

Summary of H.R. 6 Provisions in Line with BPC Recommendations

	SUPPORT for Patients and Communities Act (H.R. 6)	BPC Recommendations
TREATMENT	Sec. 7041—Advancing Cutting-Edge Research allows National Institutes of Health (NIH) to use its “other transactional authority” to approve projects that respond to public health threats, including the opioid crisis.	BPC has proposed allowing the NIH to use “other transactional authority” for research to respond to public health threats.
TREATMENT	Sec. 7121—Comprehensive Opioid Recovery Centers (CORCs). CORCs would aim to utilize the full range of FDA-approved medications and evidence-based treatments, have strong linkages with the community, generate meaningful outcomes data, and improve the opportunities for individuals to establish and maintain long-term recovery as productive members of society.	BPC has stressed the importance of acknowledging that opioid use disorders, like all substance use disorders, are chronic conditions requiring long-term support to sustain recovery.
TREATMENT	Sec. 3201—Allowing for more flexibility with respect to medication-assisted treatment (MAT) for opioid use disorders. Allows more practitioners to qualify to provide MAT: clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife. Increases the cap from 30 to 100 patients per practitioner.	BPC has made several recommendations to increase access to MAT, which is considered the gold standard for treatment of opioid use disorders, including increasing patient caps.
TREATMENT	Sec. 2005—Medicare coverage of certain services furnished by opioid treatment programs. Expands Medicare coverage to include Opioid Treatment Programs (OTPs) for the purposes of delivering MAT to expand access to treatment options for Medicare beneficiaries.	BPC has made several recommendations to increase access to MAT, which is considered the gold standard for treatment of opioid use disorders, including expanding Medicare coverage.
TREATMENT	Sec. 7031—Ensuring Access to Quality Sober Living. Authorizes SAMHSA to develop, publish, and disseminate best practices for operating recovery housing that promotes a safe environment for sustained recovery from substance use disorder.	BPC has recommended establishing best practices for recovery housing, which is essential to ensure quality support programs for people in recovery and to decrease fraudulent practices.
TREATMENT	Sec. 3231—Special Registration for Telemedicine Clarification. Provision to clarify telemedicine waivers. Directs the Attorney General, with the Secretary of HHS, to promulgate interim final regulations within one year of passage of the law.	BPC has recommended clarifying DEA’s ability to allow qualified providers to prescribe controlled substances via telemedicine, which is particularly important in rural areas facing a workforce shortage.
TREATMENT	Sec. 2001— Authority not to apply certain Medicare telehealth requirements in the case of certain treatment of a substance use disorder or co-occurring mental health disorder. Expands the use of telehealth services by instructing CMS to evaluate the utilization of such services in treating substance use disorder.	BPC has recommended expanding the utilization of telehealth services for the treatment of substance use disorder.
TREATMENT	Sec. 7065—Assisting States’ Implementation of Plans of Safe Care. Requires the Secretary of HHS to issue guidance and, if appropriate, technical assistance – including sharing best practices – to support states in promoting protections for young children and family-centered responses.	BPC has recommended that the Secretary of HHS be required to identify and share model strategies to support state and local implementation of “plans of safe care” and data collection and reporting.
PREVENTION	Sec. 7071—Substance Use Disorder Workforce Loan Repayment. Creates a loan repayment program for SUD treatment providers. Specifically, the bill will offer student loan repayment of up to \$250,000 for participants who agree to work as a SUD treatment professional in areas most in need of their services. The program will be available to a wide range of direct care providers, including physicians, registered nurses, social workers, and other behavioral health professionals.	BPC has recommended expanding loan repayment to National Health Service Corps (NHSC) behavioral health providers practicing in areas with shortages of substance use treatment professionals to help to fill in critical workforce gaps.
PREVENTION	Sec. 7161—Creating Opportunities that Necessitate New and Enhanced Connections that Improve Opioid Navigating Strategies (CONNECTIONS). Provides additional authority to CDC to improve current federal support for state-run prescription drug monitoring programs (PDMPs).	BPC has recommended expanding the use of PDMPs and enhancing their utility, making them more interconnected and usable for public health surveillance and clinical decision-making.
PREVENTION	Sec. 7141—Eliminating Opioid-Related Infectious Diseases. Authorizes \$40 million to CDC to undertake an injection drug use-associated infection elimination initiative and work with states to improve education, surveillance and treatment of injection drug-use associated infections, like human immunodeficiency virus (HIV) and hepatitis.	BPC has recommended the inclusion of provisions to improve surveillance regarding blood-borne diseases associated with injection drug use.
CURB ILLICIT SUPPLY	Sec. 8001—Synthetics Trafficking and Overdose Prevention (STOP). To provide for the processing by U.S. Customs and Border Protection (CBP) of certain international mail shipments and to require the provision of advance electronic information on international mail shipments of mail.	BPC’s Governor’s Council recommended legislative solutions to better track and interdict fentanyl and other illegal synthetic opioids.
CURB ILLICIT SUPPLY	Sec. 3014—Strengthening FDA and CBP coordination and capacity. Streamlines and enhances tools the Food and Drug Administration (FDA) has available to effectively intercept illegal products. In doing so, this bill will create efficiencies for government resources and better protect American citizens from dangerous imported substances.	BPC has recommended increased funding and human resource capacity for the FDA and CBP to detect and seize illegal drugs.