CONGRESSMAN
DAVID TRONE
SERVING MARYLAND'S 6TH DISTRICT

Section by Section: Comprehensive Addiction and Recovery Act (CARA) 3.0

Sec. 1. Short Title, Table of Contents

Sec 2. Findings

Title I-Education, Prevention, and Research

Sec. 101. National Education Campaign. Authorizes sums as may be necessary for a research-based national drug awareness campaign designed to reduce and prevent substance use disorder (SUD). Expands the existing campaign by incorporating use of destigmatizing language and information on harm reduction, polysubstance use, medication-assisted treatment (MAT), and recovery support.

Sec. 102. Research into non-opioid pain management. Authorizes sums as may be necessary for research at the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC) into non-opioid pain management, including non-pharmaceutical and integrative medicine solutions.

Sec. 103. Long-term treatment and recovery support outcomes research. Authorizes sums as may be necessary for the Department of Health and Human Services (HHS) to award five-year grants to research modalities of treatment and recovery support.

Sec. 104. National Commission for Excellence on Post-Overdose Response. Directs the Assistant Secretary of HHS for Mental Health and Substance Use to create an advisory commission to develop culturally-competent clinical practice guidelines, practical tools, and other resources for researchers and evaluators, clinicians and clinical teams, quality improvement experts, and healthcare decision makers to improve the quality and safety of care for drug overdoses and SUD. The Commission will also advise on how to achieve equitable outcomes across race and socioeconomic status.

Sec. 105. Workforce for prevention, treatment, and recovery support services. Authorizes sums as may be necessary for the Substance Abuse and Mental Health Services Administration (SAMHSA) to support training and employment opportunities, as well as retention efforts, for addiction professionals, including peer recovery specialists. Authorizes $5 million in additional funding for the Health Resources Services Administration (HRSA) Mental and Behavioral Health Workforce Education and Training program to retain addiction professionals.

Sec. 106. Reauthorization of Community-Based Coalition Enhancement Grants to Address Local Drug Crises. Reauthorizes Community-Based Coalition Enhancement Grants to Address Local Drug Crises and increases funding authorization by $5 million per year. This program is directed at current or former Drug-Free Communities Support Grant recipients to prevent and reduce the use of opioids or methamphetamines and the misuse of prescription medications among youth in communities with higher than average use.

Sec. 107. NO PAIN Act. Incentivizes non-opioid prescriptions by directing CMS to provide a separate, additional Medicare payment outside of the existing Medicare payment arrangement for non-opioid treatments used to manage pain in both the hospital outpatient department and the ambulatory surgery center settings.

Title II-Treatment

Sec. 201. Evidence-based substance use disorder treatment and intervention demonstrations. Authorizes $300 million per year for training for emergency room technicians, physicians, nurses, or other health care professionals on how to: 1) identify SUDs; 2) effectively engage with and refer patients for assessment and specialized SUD, including MAT and care for co-occurring disorders; and 3) offer peer-based interventions in the emergency room and other health care environments.

Sec. 202. Improving treatment for pregnant, postpartum, and parenting women. Authorizes $100 million annually to provide treatment for pregnant, postpartum, and parenting women for SUDs through residential treatment programs that allow women to live with their minor children. Priority is given to applicants in rural or medically underserved areas and to organizations that provide culturally competent services, use peer recovery advocates, and allow participation by women taking MAT.

Sec. 203. Require the use of prescription drug monitoring programs. Requires prescribers and pharmacists to use their state prescription drug monitoring program (PDMP) within one year of enactment. Requires states to provide an annual report and proactively analyze PDMP data.

Sec. 204. Prescriber education. Requires medical professionals and medical residents who are registered with the Drug Enforcement Administration (DEA) to prescribe controlled substances to certify to the Attorney General that they have completed continuing education courses from an accredited organization within one year of registration and every three years thereafter. The training must cover alternatives to opioids for pain management, palliative care, addiction, adverse events, potential for

dependence, tolerance, prescribing contraindicated substances, MAT, overdose prevention and response, culturally competent services, and bias and stigma in prescribing trends.

Sec. 205. Prohibition of utilization control policies or procedures for MAT under Medicaid. Prohibits states from requiring prior authorization for MAT under Medicaid.

Sec. 206. MAT treatment for recovery from SUD. Removes limits on the number of patients to whom providers can prescribe methadone and buprenorphine by allowing a physician to prescribe MAT without applying for a waiver to treat a patient.

Sec. 207. Telehealth for e-prescribing services. Authorizes such sums as may be necessary to the Center for Medicare and Medicaid Innovation to design, implement, and evaluate incentives for behavioral health providers to adopt electronic health records. Permanently allows providers to prescribe MAT and other necessary drugs via audio-only telehealth following an initial in-person or audio-visual visit, and to bill Medicare for audio-only telehealth services.

Sec. 208. Pilot program on expanding access to treatment. Establishes a five-year pilot program to study the use of mobile methadone clinics in rural and underserved environments.

Sec. 209. Reauthorization of Prac-Ed grant program. Codifies and reauthorizes SAMHSA's Practitioner Education Grant program, which funds efforts to expand the integration of SUD education into the standard curriculum of relevant healthcare and health services education programs.

Sec. 210. GAO study on parity. Commissions a GAO study examining the reimbursement parity between SUD and other health care services , and its effect on the SUD workforce.

Sec. 211. Improving Substance Use Disorder Prevention Workforce. Authorizes such sums as may be necessary to establish a pilot program through SAMHSA to address SUD prevention workforce challenges. Directs SAMHSA to study existing challenges and barriers and to make recommendations.

Title III-Recovery

Sec. 301. Building communities of recovery. Authorizes $200 million annually to build connections between recovery support services and networks, as well as with

community organizations and the medical community. Funds also may be used to provide technical assistance on activities including establishing online recovery support services; naloxone training and distribution; and addressing barriers to recovery, including social determinants of health. Authorizes $50 million annually in grants to peer recovery service organizations to provide continuing care and ongoing community support for individuals to maintain their recovery. These organizations are nonprofits that mobilize resources within and outside the recovery community to increase long-term recovery and that are governed by people in recovery who reflect the community served.

Sec. 302. Recovery in the workplace. States that it is the sense of Congress that an employee who is taking a controlled substance as part of a MAT program is not in violation of a drug-free workplace requirement.

Sec. 303. National youth and young adult recovery initiative. Authorizes $10 million annually to provide SUD recovery support services to youth and young adults enrolled in high school or an institution of higher education, to build communities of support for youth and young adults in SUD recovery, to encourage initiatives designed to help youth and young adults achieve and sustain recovery, and to coordinate recovery programs with other social service providers (e.g. mental health, primary care, criminal justice, housing, child welfare). Preference is given to entities that will serve schools with a high percentage of children below the poverty line.

Secs. 311-318. Excellence in Recovery Housing. Requires SAMHSA, along with national accrediting entities and reputable providers of recovery housing services, to develop guidelines for states to promote the availability of high-quality recovery housing. Provides grants to states to implement these guidelines and promote high-quality housing. Requires the National Academy of Sciences to study the current availability of high-quality recovery housing; make recommendations for increasing availability, improving data collection, improving inclusivity for individuals who take MAT; and report on state or local allegations or legal actions regarding the opening and operation of recovery housing. Creates an interagency working group, chaired by SAMHSA and the Department of Housing and Urban Development (HUD), to increase collaboration among federal agencies in promoting the availability of high-quality recovery housing.

Title IV-Criminal Justice

Sec. 401. MAT Corrections and Community Reentry Program. Authorizes $50 million annually at the Department of Justice to states or local governments to develop,

implement, or expand programs to provide MAT to incarcerated individuals. These programs must ensure that individuals can continue receiving any FDA-approved MAT drug while incarcerated and can initiate treatment using any one of these medications, and that the correctional facility prepares a plan for release, including connecting participants with treatment programs, medical care, public benefits, and housing.

Sec. 402. Deflection and pre-arrest and pre-booking diversion. Makes law enforcement-assisted deflection and pre-arrest and pre-booking diversion programs an explicit program area eligible for Byrne-JAG grants. Authorizes $30 million over five years for an experienced entity to develop best practices for deflection or diversion teams.

Sec. 403. Housing. Expands access to federal housing to individuals with a SUD or a past drug conviction. Prohibits public housing agencies or owners of federally assisted housing from excluding an individual unless: 1) the individual is illegally using a controlled substance or using alcohol in a manner that interferes with the health or safety of other residents and is not participating in a SUD assessment and treatment program, or 2) during a reasonable time prior to admission, the individual was convicted of an offense involving conduct that threatens the health or safety of other residents. Prohibits public housing agencies or owners of federally assisted housing from considering sealed or expunged convictions or convictions when the individual was under 18.

Sec. 404. Veterans treatment courts. Authorizes $20 million annually to expand specialized courts that allow veterans with a mental health condition and/or SUD to resolve their criminal case and achieve recovery and stability. Preference is given to courts that allow participation by veterans taking any FDA-approved MAT, and that follow the National Association of Drug Court Professionals' Adult Drug Court Best Practice Standards. Expresses the sense of Congress that grants for these programs should not exclude individuals who have had prior arrests or convictions.

Sec. 405. Infrastructure for reentry. Permits the use of HHS Community Economic Development Grants, the USDA's Community Facilities Grant Program, and HUD Community Development Block Grants to fund construction of crisis intervention centers, SUD and mental health treatment facilities, supportive housing, and reentry centers. Forbids the use of these funds to build jails.