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1           (8) Section 1903(aa)(2)(C) of the Social Secu-  
2       rity Act (42 U.S.C. 1396b(aa)(2)(C)) is amended—

3           (A) in clause (i), by adding “and” at the  
4       end;

5           (B) by striking clause (ii); and

6           (C) by redesignating clause (iii) as clause  
7       (ii).

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

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       “(l) REQUIRED TRAINING FOR PRESCRIBERS.—

14           “(1) TRAINING REQUIRED.—As a condition on  
15       registration under this section to dispense controlled  
16       substances in schedule II, III, IV, or V, the Attorney  
17       General shall require any qualified practitioner, be-  
18       ginning with the first applicable registration for the  
19       practitioner, to meet the following:

20           “(A) If the practitioner is a physician (as  
21       defined under section 1861(r) of the Social Se-  
22       curity Act) and the practitioner meets one or  
23       more of the following conditions:

24           “(i) The physician holds a board cer-  
25       tification in addiction psychiatry or addic-

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1                   tion medicine from the American Board of  
2                   Medical Specialties.

3                   “(ii) The physician holds a board cer-  
4                   tification from the American Board of Ad-  
5                   diction Medicine.

6                   “(iii) The physician holds a board cer-  
7                   tification in addiction medicine from the  
8                   American Osteopathic Association.

9                   “(iv) The physician has, with respect  
10                  to the treatment and management of pa-  
11                  tients with opioid or other substance use  
12                  disorders, or the safe pharmacological  
13                  management of dental pain and screening,  
14                  brief intervention, and referral for appro-  
15                  priate treatment of patients with or at risk  
16                  of developing opioid or other substance use  
17                  disorders, completed not less than 8 hours  
18                  of training (through classroom situations,  
19                  seminars at professional society meetings,  
20                  electronic communications, or otherwise)  
21                  that is provided by—

22                  “(I) the American Society of Ad-  
23                  diction Medicine, the American Acad-  
24                  emy of Addiction Psychiatry, the  
25                  American Medical Association, the

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1 American Osteopathic Association, the  
2 American Dental Association, the  
3 American Association of Oral and  
4 Maxillofacial Surgeons, the American  
5 Psychiatric Association, or any other  
6 organization accredited by the Accred-  
7 itation Council for Continuing Medical  
8 Education (ACCME) or the Commis-  
9 sion for Continuing Education Pro-  
10 vider Recognition (CCEPR);

11 “(II) any organization accredited  
12 by a State medical society accreditor  
13 that is recognized by the ACCME or  
14 the CCEPR;

15 “(III) any organization accred-  
16 ited by the American Osteopathic As-  
17 sociation to provide continuing med-  
18 ical education; or

19 “(IV) any organization approved  
20 by the Assistant Secretary for Mental  
21 Health and Substance Use, the  
22 ACCME, or the CCEPR.

23 “(v) The physician graduated in good  
24 standing from an accredited school of  
25 allopathic medicine, osteopathic medicine,

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1 dental surgery, or dental medicine in the  
2 United States during the 5-year period im-  
3 mediately preceding the date on which the  
4 physician first registers or renews under  
5 this section and has successfully completed  
6 a comprehensive allopathic or osteopathic  
7 medicine curriculum or accredited medical  
8 residency or dental surgery or dental medi-  
9 cine curriculum that included not less than  
10 8 hours of training on—

11 “(I) treating and managing pa-  
12 tients with opioid or other substance  
13 use disorders, including the appro-  
14 priate clinical use of all drugs ap-  
15 proved by the Food and Drug Admin-  
16 istration for the treatment of a sub-  
17 stance use disorder; or

18 “(II) the safe pharmacological  
19 management of dental pain and  
20 screening, brief intervention, and re-  
21 ferral for appropriate treatment of pa-  
22 tients with or at risk of developing  
23 opioid and other substance use dis-  
24 orders.

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1           “(B) If the practitioner is not a physician  
2           (as defined under section 1861(r) of the Social  
3           Security Act), the practitioner is legally author-  
4           ized by the State to dispense controlled sub-  
5           stances under schedule II, III, IV, or V and is  
6           dispensing such substances within such State in  
7           accordance with all applicable State laws, and  
8           the practitioner meets one or more of the fol-  
9           lowing conditions:

10           “(i) The practitioner has completed  
11           not fewer than 8 hours of training with re-  
12           spect to the treatment and management of  
13           patients with opioid or other substance use  
14           disorders (through classroom situations,  
15           seminars at professional society meetings,  
16           electronic communications, or otherwise)  
17           provided by the American Society of Addic-  
18           tion Medicine, the American Academy of  
19           Addiction Psychiatry, the American Med-  
20           ical Association, the American Osteopathic  
21           Association, the American Nurses  
22           Credentialing Center, the American Psy-  
23           chiatric Association, the American Associa-  
24           tion of Nurse Practitioners, the American  
25           Academy of Physician Associates, or any

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1           other organization approved or accredited  
2           by the Assistant Secretary for Mental  
3           Health and Substance Use or the Accreditation Council for Continuing Medical  
4           Education.  
5

6           “(ii) The practitioner has graduated  
7           in good standing from an accredited physician assistant school or accredited school  
8           of advanced practice nursing in the United  
9           States during the 5-year period immediately preceding the date on which the  
10          practitioner first registers or renews under  
11          this section and has successfully completed  
12          a comprehensive physician assistant or advanced practice nursing curriculum that  
13          included not fewer than 8 hours of training  
14          on treating and managing patients with  
15          opioid and other substance use disorders,  
16          including the appropriate clinical use of all  
17          drugs approved by the Food and Drug Administration for the treatment of a substance use disorder.  
18  
19  
20  
21  
22

23          “(2) ONE-TIME TRAINING.—

24          “(A) IN GENERAL.—The Attorney General  
25          shall not require any qualified practitioner to

1 complete the training described in clause (iv) or  
2 (v) of paragraph (1)(A) or clause (i) or (ii) of  
3 paragraph (1)(B) more than once.

4 “(B) NOTIFICATION.—Not later than 90  
5 days after the date of the enactment of the Re-  
6 storing Hope for Mental Health and Well-Being  
7 Act of 2022, the Attorney General shall provide  
8 to qualified practitioners a single written, elec-  
9 tronic notification of the training described in  
10 clauses (iv) and (v) of paragraph (1)(A) or  
11 clauses (i) and (ii) of paragraph (1)(B).

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

14 “(A) to preclude the use, by a qualified  
15 practitioner, of training received pursuant to  
16 this subsection to satisfy registration require-  
17 ments of a State or for some other lawful pur-  
18 pose; or

19 “(B) to preempt any additional require-  
20 ments by a State related to the dispensing of  
21 controlled substances under schedule II, III, IV,  
22 or V.

23 “(4) DEFINITIONS.—In this section:

24 “(A) FIRST APPLICABLE REGISTRATION.—  
25 The term ‘first applicable registration’ means

1           the first registration or renewal of registration  
2           by a qualified practitioner under this section  
3           that occurs on or after the date that is 180  
4           days after the date of enactment of the Restor-  
5           ing Hope for Mental Health and Well-Being  
6           Act of 2022.

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

10                   “(i) is licensed under State law to pre-  
11                   scribe controlled substances; and

12                   “(ii) is not solely a veterinarian.”.

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