

118TH CONGRESS
2D SESSION

S. _____

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

Mr. BOOKER introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

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

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 “Substance Use Preven-
5 tion and Pharmacy Oriented Recovery Treatment Pre-
6 scription Act” or the “SUPPORT Rx Act”.

7 **SEC. 2. PHARMACY-BASED ADDICTION CARE DEMONSTRA-**
8 **TION PROGRAM.**

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services (referred to in this section as the “Sec-

1 retary”) shall carry out a 3-year demonstration program
2 under which the Secretary shall award grants to eligible
3 entities to establish, maintain, or improve a pharmacy-
4 based addiction care program.

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

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

8 (2) a partnership between such a health depart-
9 ment and 1 or more other public entities or private
10 entities the State laws of which allow pharmacists to
11 prescribe, or enter into collaborative practice agree-
12 ments with physicians authorized to prescribe, a con-
13 trolled substance that is listed on schedule III of
14 section 202(c) of the Controlled Substances Act (21
15 U.S.C. 812(c)); or

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

19 (c) APPLICATIONS.—An eligible entity desiring a
20 grant under subsection (a) shall submit to the Secretary
21 an application at such time, in such manner, and con-
22 taining such information as the Secretary may require, in-
23 cluding—

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

1 (A) through which board certified addic-
2 tion medicine physicians or addiction psychia-
3 trists shall collaborate with pharmacists per-
4 mitted to enter into such agreements under ap-
5 plicable State law in order to enable such phar-
6 macists to provide drug therapy management;
7 and

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

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

14 (3) a plan to sustain activities described in such
15 application following the conclusion of the grant pe-
16 riod.

17 (d) USE OF FUNDS.—

18 (1) IN GENERAL.—An eligible entity receiving a
19 grant under subsection (a) shall use the grant funds
20 to establish, maintain, or improve a comprehensive,
21 pharmacy-based addiction care program to support
22 withdrawal, induction, ongoing care, and rescue for
23 individuals with opioid or other substance use dis-
24 orders, provided by and at community pharmacies,
25 including by—

1 (A) offering a range of evidence-based
2 medication treatments for opioid and other sub-
3 stance use disorders, including management of
4 withdrawal from opioids and other substances
5 when appropriate, induction, and maintenance
6 care;

7 (B) rendering same-day care services of
8 low-barrier treatment, with no or reduced re-
9 quirements, including no or reduced require-
10 ments for payment, insurance, age limits (to
11 the extent authorized under State or Federal
12 law), and identification;

13 (C) providing harm reduction supplies to
14 promote safety, such as opioid reversal medica-
15 tions approved by the Food and Drug Adminis-
16 tration, naloxone training materials for staff,
17 adulterant detection devices (including test
18 strips), and other materials; and

19 (D) training pharmacists on treating and
20 managing patients with opioid and other sub-
21 stance use disorders, which training, at a min-
22 imum, shall be in accordance with paragraph
23 (1)(B) of the second subsection (l) of section
24 303 of the Controlled Substances Act (21
25 U.S.C. 823) (as added by section 1263(a) of

1 the Consolidated Appropriations Act, 2023
2 (Public Law 117–328; 136 Stat. 5683)).

3 (2) ADDITIONAL USES.—In addition to uses de-
4 scribed in paragraph (1), an eligible entity receiving
5 a grant under subsection (a) shall use the grant
6 funds—

7 (A) to provide compensation to staff for
8 pharmacy program and other program oper-
9 ations for which the staff would not otherwise
10 receive compensation;

11 (B) to provide payment for an individual to
12 obtain not more than a 30-day supply of medi-
13 cation prescribed at any one time under the
14 pharmacy-based addiction care program sup-
15 ported by the grant;

16 (C) to provide care continuity fee payments
17 to providers or clinics the patients of which
18 transfer their maintenance care to the phar-
19 macy-based addiction care program supported
20 by the grant to support good recordkeeping,
21 safe transfer, and transition in care;

22 (D) to provide telebehavioral health serv-
23 ices;

1 (E) to provide construction to permit pri-
2 vate or semi-private spaces for counseling and
3 administration of medication;

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

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

10 (H) to pay for the costs of training staff
11 in administration of opioid reversal medications
12 approved by the Food and Drug Administra-
13 tion;

14 (I) to pay for other necessary staff train-
15 ing, including the training described in para-
16 graph (1)(D); and

17 (J) to pay for registration fees in each ap-
18 plicable State in accordance with section 302(e)
19 of the Controlled Substances Act (21 U.S.C.
20 822(e)).

21 (e) PHARMACY-BASED ADDICTION CARE GUID-
22 ANCE.—Not later than 180 days after the date of enact-
23 ment of this Act, the Secretary shall issue guidance to pro-
24 vide eligible entities and pharmacists with technical assist-
25 ance, recommendations, and best practices regarding

1 treatment to support management of withdrawal from
2 opioids and other substances when appropriate, induction,
3 ongoing care, and rescue.

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

9 (1) the number of patients receiving treatment;

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

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

14 (A) cost data;

15 (B) patient-reported outcomes;

16 (C) overdose data;

17 (D) hospitalization data;

18 (E) quality and safety measures;

19 (F) program retention data;

20 (G) data on the opioid prescriptions fill
21 rates;

22 (H) the demographic characteristics of pa-
23 tients who were treated by the program; and

24 (I) any other information the Secretary de-
25 termines necessary.

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

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

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

12 (3) recommendations for broader implementa-
13 tion of pharmacy-based addiction models of care.

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