

DRUG ADDICTION TREATMENT EXPANSION ACT

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JUNE 9, 2005.—Ordered to be printed
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Mr. BARTON of Texas, from the Committee on Energy and
Commerce, submitted the following

R E P O R T

[To accompany H.R. 869]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 869) to amend the Controlled Substances Act to lift the patient limitation on prescribing drug addiction treatments by medical practitioners in group practices, and for other purposes, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

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PURPOSE AND SUMMARY

The purpose of H.R. 869, the Drug Addiction Treatment Expansion Act, is to amend Section 303(g)(1)(B) of the Controlled Substances Act thereby increasing access to drug addiction therapy.

BACKGROUND AND NEED FOR LEGISLATION

In 2000, Congress passed the Drug Addiction Treatment Act, Public Law 106–310. Section 2(a)(2) of the Act established a new waiver mechanism for schedule IV or V treatment programs and placed it in paragraph 303(g)(2) of the Controlled Substances Act. The waiver is available to qualified physicians for maintenance treatment and detoxification treatment using approved schedule IV or V narcotic drugs, either alone or in combination.

Physicians who wish to use the waiver must notify the Secretary of their intentions, certifying (1) that they meet one or more of the training and experience demands defined in section 303(g)(2)(G); (2) that they have the capacity to refer patients to counseling and other ancillary services as appropriate; and, (3) that they will honor the limitations placed on the number of patients they may treat at any one time. Subject to regulatory adjustment by the Secretary, neither sole practitioners nor any collection of physicians practicing as a group may treat more than 30 patients at any one time.

The 30 patient limitation on group practices has proven to be an unnecessary barrier to addiction treatment medication. H.R. 869 lifts the 30 patient limitation for group practices. The individual physician limitation of 30 patients remains in place. This small but substantive change in Section 303 of the Controlled Substances Act will improve access to drug addiction therapy.

HEARINGS

The Committee on Energy and Commerce has not held hearings on the legislation.

COMMITTEE CONSIDERATION

On Wednesday, April 27, 2005, the Subcommittee on Health met in open markup session and approved H.R. 869 for Full Committee consideration, without amendment, by a voice vote, a quorum being present. On Wednesday, May 4, 2005, the Full Committee met in open markup session and ordered H.R. 869 favorably reported to the House, without amendment, by a voice vote, a quorum being present.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 869 reported. A motion by Mr. Barton to order H.R. 869 reported to the House, without amendment, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held oversight or legislative hearings on this legislation.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The objective of this legislation is to expand access to addiction treatment therapy.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 869, the Drug Addiction Treatment Expansion Act, would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 12, 2005.

Hon. JOE BARTON,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 869, a bill to amend the Controlled Substances Act to lift the patient limitation on prescribing drug addiction treatments by medical practitioners in group practices, and for other purposes.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Eric Rollins.

Sincerely,

ELIZABETH M. ROBINSON,
(For Douglas Holtz-Eakin, Director).

Enclosure.

H.R. 869—A bill to amend the Controlled Substances Act to lift the patient limitation on prescribing drug addiction treatments by medical practitioners in group practices, and for other purposes

H.R. 869 would allow medical group practices to prescribe and dispense narcotic drugs in schedules III, IV, or V (the drugs rated the lowest risk for abuse) for drug addiction treatment to more than 30 patients at a time without first registering with the Drug Enforcement Administration (DEA). The bill would prohibit individual practitioners within such groups from treating more than 30 patients at a time. Individual practitioners and group practices that treat fewer than 30 patients are already exempt from the requirement to register with DEA.

CBO estimates that this bill would have no significant budgetary effect. Enacting the bill could affect direct spending, but any such effects would likely be negligible. H.R. 869 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

The CBO staff contact for this estimate is Eric Rollins. This estimate was approved by Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for this legislation is provided in Article I, section 8, clause 3, which grants Congress the power to regulate commerce with foreign nations, among the several States, and with the Indian tribes.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Maintenance of detoxification treatment with certain narcotic drugs; elimination of 30-patient limit for group practices.

Subsection (a) amends Section 303(g)(2)(B) of the Controlled Substance Act (21 U.S.C. 823(g)(2)(B)) by striking clause (iv). Striking clause (iv) would lift the 30 patient limitation for group practices that dispense narcotic drugs for maintenance or detoxification treatment.

Subsection (b) is a conforming amendment to ensure that the individual physician limit of 30 patients still applies to physicians in group practices.

Subsection (c) states the section shall take effect on the date of enactment of the Act.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

SECTION 303 OF THE CONTROLLED SUBSTANCE ACT

REGISTRATION REQUIREMENTS

SEC. 303. (a) * * *

* * * * *

(g)(1) * * *

(2)(A) * * *

(B) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to a practitioner are that, before the initial dispensing of narcotic drugs in schedule III, IV, or V or combinations of such drugs to patients for maintenance or detoxification treatment, the practitioner submit to the Secretary a notification of the intent of the practitioner to begin dispensing the drugs or combinations for such purpose, and that the notification contain the following certifications by the practitioner:

(i) * * *

* * * * *

(iii) **[In any case in which the practitioner is not in a group practice, the total]** *The total* number of such patients of the practitioner at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 30, except that the Secretary may by regulation change such total number.

[(iv) In any case in which the practitioner is in a group practice, the total number of such patients of the group practice at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 30, except that the Secretary may by regulation change such total number, and the Secretary for such purposes may by regulation establish different categories on the basis of the number of practitioners in a group practice and establish for the various categories different numerical limitations on the number of such patients that the group practice may have.]

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