

118TH CONGRESS  
1ST SESSION

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

To amend the Internal Revenue Code of 1986 to establish a stewardship fee on the production and importation of opioid pain relievers, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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Mr. MANCHIN introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend the Internal Revenue Code of 1986 to establish a stewardship fee on the production and importation of opioid pain relievers, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Budgeting for Opioid  
5 Addiction Treatment Act”.

6 **SEC. 2. STEWARDSHIP FEE ON OPIOID PAIN RELIEVERS.**

7 (a) IN GENERAL.—Chapter 32 of the Internal Rev-  
8 enue Code of 1986 is amended by inserting after sub-  
9 chapter D the following new subchapter:



1 1986 is amended by inserting after the item relating to  
2 subchapter D the following new item:

“SUBCHAPTER E. CERTAIN OPIOID PAIN RELIEVERS”.

3 (c) EFFECTIVE DATE.—The amendments made by  
4 this section shall apply to sales on or after the later of—

5 (1) the date which is 1 year after the date of  
6 the enactment of this Act; or

7 (2) the date on which the Secretary of Health  
8 and Human Services establishes the mechanism de-  
9 scribed in subsection (d)(1).

10 (d) REBATE OR DISCOUNT PROGRAM FOR CERTAIN  
11 CANCER AND HOSPICE PATIENTS.—

12 (1) IN GENERAL.—The Secretary of Health and  
13 Human Services, in consultation with patient advo-  
14 cacy groups and other relevant stakeholders as de-  
15 termined by such Secretary, shall establish a mecha-  
16 nism by which—

17 (A) any amount paid by an eligible patient  
18 in connection with the stewardship fee under  
19 section 4191 of the Internal Revenue Code of  
20 1986 (as added by this section) shall be rebated  
21 to such patient in as timely a manner as pos-  
22 sible, or

23 (B) amounts paid by an eligible patient for  
24 active opioids (as defined in section 4191(b) of  
25 such Code) are discounted at time of payment

1           or purchase to ensure that such patient does  
2           not pay any amount attributable to such fee,  
3           with as little burden on the patient as possible. The  
4           Secretary shall choose whichever of the options de-  
5           scribed in subparagraph (A) or (B) is, in the Sec-  
6           retary's determination, most effective and efficient  
7           in ensuring eligible patients face no economic burden  
8           from such fee.

9           (2) ELIGIBLE PATIENT.—For purposes of this  
10          subsection, the term “eligible patient” means—

11           (A) a patient for whom any active opioid  
12           (as so defined) is prescribed to treat pain relat-  
13           ing to cancer or cancer treatment;

14           (B) a patient participating in hospice care;

15           (C) a patient with respect to whom the  
16           prescriber of the applicable opioid determines  
17           that other non-opioid pain management treat-  
18           ments are inadequate or inappropriate; and

19           (D) in the case of the death or incapacity  
20           of a patient described in subparagraph (A), (B),  
21           or (C), or any similar situation as determined  
22           by the Secretary of Health and Human Serv-  
23           ices, the appropriate family member, medical  
24           proxy, or similar representative or the estate of  
25           such patient.

1 **SEC. 3. BLOCK GRANTS FOR PREVENTION AND TREATMENT**  
2 **OF SUBSTANCE ABUSE.**

3 (a) GRANTS TO STATES.—Section 1921(b) of the  
4 Public Health Service Act (42 U.S.C. 300x–21(b)) is  
5 amended by inserting “, and, as applicable, for carrying  
6 out section 1923A” before the period.

7 (b) NONAPPLICABILITY OF PREVENTION PROGRAM  
8 PROVISION.—Section 1922(a)(1) of the Public Health  
9 Service Act (42 U.S.C. 300x–22(a)(1)) is amended by in-  
10 serting “except with respect to amounts made available  
11 as described in section 1923A,” before “will expend”.

12 (c) OPIOID TREATMENT PROGRAMS.—Subpart II of  
13 part B of title XIX of the Public Health Service Act (42  
14 U.S.C. 300x–21 et seq.) is amended by inserting after sec-  
15 tion 1923 the following:

16 **“SEC. 1923A. ADDITIONAL SUBSTANCE ABUSE TREATMENT**  
17 **PROGRAMS.**

18 “A funding agreement for a grant under section 1921  
19 is that the State involved shall provide that any amounts  
20 made available by any increase in revenues to the Treas-  
21 ury in the previous fiscal year resulting from the enact-  
22 ment of section 4191 of the Internal Revenue Code of  
23 1986, reduced by any amounts rebated or discounted  
24 under section 2(d) of the Budgeting for Opioid Addiction  
25 Treatment Act (as described in section 1933(a)(1)(B)(i))

1 be used exclusively for substance abuse (including opioid  
2 abuse) treatment efforts in the State, including—

3 “(1) treatment programs—

4 “(A) establishing new addiction treatment  
5 facilities, residential and outpatient, including  
6 covering capital costs;

7 “(B) establishing sober living facilities;

8 “(C) recruiting and increasing reimburse-  
9 ment for certified mental health providers pro-  
10 viding substance abuse treatment in medically  
11 underserved communities or communities with  
12 high rates of prescription drug abuse;

13 “(D) expanding access to long-term, resi-  
14 dential treatment programs for opioid addicts  
15 (including 30-, 60-, and 90-day programs);

16 “(E) establishing or operating support pro-  
17 grams that offer employment services, housing,  
18 and other support services to help recovering  
19 addicts transition back into society;

20 “(F) establishing or operating housing for  
21 children whose parents are participating in sub-  
22 stance abuse treatment programs, including  
23 capital costs;

1           “(G) establishing or operating facilities to  
2           provide care for babies born with neonatal ab-  
3           stinence syndrome, including capital costs; and

4           “(H) other treatment programs, as the  
5           Secretary determines appropriate; and

6           “(2) recruitment and training of substance use  
7           disorder professionals to work in rural and medically  
8           underserved communities.”.

9           (d)           ADDITIONAL           FUNDING.—Section  
10          1933(a)(1)(B)(i) of the Public Health Service Act (42  
11          U.S.C. 300x–33(a)(1)(B)(i)) is amended by inserting “,  
12          plus any increase in revenues to the Treasury in the pre-  
13          vious fiscal year resulting from the enactment of section  
14          4191 of the Internal Revenue Code of 1986, reduced by  
15          any amounts rebated or discounted under section 2(d) of  
16          the Budgeting for Opioid Addiction Treatment Act” be-  
17          fore the period.

18          **SEC. 4. REPORT.**

19          Not later than 2 years after the date described in sec-  
20          tion 2(c), the Secretary of Health and Human Services  
21          shall submit to Congress a report on the impact of the  
22          amendments made by sections 2 and 3 on—

23                  (1) the retail cost of active opioids (as defined  
24                  in section 4191 of the Internal Revenue Code of  
25                  1986, as added by section 2);

1           (2) patient access to such opioids, particularly  
2           cancer and hospice patients, including the effect of  
3           the discount or rebate on such opioids for cancer  
4           and hospice patients under section 2(d);

5           (3) how the increase in revenue to the Treasury  
6           resulting from the enactment of section 4191 of the  
7           Internal Revenue Code of 1986 is used to improve  
8           substance abuse treatment efforts in accordance  
9           with section 1923A of the Public Health Service Act  
10          (as added by section 3); and

11          (4) suggestions for improving—

12                 (A) access to opioids for cancer and hos-  
13                 pice patients; and

14                 (B) substance abuse treatment efforts  
15                 under such section 1923A.