b) CONFORMING CHANGES.—

25 (1) Subsections (a) and (d)(1) of section 304 of
26 the Controlled Substances Act (21 U.S.C. 824) are

1 amended by striking “303(g)(1)” each place it ap-
2 pears and inserting “303(g)”.

3 (2) Section 309A(a)(2) of the Controlled Sub-
4 stances Act (21 U.S.C. 829a) is amended—

5 (A) in the matter preceding subparagraph
6 (A), by striking “the controlled substance is to
7 be administered for the purpose of maintenance
8 or detoxification treatment under section
9 303(g)(2)” and inserting “the controlled sub-
10 stance is a narcotic drug in schedule III, IV, or
11 V to be administered for the purpose of mainte-
12 nance or detoxification treatment”; and

13 (B) by striking “and—” and all that fol-
14 lows through “is to be administered by injection
15 or implantation;” and inserting “and is to be
16 administered by injection or implantation;”.

17 (3) Section 520E–4(c) of the Public Health
18 Service Act (42 U.S.C. 290bb–36d(c)) is amended
19 by striking “information on any qualified practi-
20 tioner that is certified to prescribe medication for
21 opioid dependency under section 303(g)(2)(B) of the
22 Controlled Substances Act” and inserting “informa-
23 tion on any practitioner who prescribes narcotic
24 drugs in schedule III, IV, or V of section 202 of the

1 Controlled Substances Act for the purpose of main-
2 tenance or detoxification treatment”.

3 (4) Section 544(a)(3) of the Public Health
4 Service Act (42 U.S.C. 290dd-3) is amended by
5 striking “any practitioner dispensing narcotic drugs
6 pursuant to section 303(g) of the Controlled Sub-
7 stances Act” and inserting “any practitioner dis-
8 pensing narcotic drugs for the purpose of mainte-
9 nance or detoxification treatment”.

10 (5) Section 1833(bb)(3)(B) of the Social Secu-
11 rity Act (42 U.S.C. 1395l(bb)(3)(B)) is amended by
12 striking “first receives a waiver under section 303(g)
13 of the Controlled Substances Act on or after Janu-
14 ary 1, 2019” and inserting “first begins prescribing
15 narcotic drugs in schedule III, IV, or V of section
16 202 of the Controlled Substances Act for the pur-
17 pose of maintenance or detoxification treatment on
18 or after January 1, 2019”.

19 (6) Section 1834(o)(3)(C)(ii) of the Social Se-
20 curity Act (42 U.S.C. 1395m(o)(3)(C)(ii)) is amend-
21 ed by striking “first receives a waiver under section
22 303(g) of the Controlled Substances Act on or after
23 January 1, 2019” and inserting “first begins pre-
24 scribing narcotic drugs in schedule III, IV, or V of
25 section 202 of the Controlled Substances Act for the

1 purpose of maintenance or detoxification treatment
2 on or after January 1, 2019”.

3 (7) Section 1866F(c)(3) of the Social Security
4 Act (42 U.S.C. 1395cc–6(c)(3)) is amended—

5 (A) in subparagraph (A), by inserting
6 “and” at the end;

7 (B) in subparagraph (B), by striking “;
8 and” and inserting a period; and

9 (C) by striking subparagraph (C).

10 (8) Section 1903(aa)(2)(C) of the Social Secu-
11 rity Act (42 U.S.C. 1396b(aa)(2)(C)) is amended—

12 (A) in clause (i), by inserting “and” at the
13 end; and

14 (B) by striking clause (ii).

15 **SEC. 3. NATIONAL EDUCATION CAMPAIGN.**

16 (a) IN GENERAL.—The Secretary of Health and
17 Human Services, acting through the Assistant Secretary
18 for Mental Health and Substance Use, shall conduct a na-
19 tional campaign to educate practitioners with respect to
20 the elimination of the separate registration requirement
21 under section 303(g) of the Controlled Substances Act (21
22 U.S.C. 823(g)), as in effect on the day before the date
23 of enactment of this Act, for dispensing narcotic drugs in
24 schedule III, IV, and V for maintenance or detoxification
25 treatment.

1 (b) REQUIRED COMPONENTS.—The national edu-
2 cation campaign under subsection (a) shall—

3 (1) encourage practitioners to integrate sub-
4 stance use treatment into their practices; and

5 (2) include education on publicly available edu-
6 cational resources and training modules that can as-
7 sist practitioners in treating patients with a sub-
8 stance use disorder.

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