

116TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To amend the Controlled Substances Act to require physicians and other prescribers of controlled substances to complete training on treating and managing patients with opioid and other substance use disorders, which shall also satisfy certain training requirements to receive a waiver for dispensing narcotic drugs for maintenance or detoxification treatment, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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Mr. BENNET (for himself and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on

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**A BILL**

To amend the Controlled Substances Act to require physicians and other prescribers of controlled substances to complete training on treating and managing patients with opioid and other substance use disorders, which shall also satisfy certain training requirements to receive a waiver for dispensing narcotic drugs 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Medication Access and  
3 Training Expansion Act of 2020” or the “MATE Act of  
4 2020”.

5 **SEC. 2. REQUIRING PRESCRIBERS OF CONTROLLED SUB-**  
6 **STANCES TO COMPLETE TRAINING ON**  
7 **TREATING AND MANAGING PATIENTS WITH**  
8 **OPIOID AND OTHER SUBSTANCE USE DIS-**  
9 **ORDERS.**

10 (a) IN GENERAL.—Section 303 of the Controlled  
11 Substances Act (21 U.S.C. 823) is amended by adding at  
12 the end the following:

13 “(1) REQUIRED TRAINING FOR PRESCRIBERS ON  
14 TREATING AND MANAGING PATIENTS WITH OPIOID AND  
15 OTHER SUBSTANCE USE DISORDERS.—

16 “(1) APPLICABILITY.—This subsection ap-  
17 plies—

18 “(A) to any practitioner who is licensed  
19 under State law to prescribe controlled sub-  
20 stances; and

21 “(B) beginning with the first registration  
22 or renewal of registration by the practitioner  
23 under this section that occurs on or after the  
24 date that is 90 days after the date of enactment  
25 of the Medication Access and Training Expans-  
26 sion Act of 2020.

1           “(2) TRAINING REQUIRED.—As a condition on  
2 registration under this section to dispense controlled  
3 substances in schedule II, III, IV, or V, the Attorney  
4 General shall require any practitioner described in  
5 paragraph (1)(A) to meet the following conditions:

6           “(A) In the case of a practitioner who is  
7 a physician, the physician shall meet not less  
8 than 1 of the following conditions:

9           “(i) The physician holds a board cer-  
10 tification in addiction psychiatry or addic-  
11 tion medicine from the American Board of  
12 Medical Specialties.

13           “(ii) The physician holds an addiction  
14 certification or board certification from the  
15 American Society of Addiction Medicine or  
16 the American Board of Addiction Medicine.

17           “(iii) The physician holds a board cer-  
18 tification in addiction medicine from the  
19 American Osteopathic Association.

20           “(iv) The physician has completed not  
21 less than 8 hours of training on the treat-  
22 ment and management of patients with  
23 opioid and other substance use disorders  
24 that—

1                   “(I) is provided through class-  
2 room situations, seminars at profes-  
3 sional society meetings, electronic  
4 communication, or other means;

5                   “(II) is provided by the American  
6 Society of Addiction Medicine, the  
7 American Academy of Addiction Psy-  
8 chiatry, the American Medical Asso-  
9 ciation, the American Osteopathic As-  
10 sociation, the American Psychiatric  
11 Association, or another organization  
12 that the Secretary determines appro-  
13 priate; and

14                   “(III) includes content relating  
15 to—

16                   “(aa) opioid maintenance  
17 and detoxification;

18                   “(bb) the appropriate clin-  
19 ical use of all drugs approved by  
20 the Food and Drug Administra-  
21 tion for the treatment of a sub-  
22 stance use disorder;

23                   “(cc) initial and periodic pa-  
24 tient assessments, including sub-  
25 stance use monitoring;

1                   “(dd) individualized treat-  
2                   ment planning, overdose reversal,  
3                   and relapse prevention;

4                   “(ee) counseling and recov-  
5                   ery support services;

6                   “(ff) staffing roles and con-  
7                   siderations, including bias and  
8                   anti-racism training to reduce ra-  
9                   cial and ethnic disparities;

10                   “(gg) diversion control; and

11                   “(hh) other best practices,  
12                   such as addiction prevention, as  
13                   identified by the Secretary after  
14                   consultation with practitioners  
15                   from a variety of medical special-  
16                   ties and who practice in different  
17                   settings in which controlled sub-  
18                   stances are prescribed.

19                   “(v) The physician has participated as  
20                   an investigator in one or more clinical  
21                   trials leading to the approval of a narcotic  
22                   drug in schedule III, IV, or V for mainte-  
23                   nance or detoxification treatment, as dem-  
24                   onstrated by a statement submitted to the

1 Secretary by the sponsor of the approved  
2 drug.

3 “(vi) The physician has other training  
4 or experience that the medical licensing  
5 board of the State where the physician will  
6 provide maintenance or detoxification  
7 treatment considers demonstrative of the  
8 ability of the physician to treat and man-  
9 age patients with opioid and other sub-  
10 stance use disorders.

11 “(vii)(I) The physician has other  
12 training or experience that the Secretary  
13 identifies, in a regulation promulgated in  
14 accordance with subclause (II), as demon-  
15 strative of the ability of the physician to  
16 treat and manage patients with opioid and  
17 other substance use disorders.

18 “(II)(aa) The Secretary may by regu-  
19 lation establish criteria for purposes of  
20 subclause (I).

21 “(bb) Subject to item (cc), any cri-  
22 teria established by the Secretary under  
23 item (aa) shall be effective for a 3-year pe-  
24 riod.

1           “(cc) During the 30-day period pre-  
2           ceding the expiration of a 3-year period of  
3           effectiveness of criteria established under  
4           this subclause, the Secretary may extend  
5           the effectiveness of the criteria for an addi-  
6           tional 3-year period by publishing a notice  
7           of the extension in the Federal Register.

8           “(viii) The physician—

9                 “(I) graduated in good standing  
10              from an accredited school of allopathic  
11              medicine or osteopathic medicine in  
12              the United States during the 5-year  
13              period preceding the date of the first  
14              registration or renewal of registration  
15              by the physician described in para-  
16              graph (1)(B); and

17                 “(II) has successfully completed  
18              a comprehensive allopathic or osteo-  
19              pathic medicine curriculum or accred-  
20              ited medical residency that included—

21                     “(aa) not less than 8 hours  
22                     of training on treating and man-  
23                     aging patients with opioid and  
24                     other substance use disorders;  
25                     and

1 “(bb) at a minimum—

2 “(AA) the training de-  
3 scribed in items (aa)  
4 through (hh) of clause  
5 (iv)(III); and

6 “(BB) training with re-  
7 spect to any other best prac-  
8 tice the Secretary deter-  
9 mines necessary, which may  
10 include training on pain  
11 management, including as-  
12 sessment and appropriate  
13 use of opioid and non-opioid  
14 alternatives.

15 “(B) In the case of a practitioner who is  
16 not a physician, the practitioner shall meet not  
17 less than 1 of the following conditions:

18 “(i) The practitioner has completed  
19 not less than 8 hours of initial training on  
20 the topics listed in subparagraph  
21 (A)(iv)(III) that—

22 “(I) is provided through class-  
23 room situations, seminars at profes-  
24 sional society meetings, electronic  
25 communication, or other means; and



1 ceding the date of the first registra-  
2 tion or renewal of registration by the  
3 practitioner described in paragraph  
4 (1)(B); and

5 “(II) has successfully completed  
6 a comprehensive physician assistant  
7 or advanced practice nursing cur-  
8 riculum that includes—

9 “(aa) not less than 8 hours  
10 of training on treating and man-  
11 aging patients with opioid and  
12 other substance use disorders;  
13 and

14 “(bb) at a minimum—

15 “(AA) the training de-  
16 scribed in items (aa)  
17 through (hh) of subpara-  
18 graph (A)(iv)(III); and

19 “(BB) training with re-  
20 spect to any other best prac-  
21 tice the Secretary deter-  
22 mines necessary, which may  
23 include training on pain  
24 management, including as-  
25 sessment and appropriate

1 use of opioid and non-opioid  
2 alternatives.

3 “(3) RECIPROCAL TREATMENT.—

4 “(A) PHYSICIANS.—

5 “(i) MEETING CONDITIONS FOR PRE-  
6 SCRIBING.—A physician who meets one or  
7 more of the conditions listed in paragraph  
8 (2)(A) shall be deemed to meet one or  
9 more of the conditions listed in subsection  
10 (g)(2)(G)(ii).

11 “(ii) MEETING CONDITIONS FOR  
12 WAIVER FOR DISPENSING.—A physician  
13 who meets one or more of the conditions  
14 listed in subsection (g)(2)(G)(ii) shall be  
15 deemed to meet one or more of the condi-  
16 tions listed in paragraph (2)(A).

17 “(B) OTHER PRACTITIONERS.—

18 “(i) MEETING CONDITIONS FOR PRE-  
19 SCRIBING.—A practitioner who is not a  
20 physician, and who meets one or more of  
21 the conditions listed in paragraph (2)(B),  
22 shall be deemed to meet one or more of the  
23 conditions listed in subsection  
24 (g)(2)(G)(iv)(II).

1                   “(ii) MEETING CONDITIONS FOR  
2                   WAIVER FOR DISPENSING.—A practitioner  
3                   who is not a physician, and who meets one  
4                   or more of the conditions listed in sub-  
5                   section (g)(2)(G)(iv)(II), shall be deemed  
6                   to meet one or more of the conditions list-  
7                   ed in paragraph (2)(B).”.

8                   (b) TRAINING REQUIRED.—

9                   (1)                   PHYSICIANS.—Section  
10                   303(g)(2)(G)(ii)(IV)(hh) of the Controlled Sub-  
11                   stances Act (21 U.S.C. 823(g)(2)(G)(ii)(IV)(hh)) is  
12                   amended by inserting after “, as identified by the  
13                   Secretary” the following: “, which may include best  
14                   practices for addiction prevention”.

15                   (2)                   OTHER PRACTITIONERS.—Section  
16                   303(g)(2)(G)(iv)(II) of the Controlled Substances  
17                   Act (21 U.S.C. 823(g)(2)(G)(iv)(II)) is amended—

18                   (A) in item (aa), by striking “or” at the  
19                   end;

20                   (B) in item (bb), by striking the period at  
21                   the end and inserting “; or”; and

22                   (C) by adding at the end the following:

23                   “(cc) graduated in good standing from an  
24                   accredited physician assistant school or school  
25                   of advanced practice nursing in the United

1 States during the 5-year period immediately  
2 preceding the date on which the practitioner  
3 submits to the Secretary a notification under  
4 subparagraph (B) and has successfully com-  
5 pleted a comprehensive physician assistant or  
6 advanced practice nursing curriculum that in-  
7 cludes—

8 “(AA) not less than 8 hours of train-  
9 ing on treating and managing opioid-de-  
10 pendent patients;

11 “(BB) the training described in items  
12 (aa) through (hh) of clause (ii)(IV); and

13 “(CC) training with respect to any  
14 other best practice the Secretary deter-  
15 mines necessary, which may include train-  
16 ing on pain management, including assess-  
17 ment and appropriate use of opioid and  
18 non-opioid alternatives.”.

19 (3) TECHNICAL CORRECTIONS.—Section  
20 303(g)(2)(G) of the Controlled Substances Act (21  
21 U.S.C. 823(g)(2)(G)) is amended—

22 (A) in clause (ii)—

23 (i) by moving subclauses (I) and (II)  
24 4 ems to the left;

25 (ii) in subclause (VIII)—

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1 (I) in item (bb), by moving  
2 subitems (AA) and (BB) 2 ems to the  
3 right; and

4 (II) by moving items (aa) and  
5 (bb) 2 ems to the right; and

6 (iii) by moving subclause (VIII) 2 ems  
7 to the right; and

8 (B) in clause (iv)(II)(bb), by striking  
9 “has” before “such other training”.