

117TH CONGRESS
2D SESSION

H. R. 8917

To amend the Controlled Substances Act with respect to the registration of opioid treatment programs to increase stakeholder input from relevant communities and to ensure such programs are treating patients in need, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 20, 2022

Mr. ESPAILLAT introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, 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 the Controlled Substances Act with respect to the registration of opioid treatment programs to increase stakeholder input from relevant communities and to ensure such programs are treating patients in need, 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 “Harm Reduction
5 Through Community Engagement Act of 2022”.

1 **SEC. 2. OPIOID TREATMENT PROGRAM REGISTRATION RE-**
2 **QUIREMENTS.**

3 (a) IN GENERAL.—Paragraph (1) of section 303(g)
4 of the Controlled Substances Act (21 U.S.C. 823(g)) is
5 amended—

6 (1) in subparagraph (B), by striking “and” at
7 the end;

8 (2) in subparagraph (C), by striking the period
9 at the end and inserting “; and”; and

10 (3) by adding at the end the following:

11 “(D) if the Secretary determines that—

12 “(i) the applicant will address community
13 impacts in accordance with paragraph (3);

14 “(ii) the treatment will not be provided
15 within one-half mile of a public or private li-
16 censed day care center, a public or private ele-
17 mentary or secondary school, a learning center,
18 a playground, or another drug treatment facil-
19 ity or program;

20 “(iii) the applicant justifies patient need
21 for the treatment in the community involved;

22 “(iv) the applicant will actively promote
23 the use of telehealth so as to minimize the need
24 for patients to physically appear for treatment;

25 “(v) the applicant will designate a commu-
26 nity liaison responsible for developing and

1 maintaining cooperative relationships with local
2 elected officials, local law enforcement, and
3 local community-based organizations including
4 nonprofit organizations that provide social serv-
5 ices;

6 “(vi) the applicant will work with a cus-
7 tomer relationship management system of the
8 local government (or establish and operate a
9 customer relationship management system if
10 none exists) to track and report data on the
11 number of service requests received by such sys-
12 tem pertaining to drug abuse and treatment in
13 the community involved; and

14 “(vii) the applicant will report to the Sec-
15 retary treatment performance measurement
16 data, including data concerning—

17 “(I) how many patients seek effective
18 long-term addiction treatment; and

19 “(II) the effectiveness of the use of
20 telehealth in patient treatment plans, in-
21 cluding how many patients are using tele-
22 health and the outcomes or progress of
23 such patients.”.

1 (b) COMMUNITY IMPACT CONSIDERATION.—Section
2 303(g) of the Controlled Substances Act (21 U.S.C.
3 823(g)) is amended by adding at the end the following:

4 “(3) COMMUNITY IMPACT CONSIDERATION.—For
5 purposes of being determined to be qualified under para-
6 graph (1)(A), a practitioner seeking to become registered
7 or maintain registration under paragraph (1) to dispense
8 narcotic drugs to individuals for maintenance treatment
9 or detoxification treatment shall comply with each of the
10 following:

11 “(A) The practitioner shall—

12 “(i) conduct outreach to the community in-
13 volved concerning the practitioner’s treatment
14 program; and

15 “(ii) in conducting such outreach, give no-
16 tice to community stakeholders including com-
17 munity boards, tenant associations, outpatient
18 treatment centers, health care providers, com-
19 munity-based nonprofit organizations that pro-
20 vide opioid prevention and treatment services,
21 and such other community stakeholders as may
22 be determined by the Secretary.

23 “(B) The practitioner—

24 “(i) shall develop and implement a neigh-
25 borhood engagement plan that outlines the

1 practitioner’s engagement with stakeholders re-
2 ferred to in subparagraph (A)(ii) in the geo-
3 graphic location in which the opioid treatment
4 program is located; and

5 “(ii) may include in such plan a descrip-
6 tion of the practitioner’s engagement with
7 stakeholders, including homeowners associa-
8 tions, school administrators, neighboring busi-
9 nesses, community organizations, local councils,
10 and law enforcement agencies.

11 “(C) The practitioner shall—

12 “(i) establish and maintain a community
13 advisory board; and

14 “(ii) include in the membership of such
15 board volunteers from various stakeholder
16 groups who represent the positions of the com-
17 munity.

18 “(D) The practitioner—

19 “(i) shall develop and implement a commu-
20 nity relations plan to measure and minimize the
21 negative impacts of the treatment program on
22 the community; and

23 “(ii) may include in such plan—

1 “(I) policies and procedures to resolve
2 community problems, including loitering
3 and the blocking of pedestrian pathways;

4 “(II) procedures to consider commu-
5 nity input and impact; and

6 “(III) a procedure to escalate and
7 solve the quality-of-life issues in the sur-
8 rounding blocks such as open air drug
9 trading, uncapped needles disposed in pub-
10 lic walkways, and open drug use.”.

11 (c) REPORTING TO CONGRESS.—Section 303(g) of
12 the Controlled Substances Act (21 U.S.C. 823(g)), as
13 amended, is further amended by adding at the end the
14 following:

15 “(4) REPORTING TO CONGRESS.—Not later than 1
16 year after the date of enactment of the Harm Reduction
17 Through Community Engagement Act of 2022, and annu-
18 ally thereafter, the Secretary shall submit to the Congress
19 a comprehensive report on community engagement and
20 the maintenance of clinics in connection with maintenance
21 treatment or detoxification treatment provided pursuant
22 to this subsection, including—

23 “(A) treatment performance measurement data;

24 “(B) guidance on best practices for sustaining
25 community engagement; and

1 “(C) policy recommendations for sustaining
2 community engagement.”.

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