

8 SEC. 1263. REQUIRING PRESCRIBERS OF CONTROLLED SUBSTANCES TO COMPLETE TRAINING.

(a) IN GENERAL.—Section 303 of the Controlled 11 Substances Act (21 U.S.C. 823) is amended by adding at the end the following: “(I) REQUIRED TRAINING FOR PRESCRIBERS.

“(1) 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 qualified practitioner, beginning with the first applicable registration for the practitioner, to meet the following:

(A) If the practitioner is a physician (as defined under section 1861(r) of the Social Security Act) and the practitioner meets one or more of the following conditions:

(i) The physician holds a board certification in addiction psychiatry or addiction medicine from the American Board of Medical Specialties.

(ii) The physician holds a board certification from the American Board of Addiction Medicine.

(iii) The physician holds a board certification in addiction medicine from the American Osteopathic Association.

(iv) The physician has, with respect to the treatment and management of patients with opioid or other substance use disorders, or the safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid or 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 Dental Association,
the American Association of Oral and Maxillofacial Surgeons,
the American Psychiatric Association,
or any other organization accredited by the Accreditation Council for Continuing Medical Education (ACCME) or the Commission for Continuing Education Provider Recognition (CCEPR);

Any organization accredited by a State medical society accreditor that is recognized by the ACCME or the CCEPR;

Any organization accredited by the American Osteopathic Association to provide continuing medical education; or

Any organization approved by the Assistant Secretary for Mental Health and Substance Use, the ACCME, or the CCEPR.

The physician graduated in good standing from an accredited school of allopathic medicine, osteopathic medicine, dental surgery, or dental medicine in the United States during the 5-year 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 or dental surgery or dental medicine curriculum that included not less than 8 hours of training on—

Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or

The safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.

(B) If the practitioner is not a physician (as defined under section 1861(r) of the Social Security Act), the practitioner is legally authorized by the State to dispense controlled substances under schedule II, III, IV, or V and is dispensing such substances within such State in accordance with all applicable State laws, and the practitioner meets one or more of the following conditions:

“(i) The practitioner has completed not fewer than 8 hours of training with respect to the treatment and management of patients with opioid or other substance use disorders (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 Associates,

or any other organization approved or accredited by the Assistant Secretary for Mental Health and Substance Use or the Accreditation Council for Continuing Medical Education.

The practitioner has graduated in good standing from an accredited physician assistant school or accredited 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 included not fewer than 8 hours of training on treating and managing patients with opioid and other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder.

“(2) ONE-TIME TRAINING.—“(A) IN GENERAL.—The Attorney General shall not require any qualified practitioner to complete the training described in clause (iv) or (v) of paragraph (1)(A) or clause (i) or (ii) of paragraph (1)(B) more than once. ‘(B) NOTIFICATION.—Not later than 90 days after the date of the enactment of the Restoring Hope for Mental Health and Well-Being Act of 2022,

the Attorney General shall provide to qualified practitioners a single written, electronic notification of the training described in clauses (iv) and (v) of paragraph (1)(A) or clauses (i) and (ii) of paragraph (1)(B).

“(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed—

“(A) to preclude the use, by a qualified practitioner, of training received pursuant to this subsection to satisfy registration requirements of a State or for some other lawful purpose; or

“(B) to preempt any additional requirements by a State related to the dispensing of controlled substances under schedule II, III, IV, or V.

“(4) DEFINITIONS.—In this section: “(A) FIRST APPLICABLE REGISTRATION.— The term ‘first applicable registration’ means the first registration or renewal of registration by a qualified practitioner under this section that occurs on or after the date that is 180 days after the date of enactment of the Restoring Hope for Mental Health and Well-Being Act of 2022.

“(B) QUALIFIED PRACTITIONER.—In this subsection, the term ‘qualified practitioner’ means a practitioner who—

“(i) is licensed under State law to prescribe controlled substances; and “(ii) is not solely a veterinarian.”.

(b) REPORT.—Not later than 5 years after the date of enactment of this Act, the Secretary, in consultation with the Attorney General, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report assessing the impact of the elimination of the waiver program established under section 303(g)(2) of the Controlled Substances Act (21 U.S.C. 823(g)(2)), as amended by the Drug Addiction Treatment Act of 2000.