118TH CONGRESS
2D SESSION

S. 4429

To require the Secretary of Health and Human Services to provide grants to demonstrate pharmacy-based addiction care programs.

IN THE SENATE OF THE UNITED STATES

MAY 23, 2024

Mr. BOOKER (for himself, Mr. BRAUN, and Mr. MARKEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To require the Secretary of Health and Human Services to provide grants to demonstrate pharmacy-based addiction care programs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Substance Use Prevention and Pharmacy Oriented Recovery Treatment Prescription Act'' or the ''SUPPORT Rx Act''.

SEC. 2. PHARMACY-BASED ADDICTION CARE DEMONSTRATION PROGRAM.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall carry out a 3-year demonstration program under which the Secretary shall award grants to eligible entities to establish, maintain, or improve a pharmacy-based addiction care program.

(b) ELIGIBILITY.—To be eligible to receive a grant under subsection (a), an entity shall be—

(1) a State, Tribal, or local health department;

(2) a partnership between such a health department and 1 or more other public entities or private entities located in a State, the laws of which allow pharmacists to prescribe, or enter into collaborative practice agreements with physicians authorized to prescribe, a controlled substance that is listed on schedule III of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)); or

(3) a specialty addiction treatment practitioner in a primary care setting or a specialty substance use disorder treatment facility.

(c) APPLICATIONS.—An eligible entity desiring a grant under subsection (a) shall submit to the Secretary an application at such time, in such manner, and con-

taining such information as the Secretary may require, including—

(1) a plan to establish a collaborative practice agreement—

(A) through which board certified addiction medicine physicians or addiction psychiatrists shall collaborate with pharmacists permitted to enter into such agreements under applicable State law in order to enable such pharmacists to provide drug therapy management; and

(B) under which the prescriptive authority of a pharmacist shall not exceed the authority that is specified in the collaborative practice agreement;

(2) a description of activities proposed to be carried out pursuant to the grant; and

(3) a plan to sustain activities described in such application following the conclusion of the grant period.

(d) USE OF FUNDS.—

(1) IN GENERAL.—An eligible entity receiving a grant under subsection (a) shall use the grant funds to establish, maintain, or improve a comprehensive, pharmacy-based addiction care program to support

withdrawal, induction, ongoing care, and rescue for individuals with opioid or other substance use disorders, provided by and at community pharmacies, including by—

(A) offering buprenorphine for opioid and other substance use disorders, and managing withdrawal from opioids and other substances when appropriate, induction, and maintenance care;

(B) rendering same-day care services of low-barrier treatment, with no or reduced requirements, including no or reduced requirements for payment, insurance, age limits (to the extent authorized under State or Federal law), and identification; and

(C) training pharmacists on treating and managing patients with opioid and other substance use disorders, which training, at a minimum, shall be in accordance with paragraph (1)(B) of the second subsection (l) of section 303 of the Controlled Substances Act (21 U.S.C. 823) (as added by section 1263(a) of the Consolidated Appropriations Act, 2023 (Public Law 117–328; 136 Stat. 5683)).

(2) ADDITIONAL USES.—In addition to uses described in paragraph (1), an eligible entity receiving a grant under subsection (a) shall use the grant funds—

(A) to provide compensation to staff for pharmacy program and other program operations for which the staff would not otherwise receive compensation;

(B) to provide payment for an individual to obtain not more than a 30-day supply of buprenorphine prescribed at any one time under the pharmacy-based addiction care program supported by the grant;

(C) to provide care continuity fee payments to providers or clinics the patients of which transfer their maintenance care to the pharmacy-based addiction care program supported by the grant to support good recordkeeping, safe transfer, and transition in care;

(D) to provide telebehavioral health services;

(E) to provide construction to permit private or semi-private spaces for counseling and administration of medication;

(F) to provide secure technology that is in compliance with HIPAA privacy regulations, as defined in section 1180(b)(3) of the Social Security Act (42 U.S.C. 1320d–9(b)(3));

(G) to establish a collaborative practice agreement described in subsection (c)(1);

(H) to pay for the costs of training staff in administration of opioid reversal medications approved by the Food and Drug Administration;

(I) to pay for other necessary staff training, including the training described in paragraph (1)(C); and

(J) to pay for registration fees in each applicable State in accordance with section 302(e) of the Controlled Substances Act (21 U.S.C. 822(e)).

(3) LIMITATION.—No funds made available under a grant under subsection (a) may be used to prescribe or dispense any drug other than buprenorphine or an opioid overdose reversal drug.

(e) PHARMACY-BASED ADDICTION CARE GUIDANCE.—Not later than 180 days after the date of enactment of this Act, the Secretary shall issue guidance to provide eligible entities and pharmacists with technical assist-

ance, recommendations, and best practices regarding treatment to support management of withdrawal from opioids and other substances when appropriate, induction, ongoing care, and rescue.

(f) REPORT TO THE SECRETARY.—Each recipient of a grant under subsection (a) shall submit to the Secretary an annual evaluation of the progress of the pharmacy-based addiction care program supported by the grant, including information on—

(1) the number of patients receiving treatment;

(2) any changes in local rates of overdose over the course of the grant; and

(3) any other readily available information the Secretary determines necessary, including—

(A) cost data;

(B) patient-reported outcomes;

(C) overdose data;

(D) hospitalization data;

(E) quality and safety measures;

(F) program retention data;

(G) data on the opioid prescriptions fill rates;

(H) the demographic characteristics of patients who were treated by the program; and

(I) any other information the Secretary determines necessary.

(g) REPORT TO CONGRESS.—Not later than 120 days after completion of the demonstration program under this section, the Secretary shall submit to Congress a report that describes the results of the demonstration program, including—

(1) the number of applications received for grants under the demonstration program, and the number of grants awarded;

(2) a summary of the evaluations submitted under subsection (f), including standardized data; and

(3) recommendations for broader implementation of pharmacy-based addiction models of care.

(h) FUNDING.—The Secretary shall carry out the demonstration program under this section using amounts available to the Secretary, and not otherwise obligated, for the Harm Reduction Grant Program of the Substance Abuse and Mental Health Services Administration pursuant to section 516(a) of the Public Health Service Act (42 U.S.C. 290bb–22(a)) and section 2706 of the American Rescue Plan Act of 2021 (42 U.S.C. 290dd–3 note; Public Law 117–2).

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