

116TH CONGRESS
1ST SESSION

H. R. 2569

To provide emergency assistance to States, territories, Tribal nations, and local areas affected by the opioid epidemic and to make financial assistance available to States, territories, Tribal nations, local areas, and public or private nonprofit entities to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families.

IN THE HOUSE OF REPRESENTATIVES

MAY 8, 2019

Mr. CUMMINGS (for himself, Mrs. BEATTY, Mr. BISHOP of Georgia, Ms. BONAMICI, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. BROWN of Maryland, Mr. CÁRDENAS, Mr. CISNEROS, Ms. CLARK of Massachusetts, Ms. CLARKE of New York, Mr. CLAY, Mr. CONNOLLY, Mr. COOPER, Mr. COURTNEY, Mr. COX of California, Mr. DANNY K. DAVIS of Illinois, Ms. DEAN, Mrs. DEMINGS, Mr. DESAULNIER, Mr. DOGGETT, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. ENGEL, Mr. ESPAILLAT, Mr. GALLEG0, Mr. GOLDEN, Mr. GOMEZ, Mr. GREEN of Texas, Ms. HAALAND, Mr. HASTINGS, Ms. HILL of California, Mr. HOYER, Ms. JAYAPAL, Ms. JOHNSON of Texas, Ms. KAPTUR, Mr. KEATING, Ms. KELLY of Illinois, Mr. KHANNA, Mr. KILMER, Mrs. KIRKPATRICK, Mr. KRISHNAMOORTH1, Mrs. LAWRENCE, Ms. LEE of California, Mr. LEVIN of Michigan, Mr. LOWENTHAL, Mr. LUJÁN, Mr. LYNCH, Mrs. CAROLYN B. MALONEY of New York, Ms. MATSUI, Mr. MCGOVERN, Mr. MEEKS, Ms. MENG, Ms. MOORE, Mr. MORELLE, Mr. MOULTON, Ms. NORTON, Ms. OCASIO-CORTEZ, Ms. OMAR, Mr. PANETTA, Mr. PAPPAS, Mr. PAYNE, Ms. PINGREE, Ms. PLASKETT, Mr. POCAN, Ms. PRESSLEY, Mr. RASKIN, Mr. ROUDA, Mr. RUPPERSBERGER, Mr. RUSH, Mr. RYAN, Mr. SARBANES, Ms. SCANLON, Ms. SCHAKOWSKY, Mr. SIREs, Ms. SPANBERGER, Ms. SPEIER, Mr. THOMPSON of California, Ms. TLAIB, Mr. TONKO, Mrs. TRAHAN, Mr. TRONE, Mr. VAN DREW, Mr. VISCLOSKY, Ms. WASSERMAN SCHULTZ, Mr. WELCH, Ms. WILSON of Florida, Mr. GARCÍA of Illinois, Mrs. LEE of Nevada, Mrs. NAPOLITANO, and Ms. FUDGE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide emergency assistance to States, territories, Tribal nations, and local areas affected by the opioid epidemic and to make financial assistance available to States, territories, Tribal nations, local areas, and public or private nonprofit entities to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families.

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; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
 5 “Comprehensive Addiction Resources Emergency Act of
 6 2019”.

7 (b) **TABLE OF CONTENTS.**—The table of contents of
 8 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Purpose.

Sec. 3. Amendment to the Public Health Service Act.

“TITLE XXXIV—SUBSTANCE USE AND OPIOID HEALTH
 RESOURCES

“Subtitle A—Local Substance Use and Opioid Emergency Relief Grant
 Program

“Sec. 3401. Establishment of program of grants.

“Sec. 3402. Planning council.

“Sec. 3403. Amount of grant, use of amounts, and funding agreement.

“Sec. 3404. Application.

“Sec. 3405. Technical assistance.

“Sec. 3406. Authorization of appropriations.

“Subtitle B—State and Tribal Substance Use Disorder Prevention and
 Intervention Grant Program

- “Sec. 3411. Establishment of program of grants.
- “Sec. 3412. Amount of grant, use of amounts, and funding agreement.
- “Sec. 3413. Application.
- “Sec. 3414. Technical assistance.
- “Sec. 3415. Authorization of appropriations.

“Subtitle C—Other Grant Program

- “Sec. 3421. Establishment of grant program.
- “Sec. 3422. Use of amounts.
- “Sec. 3423. Technical assistance.
- “Sec. 3424. Planning and development grants.
- “Sec. 3425. Authorization of appropriations.

“Subtitle D—Innovation, Training, and Health Systems Strengthening

- “Sec. 3431. Special projects of national significance.
- “Sec. 3432. Education and training centers.
- “Sec. 3433. Substance use disorder treatment provider capacity under the Medicaid program.
- “Sec. 3434. Programs to support employees.
- “Sec. 3435. Improving and expanding care.
- “Sec. 3436. Naloxone distribution program.
- “Sec. 3437. Additional funding for the National Institutes of Health.
- “Sec. 3438. Additional funding for the Centers for Disease Control and Prevention.
- “Sec. 3439. Definitions.

Sec. 4. Amendments to the Controlled Substances Act.

1 SEC. 2. PURPOSE.

2 It is the purpose of this Act to provide emergency
 3 assistance to States, territories, Tribal nations, and local
 4 areas that are disproportionately affected by the opioid
 5 epidemic and to make financial assistance available to
 6 States, territories, Tribal nations, local areas, and other
 7 public or private nonprofit entities to provide for the devel-
 8 opment, organization, coordination, and operation of more
 9 effective and cost efficient systems for the delivery of es-
 10 sential services to individuals with substance use disorder,
 11 including with co-occurring mental health and substance
 12 use disorders, and their families.

1 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
2 **ACT.**

3 The Public Health Service Act (42 U.S.C. 201 et
4 seq.) is amended by adding at the end the following:

5 **“TITLE XXXIV—SUBSTANCE USE**
6 **AND OPIOID HEALTH RE-**
7 **SOURCES**

8 **“Subtitle A—Local Substance Use**
9 **and Opioid Emergency Relief**
10 **Grant Program**

11 **“SEC. 3401. ESTABLISHMENT OF PROGRAM OF GRANTS.**

12 “(a) IN GENERAL.—The Secretary shall award
13 grants to eligible localities for the purpose of addressing
14 substance use within such localities.

15 “(b) ELIGIBILITY.—

16 “(1) IN GENERAL.—To be eligible to receive a
17 grant under subsection (a) a locality shall—

18 “(A) be—

19 “(i) a county that can demonstrate
20 that the rate of drug overdose deaths per
21 100,000 population in the county during
22 the most recent 3-year period for which
23 such data are available was not less than
24 the rate of such deaths for the county that
25 ranked at the 67th percentile of all coun-
26 ties, as determined by the Secretary;

1 “(ii) a county that can demonstrate
2 that the number of drug overdose deaths
3 during the most recent 3-year period for
4 which such data are available was not less
5 than the number of such deaths for the
6 county that ranked at the 90th percentile
7 of all counties, as determined by the Sec-
8 retary; or

9 “(iii) a city that is located within a
10 county described in clause (i) or (ii), that
11 meets the requirements of paragraph (3);
12 and

13 “(B) submit to the Secretary an applica-
14 tion in accordance with section 3404.

15 “(2) MULTIPLE CONTIGUOUS COUNTIES.—In
16 the case of an eligible county that is contiguous to
17 one or more other eligible counties within the same
18 State, the group of counties shall—

19 “(A) be considered as a single eligible
20 county for purposes of a grant under this sec-
21 tion;

22 “(B) submit a single application under sec-
23 tion 3404;

24 “(C) form a joint planning council (for the
25 purposes of section 3402); and

“(D) establish, through intergovernmental agreements, an administrative mechanism to allocate funds and substance use disorder treatment services under the grant based on—

“(i) the number and rate of drug overdose deaths and nonfatal drug overdoses in each of the counties that compose the eligible county;

“(ii) the severity of need for services in each such county; and

“(iii) the health and support personnel needs of each such county.

“(3) CITIES AND COUNTIES WITHIN MULTIPLE CONTIGUOUS COUNTIES.—

“(A) IN GENERAL.—A city that is within an eligible county described in paragraph (1), or a county or group of counties that is within a group of counties determined to be an eligible county under paragraph (2), shall be eligible to receive a grant under section 3401 if such city or county or group of counties meets the requirements of subparagraph (B).

“(B) REQUIREMENTS.—A city or county meets the requirements of this subparagraph if such city or county—

1 “(i) except as provided in subpara-
2 graph (C), has a population of not less
3 than 50,000 residents;

4 “(ii) meets the requirements of para-
5 graph (1)(A);

6 “(iii) submits an application under
7 section 3404;

8 “(iv) establishes a planning council
9 (for purposes of section 3402); and

10 “(v) establishes an administrative
11 mechanism to allocate funds and services
12 under the grant based on—

13 “(I) the number and rate of drug
14 overdose deaths and nonfatal drug
15 overdoses in the city or county;

16 “(II) the severity of need for sub-
17 stance use disorder treatment services
18 in the city or county; and

19 “(III) the health and support
20 personnel needs of the city or county.

21 “(C) POPULATION EXCEPTION.—A city or
22 county or group of counties that does not meet
23 the requirements of subparagraph (B)(i) may
24 apply to the Secretary for a waiver of such re-

1 quirement. Such application shall dem-
2 onstrate—

3 “(i) that the needs of the population
4 to be served are distinct or that addressing
5 substance use in the service area would be
6 best served by the formation of an inde-
7 pendent council; and

8 “(ii) that the city or county or group
9 of counties has the capacity to administer
10 the funding received under this subtitle.

11 “(D) MINIMUM FUNDING.—A city or coun-
12 ty that meets the requirement of this paragraph
13 and receives a grant under section 3401 shall
14 be entitled to an amount of funding under the
15 grant in an amount that is not less than the
16 amount determined under section 3403(a) with
17 respect to such city or county.

18 “(4) INDEPENDENT CITY.—Independent cities
19 that are not located within the territory of a county
20 shall be treated as eligible counties for purposes of
21 this subtitle.

22 “(5) POLITICAL SUBDIVISIONS.—With respect
23 to States that do not have a local county system of
24 governance, the Secretary shall determine the local
25 political subdivisions within such States that are eli-

1 gible to receive a grant under section 3401 and such
2 subdivisions shall be treated as eligible counties for
3 purposes of this subtitle.

4 “(6) DETERMINATIONS WHERE THERE IS A
5 LACK OF DATA.—The Secretary shall establish eligi-
6 bility and allocation criteria related to the prevalence
7 of drug overdose deaths, the mortality rate from
8 drug overdoses, and that provides an equivalent
9 measure of need for funding for cities and counties
10 for which the data described in paragraph (1)(A) or
11 (2)(D)(i) is not available.

12 “(7) DATA FROM TRIBAL AREAS.—The Sec-
13 retary, acting through the Indian Health Service,
14 shall consult with Indian tribes to establish eligibility
15 and allocation criteria that provide an equivalent
16 measure of need for Tribal areas for which the data
17 described in paragraph (1)(A) or (2)(D)(i) are not
18 available or do not apply.

19 “(8) STUDY.—Not later than 3 years after the
20 date of enactment of this title, the Comptroller Gen-
21 eral shall conduct a study to determine whether the
22 data utilized for purposes of paragraph (1)(A) pro-
23 vide the most precise measure of local area need re-
24 lated to substance use and addiction prevalence and
25 whether additional data would provide more precise

1 measures of substance use and addiction prevalence
2 in local areas. Such study shall identify barriers to
3 collecting or analyzing such data, and make rec-
4 ommendations for revising the indicators used under
5 such paragraph to determine eligibility in order to
6 direct funds to the local areas in most need of fund-
7 ing to provide assistance related to substance use
8 and addiction.

9 “(9) REFERENCE.—For purposes of this sub-
10 title, the term ‘eligible local area’ includes—

11 “(A) a city or county described in para-
12 graph (1);

13 “(B) multiple contiguous counties de-
14 scribed in paragraph (2);

15 “(C) cities or counties within multiple con-
16 tiguous counties described in paragraph (3);

17 “(D) an independent city described in
18 paragraph (4); and

19 “(E) a political subdivision described in
20 paragraph (5).

21 “(c) ADMINISTRATION.—

22 “(1) IN GENERAL.—Assistance made available
23 under a grant awarded under this section shall be
24 directed to the chief elected official of the eligible
25 local area who shall administer the grant funds.

1 “(2) MULTIPLE CONTIGUOUS COUNTIES.—

2 “(A) IN GENERAL.—Except as provided in
3 subparagraph (B), in the case of an eligible
4 county described in subsection (b)(2), assist-
5 ance made available under a grant awarded
6 under this section shall be directed to the chief
7 elected official of the particular county des-
8 ignated in the application submitted for the
9 grant under section 3404. Such chief elected of-
10 ficial shall be the administrator of the grant.

11 “(B) STATE ADMINISTRATION.—Notwith-
12 standing subparagraph (A), the eligible county
13 described in subsection (b)(2) may elect to des-
14 ignate the chief elected State official of the
15 State in which the eligible county is located as
16 the administrator of the grant funds.

17 **“SEC. 3402. PLANNING COUNCIL.**

18 “(a) ESTABLISHMENT.—To be eligible to receive a
19 grant under section 3401, the chief elected official of the
20 eligible local area shall establish or designate a substance
21 use disorder treatment and services planning council that
22 shall, to the maximum extent practicable—

23 “(1) be representative of the demographics of
24 the population of individuals with substance use dis-
25 order in the area;

1 “(2) include representatives of—

2 “(A) health care providers, including feder-
3 ally qualified health centers, rural health clinics,
4 Indian health programs as defined in section 4
5 of the Indian Health Care Improvement Act,
6 urban Indian organizations as defined in section
7 4 of the Indian Health Care Improvement Act,
8 Native Hawaiian organizations as defined in
9 section 11 of the Native Hawaiian Health Care
10 Act of 1988, and facilities operated by the De-
11 partment of Veterans Affairs;

12 “(B) community-based health, harm reduc-
13 tion, or addiction service organizations, includ-
14 ing, where applicable, representatives of Drug
15 Free Communities Coalition grantees;

16 “(C) social service providers, including pro-
17 viders of housing and homelessness services and
18 recovery residence providers;

19 “(D) mental health care providers;

20 “(E) local public health agencies;

21 “(F) law enforcement officials, including
22 officials from the High Intensity Drug Traf-
23 ficking Area program, where applicable;

24 “(G) individuals with substance use dis-
25 order;

1 “(H) individuals in recovery from sub-
2 stance use disorders;

3 “(I) State governments, including the
4 State Medicaid agency and the Single State
5 Agency for Substance Abuse Services;

6 “(J) local governments;

7 “(K) non-elected community leaders;

8 “(L) substance use disorder treatment pro-
9 viders;

10 “(M) Indian tribes and tribal organizations
11 as defined in section 4 of the Indian Self-Deter-
12 mination and Education Assistance Act;

13 “(N) Urban Indians as defined in section
14 4 of the Indian Health Care Improvement Act;

15 “(O) historically underserved groups and
16 subpopulations;

17 “(P) individuals who were formerly incar-
18 cerated;

19 “(Q) organizations serving individuals who
20 are currently incarcerated or in pre-trial deten-
21 tion or were formerly incarcerated;

22 “(R) Federal agencies;

23 “(S) organizations that provide drug pre-
24 vention programs and services to youth at risk
25 of substance use;

1 “(T) medical examiners or coroners;

2 “(U) labor unions and the workplace com-
3 munity;

4 “(V) local fire departments and emergency
5 medical services;

6 “(W) the lesbian, gay, bisexual,
7 transgender, queer or questioning (LGBTQ)
8 community; and

9 “(X) certified or accredited addiction re-
10 covery community organizations.

11 “(b) METHOD OF PROVIDING FOR COUNCIL.—

12 “(1) IN GENERAL.—In providing for a council
13 for purposes of subsection (a), the chief elected offi-
14 cial of the eligible local area may establish the coun-
15 cil directly or designate an existing entity to serve as
16 the council, subject to paragraph (2).

17 “(2) CONSIDERATION REGARDING DESIGNATION
18 OF COUNCIL.—In making a determination of wheth-
19 er to establish or designate a council under para-
20 graph (1), the chief elected official shall give priority
21 to the designation of an existing entity that has
22 demonstrated experience in the provision of health
23 and support services to individuals with substance
24 use disorder within the eligible local area, that has
25 a structure that recognizes the Federal trust respon-

1 sibility when spending Federal health care dollars,
2 and that has demonstrated a commitment to re-
3 specting the obligation of government agencies using
4 Federal dollars to consult with Indian tribes and
5 confer with Urban Indian health programs.

6 “(3) DESIGNATION OF EXISTING ENTITY.—If
7 an existing entity is designated to serve as the coun-
8 cil under this section, the membership of the entity
9 shall comply with the requirements of subsection
10 (a)(1) before it performs any of the duties set forth
11 in subsection (e).

12 “(4) JOINT COUNCIL.—The Secretary shall es-
13 tablish a process to permit an eligible local area that
14 is not contiguous with any other eligible local area
15 to form a joint planning council with such other eli-
16 gible local area or areas, as long as such areas are
17 located in geographical proximity to each other, as
18 determined by the Secretary, and submit a joint ap-
19 plication under section 3404.

20 “(5) JOINT COUNCIL ACROSS STATE LINES.—
21 Eligible local areas may form a joint planning coun-
22 cil with other eligible local areas across State lines
23 if such areas are located in geographical proximity
24 to each other, as determined by the Secretary, sub-
25 mit a joint application under section 3404, and es-

1 tablish intergovernmental agreements to allow the
2 administration of the grant across State lines.

3 “(c) MEMBERSHIP.—Members of the planning coun-
4 cil established or designated under subsection (a) shall—

5 “(1) be nominated and selected through an
6 open process;

7 “(2) elect from among their membership a chair
8 and vice chair;

9 “(3) include at least one representative from
10 Indian tribes located within any eligible local area
11 that receives funding under the grant program es-
12 tablished in section 3401;

13 “(4) serve no more than 3 consecutive years on
14 the planning council.

15 “(d) MEMBERSHIP TERMS.—Members of the plan-
16 ning council established or designated under subsection
17 (a) may serve additional terms if nominated and selected
18 through the process established in subsection (c)(1).

19 “(e) DUTIES.—The planning council established or
20 designated under subsection (a) shall—

21 “(1) establish priorities for the allocation of
22 grant funds within the eligible local area that em-
23 phasize reducing drug use rates, overdose, and sub-
24 stance use disorder through evidence-based interven-

1 tions in both community and criminal justice set-
2 tings and that are based on—

3 “(A) the use by the grantee of substance
4 use disorder prevention, intervention, treat-
5 ment, and recovery strategies that comply with
6 best practices identified by the Secretary;

7 “(B) the demonstrated or probable cost-ef-
8 fectiveness of proposed substance use disorder
9 prevention, intervention, treatment, and recov-
10 ery services;

11 “(C) the health priorities of the commu-
12 nities within the eligible local area that are af-
13 fected by substance use;

14 “(D) the priorities and needs of individuals
15 with substance use disorder; and

16 “(E) the availability of other governmental
17 and non-governmental services;

18 “(2) ensure the use of grant funds will advance
19 any existing State or local plan regarding the provi-
20 sion of substance use disorder treatment services to
21 individuals with substance use disorder;

22 “(3) in the absence of a State or local plan,
23 work with local public health agencies to develop a
24 comprehensive plan for the organization and delivery

1 of substance use disorder prevention and treatment
2 services;

3 “(4) regularly assess the efficiency of the ad-
4 ministrative mechanism in rapidly allocating funds
5 to support evidence-based substance use disorder
6 prevention and treatment services in the areas of
7 greatest need within the eligible local area;

8 “(5) work with local public health agencies to
9 determine the size and demographics of the popu-
10 lation of individuals with substance use disorders
11 and the types of substance use that are most preva-
12 lent in the eligible local area;

13 “(6) work with local public health agencies to
14 determine the needs of such population, including
15 the need for substance use disorder prevention,
16 intervention, treatment, and recovery services;

17 “(7) work with local public agencies to deter-
18 mine the disparities in access to services among af-
19 fected subpopulations and historically underserved
20 communities, including infrastructure and capacity
21 shortcomings of providers that contribute to these
22 disparities;

23 “(8) work with local public agencies to establish
24 methods for obtaining input on community needs
25 and priorities, including by partnering with organi-

1 zations that serve targeted communities experiencing
2 high opioid and other addictive substance-related
3 health disparities to gather data using culturally-at-
4 tuned data collection methodologies;

5 “(9) coordinate with Federal grantees that pro-
6 vide substance use disorder prevention and treat-
7 ment services within the eligible local area; and

8 “(10) annually assess the effectiveness of the
9 substance use disorder prevention and treatment
10 services being supported by the grant received by the
11 eligible local area, including, to the extent possible—

12 “(A) reductions in the rates of substance
13 use, overdose, and death from substance use;

14 “(B) rates of discontinuation from sub-
15 stance use disorder treatment services and rates
16 of sustained recovery;

17 “(C) long-term outcomes among individ-
18 uals receiving treatment for substance use dis-
19 orders; and

20 “(D) the availability and use of substance
21 use disorder treatment services needed by indi-
22 viduals with substance use disorders over their
23 lifetimes.

24 “(f) CONFLICTS OF INTEREST.—

1 “(1) IN GENERAL.—The planning council under
2 subsection (a) may not be directly involved in the
3 administration of a grant under section 3401.

4 “(2) REQUIRED AGREEMENTS.—An individual
5 may serve on the planning council under subsection
6 (a) only if the individual agrees that if the individual
7 has a financial interest in an entity, if the individual
8 is an employee of a public or private entity, or if the
9 individual is a member of a public or private organi-
10 zation, and such entity or organization is seeking
11 amounts from a grant under section 3401, the indi-
12 vidual will not, with respect to the purpose for which
13 the entity seeks such amounts, participate (directly
14 or in an advisory capacity) in the process of select-
15 ing entities to receive such amounts for such pur-
16 pose.

17 “(g) GRIEVANCE PROCEDURES.—A planning council
18 under subsection (a) shall develop procedures for address-
19 ing grievances with respect to funding under this subtitle,
20 including procedures for submitting grievances that can-
21 not be resolved to binding arbitration. Such procedures
22 shall be described in the by-laws of the planning council.

23 “(h) PUBLIC DELIBERATIONS.—With respect to a
24 planning council under subsection (a), in accordance with
25 criteria established by the Secretary, the following applies:

1 “(1) The meetings of the council shall be open
2 to the public and shall be held only after adequate
3 notice to the public.

4 “(2) The records, reports, transcripts, minutes,
5 agenda, or other documents which were made avail-
6 able to or prepared for or by the council shall be
7 available for public inspection and copying at a sin-
8 gle location.

9 “(3) Detailed minutes of each meeting of the
10 council shall be kept. The accuracy of all minutes
11 shall be certified to by the chair of the council.

12 “(4) This subparagraph does not apply to any
13 disclosure of information of a personal nature that
14 would constitute a clearly unwarranted invasion of
15 personal privacy, including any disclosure of medical
16 information or personnel matters.

17 **“SEC. 3403. AMOUNT OF GRANT, USE OF AMOUNTS, AND**
18 **FUNDING AGREEMENT.**

19 “(a) AMOUNT OF GRANT.—

20 “(1) GRANTS BASED ON RELATIVE NEED OF
21 AREA.—

22 “(A) IN GENERAL.—In carrying out this
23 subtitle, the Secretary shall make a grant for
24 each eligible local area for which an application
25 under section 3404 has been approved. Each

1 such grant shall be made in an amount deter-
2 mined in accordance with paragraph (3).

3 “(B) EXPEDITED DISTRIBUTION.—Not
4 later than 90 days after an appropriation be-
5 comes available to carry out this subtitle for a
6 fiscal year, the Secretary shall disburse 53 per-
7 cent of the amount made available under sec-
8 tion 3406 for carrying out this subtitle for such
9 fiscal year through grants to eligible local areas
10 under section 3401, in accordance with sub-
11 paragraphs (C) and (D).

12 “(C) AMOUNT.—

13 “(i) IN GENERAL.—Subject to the ex-
14 tent of amounts made available in appro-
15 priations Acts, a grant made for purposes
16 of this subparagraph to an eligible local
17 area shall be made in an amount equal to
18 the product of—

19 “(I) an amount equal to the
20 amount available for distribution
21 under subparagraph (B) for the fiscal
22 year involved; and

23 “(II) the percentage constituted
24 by the ratio of the distribution factor
25 for the eligible local area to the sum

1 of the respective distribution factors
2 for all eligible local areas;
3 which product shall then, as applicable, be
4 increased under subparagraph (D).

5 “(ii) DISTRIBUTION FACTOR.—For
6 purposes of clause (i)(II), the term ‘dis-
7 tribution factor’ means—

8 “(I) an amount equal to—

9 “(aa) the estimated number
10 of drug overdose deaths in the el-
11 igible local area, as determined
12 under clause (iii); or

13 “(bb) the estimated number
14 of non-fatal drug overdoses in the
15 eligible local area, as determined
16 under clause (iv);

17 as determined by the Secretary based
18 on which distribution factor (item (aa)
19 or (bb)) will result in the eligible local
20 area receiving the greatest amount of
21 funds; or

22 “(II) in the case of an eligible
23 local area for which the data de-
24 scribed in subclause (I) are not avail-

1 able, an amount determined by the
2 Secretary—

3 “(aa) based on other data
4 the Secretary determines appro-
5 priate; and

6 “(bb) that is related to the
7 prevalence of non-fatal drug
8 overdoses, drug overdose deaths,
9 and the mortality rate from drug
10 overdoses and provides an equiv-
11 alent measure of need for fund-
12 ing.

13 “(iii) NUMBER OF DRUG OVERDOSE
14 DEATHS.—The number of drug overdose
15 deaths determined under this clause for an
16 eligible county for a fiscal year for pur-
17 poses of clause (ii) is the number of drug
18 overdose deaths during the most recent 3-
19 year period for which such data are avail-
20 able.

21 “(iv) NUMBER OF NON-FATAL DRUG
22 OVERDOSES.—The number of non-fatal
23 drug overdose deaths determined under
24 this clause for an eligible county for a fis-
25 cal year for purposes of clause (ii) may be

1 determined by using data including emer-
2 gency department syndromic data, visits,
3 other emergency medical services for drug-
4 related causes, or Overdose Detection Map-
5 ping Application Program (ODMAP) data
6 during the most recent 3-year period for
7 which such data are available.

8 “(v) STUDY.—Not later than 3 years
9 after the date of enactment of this title,
10 the Comptroller General shall conduct a
11 study to determine whether the data uti-
12 lized for purposes of clause (ii) provide the
13 most precise measure of local area need re-
14 lated to substance use and addiction preva-
15 lence in local areas and whether additional
16 data would provide more precise measures
17 of substance use and addiction prevalence
18 in local areas. Such study shall identify
19 barriers to collecting or analyzing such
20 data, and make recommendations for revis-
21 ing the distribution factors used under
22 such clause to determine funding levels in
23 order to direct funds to the local areas in
24 most need of funding to provide substance
25 use disorder treatment services.

1 “(vi) REDUCTIONS IN AMOUNTS.—If a
2 local area that is an eligible local area for
3 a year loses such eligibility in a subsequent
4 year based on the failure to meet the re-
5 quirements of paragraph (1)(A) or (6) of
6 section 3401(b), such area will remain eli-
7 gible to receive—

8 “(I) for such subsequent year, an
9 amount equal to 80 percent of the
10 amount received under the grant in
11 the previous year; and

12 “(II) for the second such subse-
13 quent year, an amount equal to 50
14 percent of the amount received in the
15 previous year.

16 “(2) SUPPLEMENTAL GRANTS.—

17 “(A) IN GENERAL.—The Secretary shall
18 disburse the remainder of amounts not dis-
19 bursed under paragraph (1) for such fiscal year
20 for the purpose of making grants to cities and
21 counties whose application under section
22 3404—

23 “(i) contains a report concerning the
24 dissemination of emergency relief funds

1 under paragraph (1) and the plan for utili-
2 zation of such funds, if applicable;

3 “(ii) demonstrates the need in such
4 local area, on an objective and quantified
5 basis, for supplemental financial assistance
6 to combat substance use disorder;

7 “(iii) demonstrates the existing com-
8 mitment of local resources of the area,
9 both financial and in-kind, to preventing,
10 treating, and managing substance use dis-
11 order and supporting sustained recovery;

12 “(iv) demonstrates the ability of the
13 area to utilize such supplemental financial
14 resources in a manner that is immediately
15 responsive and cost effective;

16 “(v) demonstrates that resources will
17 be allocated in accordance with the local
18 demographic incidence of substance use
19 disorders and drug overdose mortality;

20 “(vi) demonstrates the inclusiveness of
21 affected communities and individuals with
22 substance use disorders, including those
23 communities and individuals that are dis-
24 proportionately affected or historically un-
25 derserved;

1 “(vii) demonstrates the manner in
2 which the proposed services are consistent
3 with the local needs assessment and the
4 State plan approved by the Secretary pur-
5 suant to section 1932(b);

6 “(viii) demonstrates success in identi-
7 fying individuals with substance use dis-
8 orders; and

9 “(ix) demonstrates that support for
10 substance use disorder prevention and
11 treatment services is organized to maxi-
12 mize the value to the population to be
13 served with an appropriate mix of sub-
14 stance use disorder prevention and treat-
15 ment services and attention to transition in
16 care.

17 “(B) AMOUNT.—

18 “(i) IN GENERAL.—The amount of
19 each grant made for purposes of this para-
20 graph shall be determined by the Sec-
21 retary. In making such determination, the
22 Secretary shall consider—

23 “(I) the rate of drug overdose
24 deaths per 100,000 population in the
25 eligible local area; and

1 “(II) the increasing need for sub-
2 stance use disorder treatment serv-
3 ices, including relative rates of in-
4 crease in the number of drug
5 overdoses or drug overdose deaths, or
6 recent increases in drug overdoses or
7 drug overdose deaths since data were
8 provided under section 3401(b), if ap-
9 plicable.

10 “(ii) DEMONSTRATED NEED.—The
11 factors considered by the Secretary in de-
12 termining whether a local area has a dem-
13 onstrated need for purposes of clause
14 (i)(II) may include any or all of the fol-
15 lowing:

16 “(I) The unmet need for sub-
17 stance use disorder treatment serv-
18 ices, including factors identified in
19 subparagraph (B)(i)(II).

20 “(II) Relative rates of increase in
21 the number of drug overdoses or drug
22 overdose deaths.

23 “(III) The relative rates of in-
24 crease in the number of drug
25 overdoses or drug overdose deaths

1 within new or emerging subpopula-
2 tions.

3 “(IV) The current prevalence of
4 substance use disorders.

5 “(V) Relevant factors related to
6 the cost and complexity of delivering
7 substance use disorder treatment serv-
8 ices to individuals in the eligible local
9 area.

10 “(VI) The impact of co-morbid
11 factors, including co-occurring condi-
12 tions, determined relevant by the Sec-
13 retary.

14 “(VII) The prevalence of home-
15 lessness among individuals with sub-
16 stance use disorders.

17 “(VIII) The relevant factors that
18 limit access to health care, including
19 geographic variation, adequacy of
20 health insurance coverage, and lan-
21 guage barriers.

22 “(IX) The impact of a decline in
23 the amount received pursuant to para-
24 graph (1) on substance use disorder
25 treatment services available to all in-

1 dividuals with substance use disorders
 2 identified and eligible under this sub-
 3 title.

4 “(X) The increasing incidence in
 5 conditions related to substance use,
 6 including hepatitis C, human immuno-
 7 deficiency virus, hepatitis B and other
 8 infections associated with injection
 9 drug use.

10 “(C) APPLICATION OF PROVISIONS.—A
 11 local area that receives a grant under this para-
 12 graph—

13 “(i) shall use amounts received in ac-
 14 cordance with subsection (b);

15 “(ii) shall not have to meet the eligi-
 16 ble criteria in section 3401(b); and

17 “(iii) shall not have to establish a
 18 planning council under section 3402.

19 “(3) AMOUNT OF GRANT TO TRIBAL GOVERN-
 20 MENTS.—

21 “(A) INDIAN TRIBES.—In this section, the
 22 term ‘Indian tribe’ has the meaning given such
 23 term in section 4 of the Indian Self-Determina-
 24 tion and Education Assistance Act.

1 “(B) FORMULA GRANTS.—The Secretary,
2 acting through the Indian Health Service, shall
3 use 10 percent of the amount available under
4 section 3406 for each fiscal year to provide for-
5 mula grants to Indian tribes disproportionately
6 affected by substance use, in an amount deter-
7 mined pursuant to a formula and eligibility cri-
8 teria developed by the Secretary in consultation
9 with Indian tribes, for the purposes of address-
10 ing substance use.

11 “(C) USE OF AMOUNTS.—Notwithstanding
12 any requirements in this section, an Indian
13 tribe may use amounts provided under grants
14 awarded under this paragraph for the uses
15 identified in subsection (b) and any other activi-
16 ties determined appropriate by the Secretary, in
17 consultation with Indian tribes. An Indian tribe
18 shall not be required to allocate funds and serv-
19 ices in accordance with the goals, priorities, or
20 objectives established by a planning council
21 under section 3402.

22 “(b) USE OF AMOUNTS.—

23 “(1) REQUIREMENTS.—The Secretary may not
24 make a grant under section 3401 to an eligible local

1 area unless the chief elected official of the area
2 agrees that—

3 “(A) the allocation of funds and services
4 within the area under the grant will be made in
5 accordance with the priorities established by the
6 planning council; and

7 “(B) funds provided under this grant will
8 be expended for—

9 “(i) prevention services described in
10 paragraph (3);

11 “(ii) core medical services described in
12 paragraph (4);

13 “(iii) recovery and support services
14 described in paragraph (5);

15 “(iv) early intervention services de-
16 scribed in paragraph (6);

17 “(v) harm reduction services described
18 in paragraph (7);

19 “(vi) financial assistance with health
20 insurance described in paragraph (8); and

21 “(vii) administrative expenses de-
22 scribed in paragraph (9).

23 “(2) DIRECT FINANCIAL ASSISTANCE.—

24 “(A) IN GENERAL.—An eligible local area
25 shall use amounts received under a grant under

1 section 3401 to provide direct financial assist-
2 ance to eligible entities for the purpose of pro-
3 viding prevention services, core medical services,
4 recovery and support services, early intervention
5 services, and harm reduction services.

6 “(B) APPROPRIATE ENTITIES.—Direct fi-
7 nancial assistance may be provided under sub-
8 paragraph (A) to public or nonprofit private en-
9 tities, or private for-profit entities if such enti-
10 ties are the only available provider of quality
11 substance use disorder treatment services in the
12 area.

13 “(C) LIMITATION.—An eligible local area
14 (not including tribal areas) may not provide di-
15 rect financial assistance to any entity that pro-
16 vides medication-assisted treatment if that enti-
17 ty does not also offer mental health services or
18 psychotherapy by licensed clinicians through a
19 referral or onsite.

20 “(3) PREVENTION SERVICES.—

21 “(A) IN GENERAL.—For purposes of this
22 section, the term ‘prevention services’ means
23 evidence-based services, programs, or multi-sec-
24 tor strategies to prevent substance use disorder
25 (including education campaigns, community-

1 based prevention programs, risk identification
2 programs, opioid diversion, collection and dis-
3 posal of unused opioids, services to at-risk pop-
4 ulations, and trauma support services).

5 “(B) LIMIT.—An eligible local area may
6 use not to exceed 20 percent of the amount of
7 the grant under section 3401 for prevention
8 services. An eligible local area may apply to the
9 Secretary for a waiver of this subparagraph.

10 “(4) CORE MEDICAL SERVICES.—For purposes
11 of this section, the term ‘core medical services’
12 means the following evidence-based services provided
13 to individuals with substance use disorder or at risk
14 for developing substance use disorder, including
15 through the use of telemedicine or a hub and spoke
16 model:

17 “(A) Substance use disorder treatments, as
18 more fully described in section 3439, including
19 assessment of disease presence, severity, and
20 co-occurring conditions, treatment planning,
21 clinical stabilization services, withdrawal man-
22 agement and detoxification, intensive inpatient
23 treatment, intensive outpatient treatment, out-
24 patient treatment, residential inpatient services,
25 treatment for co-occurring mental health and

1 substance use disorders, and all drugs approved
2 by the Food and Drug Administration for the
3 treatment of substance use disorder.

4 “(B) Outpatient and ambulatory health
5 services, including those administered by feder-
6 ally qualified health centers, rural health clinics,
7 tribal clinics and hospitals, urban Indian health
8 facilities, certified community behavioral health
9 clinics (as described in section 223 of the Pro-
10 tecting Access to Medicare Act), and com-
11 prehensive opioid recovery centers (as described
12 in section 552 of this Act).

13 “(C) Hospice services.

14 “(D) Mental health services.

15 “(E) Opioid overdose reversal drug prod-
16 ucts procurement, distribution, and training.

17 “(F) Pharmaceutical assistance and diag-
18 nostic testing related to the management of
19 substance use disorders and co-morbid condi-
20 tions.

21 “(G) Home and community based health
22 services.

23 “(H) Comprehensive Case Management
24 and care coordination, including substance use
25 disorder treatment adherence services.

1 “(I) Health insurance enrollment and cost-
2 sharing assistance in accordance with para-
3 graph (8).

4 “(5) RECOVERY AND SUPPORT SERVICES.—For
5 purposes of this section, the term ‘recovery and sup-
6 port services’ means services that are provided to in-
7 dividuals with substance use disorder, including resi-
8 dential recovery housing, mental health services,
9 long term recovery services, 24/7 hotline crisis center
10 support, medical transportation services, respite care
11 for persons caring for individuals with substance use
12 disorder, child care and family services while an in-
13 dividual is receiving inpatient treatment services or
14 at the time of outpatient services, outreach services,
15 peer recovery services, nutrition services, and refer-
16 rals for job training and career services, housing,
17 legal services, and child care and family services.
18 The entities through which such services may be
19 provided include local and tribal authorities that
20 provide child care, housing, community development,
21 and other recovery and support services, so long as
22 they do not exclude individuals on the basis that
23 such individuals receive medication-assisted treat-
24 ment.

1 “(6) EARLY INTERVENTION SERVICES.—For
2 purposes of this section, the term ‘early intervention
3 services’ means services to provide screening and
4 connection to the appropriate level of substance use
5 disorder and mental health treatment (including
6 same-day connection), counseling provided to indi-
7 viduals who have misused substances, who have ex-
8 perienced an overdose, or are at risk of developing
9 substance use disorder, the provision of referrals to
10 facilitate the access of such individuals to core med-
11 ical services or recovery and support services for
12 substance use disorder, and rapid access to medica-
13 tion-assisted treatment in the setting of recent over-
14 dose. The entities through which such services may
15 be provided include emergency rooms, fire depart-
16 ments and emergency medical services, detention fa-
17 cilities, prisons and jails, homeless shelters, law en-
18 forcement agencies, health care points of entry speci-
19 fied by eligible local areas, federally qualified health
20 centers, tribal clinics and hospitals, urban Indian
21 health facilities, and rural health clinics.

22 “(7) HARM REDUCTION SERVICES.—For pur-
23 poses of this section, the term ‘harm reduction serv-
24 ices’ means evidence-based services provided to indi-
25 viduals engaging in substance use that reduce the

1 risk of infectious disease transmission, overdose, or
2 death, including by increasing access to health care,
3 housing, and recovery and support services.

4 “(8) AFFORDABLE HEALTH INSURANCE COV-
5 ERAGE.—An eligible local area may use amounts
6 provided under a grant awarded under section 3401
7 to establish a program of financial assistance to as-
8 sist eligible individuals with substance use disorder
9 in—

10 “(A) enrolling in health insurance cov-
11 erage; or

12 “(B) affording health care services, includ-
13 ing assistance paying cost-sharing amounts, in-
14 cluding premiums.

15 “(9) ADMINISTRATION AND PLANNING.—An eli-
16 gible local area (not including tribal areas) shall not
17 use in excess of 15 percent of amounts received
18 under a grant under section 3401 for administra-
19 tion, accounting, reporting, and program oversight
20 functions, including the development of systems to
21 improve data collection and data sharing, in the first
22 year of receiving the grant, and shall not use in ex-
23 cess of 10 percent of amounts received under a
24 grant under section 3401 for such activities in sub-
25 sequent years.

1 “(10) INCARCERATED INDIVIDUALS.—Amounts
2 received under a grant under section 3401 may be
3 used to provide substance use disorder treatment
4 services, including medication-assisted treatment, to
5 individuals who are currently incarcerated or in pre-
6 trial detention.

7 “(c) REQUIRED TERMS.—

8 “(1) REQUIREMENT OF STATUS AS MEDICAID
9 PROVIDER.—

10 “(A) PROVISION OF SERVICE.—Subject to
11 subparagraph (B), the Secretary may not make
12 a grant under section 3401 for the provision of
13 substance use disorder treatment services under
14 this section in an eligible local area unless, in
15 the case of any such service that is available
16 pursuant to the State plan approved under title
17 XIX of the Social Security Act for the State—

18 “(i) the political subdivision involved
19 will provide the service directly, and the
20 political subdivision has entered into a par-
21 ticipation agreement under the State plan
22 and is qualified to receive payments under
23 such plan; or

24 “(ii) the eligible local area involved—

1 “(I) will enter into agreements
2 with public or nonprofit private enti-
3 ties under which the entities will pro-
4 vide the service, and the entities have
5 entered into such a participation
6 agreement and are qualified to receive
7 such payments; and

8 “(II) demonstrates that it will
9 ensure that the entities providing the
10 service will seek payment for each
11 such service rendered in accordance
12 with the usual payment schedule
13 under the State plan.

14 “(B) WAIVER.—

15 “(i) IN GENERAL.—In the case of an
16 entity making an agreement pursuant to
17 subparagraph (A)(ii) regarding the provi-
18 sion of substance use disorder treatment
19 services, the requirement established in
20 such subparagraph shall be waived by the
21 substance use planning council for the area
22 involved if the entity does not, in providing
23 health care services, impose a charge or ac-
24 cept reimbursement available from any
25 third-party payor, including reimbursement

1 under any insurance policy or under any
2 Federal or State health benefits program.
3 A waiver under this subparagraph shall
4 not be longer than 2 years in duration and
5 shall not be renewed.

6 “(ii) DETERMINATION.—A determina-
7 tion by the substance use planning council
8 of whether an entity referred to in clause
9 (i) meets the criteria for a waiver under
10 such clause shall be made without regard
11 to whether the entity accepts voluntary do-
12 nations for the purpose of providing serv-
13 ices to the public.

14 “(2) REQUIRED TERMS FOR EXPANDING AND
15 IMPROVING CARE.—A funding agreement for a grant
16 under this section shall—

17 “(A) ensure that funds received under the
18 grant will not be utilized to make payments for
19 any item or service to the extent that payment
20 has been made, or can reasonably be expected
21 to be made, with respect to that item or service
22 under a State compensation program, under an
23 insurance policy, or under any Federal or State
24 health benefits program (except for a program

1 administered by, or providing the services of,
2 the Indian Health Service); and

3 “(B) ensure that all entities providing sub-
4 stance use disorder treatment services with as-
5 sistance made available under the grant offer
6 all drugs approved by the Food and Drug Ad-
7 ministration for the treatment of substance use
8 disorder for which the applicant offers treat-
9 ment, in accordance with section 3435.

10 “(3) ADDITIONAL REQUIRED TERMS.—A fund-
11 ing agreement for a grant under this section is
12 that—

13 “(A) funds received under the grant will be
14 utilized to supplement not supplant other Fed-
15 eral, State, or local funds made available in the
16 year for which the grant is awarded to provide
17 substance use disorder treatment services to in-
18 dividuals with substance use disorder, including
19 funds for each of prevention services, core med-
20 ical services, recovery and support services,
21 early intervention services, harm reduction serv-
22 ices, mental health services, and administrative
23 expenses;

24 “(B) political subdivisions within the eligi-
25 ble local area will maintain the level of expendi-

1 tures by such political subdivisions for sub-
2 stance use disorder treatment services at a level
3 that is at least equal to the level of such ex-
4 penditures by such political subdivisions for the
5 preceding fiscal year, including expenditures for
6 each of prevention services, core medical serv-
7 ices, recovery and support services, early inter-
8 vention services, harm reduction services, men-
9 tal health services, and administrative expenses;

10 “(C) political subdivisions within the eligi-
11 ble local area will not use funds received under
12 a grant awarded under section 3401 in main-
13 taining the level of substance use disorder treat-
14 ment services as required in subparagraph (B);

15 “(D) substance use disorder treatment
16 services provided with assistance made available
17 under the grant will be provided without re-
18 gard—

19 “(i) to the ability of the individual to
20 pay for such services; and

21 “(ii) to the current or past health con-
22 dition of the individual to be served;

23 “(E) substance use disorder treatment
24 services will be provided in a setting that is ac-
25 cessible to low-income individuals with sub-

1 stance use disorders and to individuals with
2 substance use disorders residing in rural areas;

3 “(F) a program of outreach will be pro-
4 vided to low-income individuals with substance
5 use disorders to inform such individuals of sub-
6 stance use disorder treatment services and to
7 individuals with substance use disorders resid-
8 ing in rural areas;

9 “(G) Indian tribes are included in planning
10 for the use of grant funds and the Federal trust
11 responsibility is upheld at all levels of program
12 administration; and

13 “(H) the confidentiality of individuals re-
14 ceiving substance use disorder treatment serv-
15 ices will be maintained in a manner not incon-
16 sistent with applicable law.

17 **“SEC. 3404. APPLICATION.**

18 “(a) APPLICATION.—To be eligible to receive a grant
19 under section 3401, an eligible local area shall prepare and
20 submit to the Secretary an application in such form, and
21 containing such information, as the Secretary shall re-
22 quire, including—

23 “(1) a complete accounting of the disbursement
24 of any prior grants received under this subtitle by
25 the applicant and the results achieved by these ex-

penditures and a demonstration that funds received from a grant under this subtitle in the prior year were expended in accordance with local priorities developed by the local planning council established under section 3402, except that the planning council requirement shall not apply with respect to areas receiving supplemental grant funds under section 3403(a)(2);

“(2) establishment of goals and objectives to be achieved with grant funds provided under this subtitle, including targets and milestones that are intended to be met, the activities that will be undertaken to achieve those targets, the number of individuals likely to be served by the funds sought, including demographic data on the populations to be served, and an explanation of how these goals and objectives advance the State plan approved by the Secretary pursuant to section 1932(b);

“(3) a demonstration that the local area will use funds in a manner that provides substance use disorder treatment services in compliance with the evidence-based standards developed in accordance with section 3435, including providing all drugs approved by the Food and Drug Administration for the treatment of substance use disorder;

1 “(4) a demonstration that resources provided
2 under the grant will be allocated in accordance with
3 the local demographic incidence of substance use, in-
4 cluding allocations for services for children, youths,
5 and women;

6 “(5) an explanation of how income, asset, and
7 medical expense criteria will be established and ap-
8 plied to those who qualify for assistance under the
9 program; and

10 “(6) for any prior funding received under this
11 section, data provided in such form as the Secretary
12 shall require detailing, at a minimum, the extent to
13 which the activities supported by the funding met
14 the goals and objectives specified in the application
15 for the funding, the number of individuals who
16 accessed medication-assisted treatment by age, gen-
17 der, race, and other demographic criteria relevant to
18 the program, and the effect of the program on over-
19 dose rates and rates of death due to overdose in the
20 local area served by the program.

21 “(b) REQUIREMENTS REGARDING IMPOSITION OF
22 CHARGES FOR SERVICES.—

23 “(1) IN GENERAL.—The Secretary may not
24 make a grant under section 3401 to an eligible local
25 area unless the eligible local area provides assur-

1 ances that in the provision of substance use disorder
2 treatment services with assistance provided under
3 the grant—

4 “(A) in the case of individuals with an in-
5 come less than or equal to 138 percent of the
6 official poverty level, the provider will not im-
7 pose charges on any such individual for the
8 services provided under the grant;

9 “(B) in the case of individuals with an in-
10 come greater than 138 percent of the official
11 poverty level, the provider will impose a charge
12 on each such individual according to a schedule
13 of charges made available to the public;

14 “(C) in the case of individuals with an in-
15 come greater than 138 percent of the official
16 poverty level but not exceeding 200 percent of
17 such poverty level, the provider will not, for an
18 calendar year, impose charges in an amount ex-
19 ceeding 5 percent of the annual gross income of
20 the individual;

21 “(D) in the case of individuals with an in-
22 come greater than 200 percent of the official
23 poverty level but not exceeding 300 percent of
24 such poverty level, the provider will not, for any
25 calendar year, impose charges in an amount ex-

ceeding 7 percent of the annual gross income of the individual involved;

“(E) in the case of individuals with an income greater than 300 percent of the official poverty level, the provider will not, for any calendar year, impose charges in an amount exceeding 15 percent of the annual gross income of the individual involved; and

“(F) in the case of eligible American Indian and Alaska Native individuals as defined by section 447.50 of title 42, Code of Federal Regulations (as in effect on July 1, 2010), the provider will not impose any charges for substance use disorder treatment services, including any charges or cost-sharing prohibited by section 1402(d) of the Patient Protection and Affordable Care Act.

“(2) CHARGES.—With respect to compliance with the assurances made under paragraph (1), an eligible local area may, in the case of individuals subject to a charge—

“(A) assess the amount of the charge in the discretion of the area, including imposing only a nominal charge for the provision of substance use disorder treatment services, subject

1 to the provisions of the paragraph regarding
2 public schedules and regarding limitations on
3 the maximum amount of charges; and

4 “(B) take into consideration the total med-
5 ical expenses of individuals in assessing the
6 amount of the charge, subject to such provi-
7 sions.

8 “(3) AGGREGATE CHARGES.—The Secretary
9 may not make a grant under section 3401 to an eli-
10 gible local area unless the area agrees that the limi-
11 tations on charges for substance use disorder treat-
12 ment services under this subsection applies to the
13 annual aggregate of charges imposed for such serv-
14 ices, however the charges are characterized, includes
15 enrollment fees, premiums, deductibles, cost sharing,
16 co-payments, co-insurance costs, or any other
17 charges.

18 “(c) INDIAN TRIBES.—Any application requirements
19 for grants distributed in accordance with section
20 3403(a)(3) shall be developed by the Secretary in con-
21 sultation with Indian tribes.

22 **“SEC. 3405. TECHNICAL ASSISTANCE.**

23 “The Secretary shall, beginning on the date of enact-
24 ment of this title, provide technical assistance, including
25 assistance from other grantees, contractors or subcontract-

1 tors under this title to assist newly eligible local areas in
 2 the establishment of planning councils and, to assist enti-
 3 ties in complying with the requirements of this subtitle
 4 in order to make such areas eligible to receive a grant
 5 under this subtitle. The Secretary may make planning
 6 grants available to eligible local areas, in an amount not
 7 to exceed \$75,000, for any area that is projected to be
 8 eligible for funding under section 3401 in the following
 9 fiscal year. Such grant amounts shall be deducted from
 10 the first year formula award to eligible local areas accept-
 11 ing such grants.

12 **“SEC. 3406. AUTHORIZATION OF APPROPRIATIONS.**

13 “There is authorized to be appropriated to carry out
 14 this subtitle—

- 15 “(1) \$2,700,000,000 for fiscal year 2020;
- 16 “(2) \$2,700,000,000 for fiscal year 2021;
- 17 “(3) \$2,700,000,000 for fiscal year 2022;
- 18 “(4) \$2,700,000,000 for fiscal year 2023;
- 19 “(5) \$2,700,000,000 for fiscal year 2024;
- 20 “(6) \$2,700,000,000 for fiscal year 2025;
- 21 “(7) \$2,700,000,000 for fiscal year 2026;
- 22 “(8) \$2,700,000,000 for fiscal year 2027;
- 23 “(9) \$2,700,000,000 for fiscal year 2028; and
- 24 “(10) \$2,700,000,000 for fiscal year 2029.

1 **“Subtitle B—State and Tribal Sub-**
 2 **stance Use Disorder Prevention**
 3 **and Intervention Grant Pro-**
 4 **gram**

5 **“SEC. 3411. ESTABLISHMENT OF PROGRAM OF GRANTS.**

6 “The Secretary shall award grants to States, terri-
 7 tories, and tribal governments for the purpose of address-
 8 ing substance use within such States.

9 **“SEC. 3412. AMOUNT OF GRANT, USE OF AMOUNTS, AND**
 10 **FUNDING AGREEMENT.**

11 “(a) AMOUNT OF GRANT TO STATES AND TERRI-
 12 TORIES.—

13 “(1) IN GENERAL.—

14 “(A) EXPEDITED DISTRIBUTION.—Not
 15 later than 90 days after an appropriation be-
 16 comes available, the Secretary shall disburse 50
 17 percent of the amount made available under
 18 section 3415 for carrying out this subtitle for
 19 such fiscal year through grants to States under
 20 section 3411, in accordance with subparagraphs
 21 (B) and (C).

22 “(B) MINIMUM ALLOTMENT.—Subject to
 23 the amount made available under section 3415,
 24 the amount of a grant under section 3411 for—

1 “(i) each of the 50 States, the District
2 of Columbia, and Puerto Rico for a fiscal
3 year shall be the greater of—

4 “(I) \$2,000,000; or

5 “(II) an amount determined
6 under the subparagraph (C); and

7 “(ii) each territory other than Puerto
8 Rico for a fiscal year shall be the greater
9 of—

10 “(I) \$500,000; or

11 “(II) an amount determined
12 under the subparagraph (C).

13 “(C) DETERMINATION.—

14 “(i) FORMULA.—For purposes of sub-
15 paragraph (B), the amount referred to in
16 this subparagraph for a State (including a
17 territory) for a fiscal year is—

18 “(I) an amount equal to the
19 amount made available under section
20 3415 for the fiscal year involved for
21 grants pursuant to subparagraph (B);
22 and

23 “(II) the percentage constituted
24 by the sum of—

1 “(aa) the product of 0.85
2 and the ratio of the State dis-
3 tribution factor for the State or
4 territory to the sum of the re-
5 spective distribution factors for
6 all States; and

7 “(bb) the product of 0.15
8 and the ratio of the non-local dis-
9 tribution factor for the State or
10 territory (as determined under
11 clause (iv)) to the sum of the re-
12 spective non-local distribution
13 factors for all States or terri-
14 tories.

15 “(ii) STATE DISTRIBUTION FACTOR.—
16 For purposes of clause (i)(II)(aa), the term
17 ‘State distribution factor’ means an
18 amount equal to—

19 “(I) the estimated number of
20 drug overdose deaths in the State, as
21 determined under clause (iii); or

22 “(II) the number of non-fatal
23 drug overdoses in the State, as deter-
24 mined under clause (iv);

1 as determined by the Secretary based on
2 which distribution factor (subclause (I) or
3 (II)) will result in the State receiving the
4 greatest amount of funds.

5 “(iii) NUMBER OF DRUG
6 OVERDOSES.—For purposes of clause (ii),
7 the number of drug overdose deaths deter-
8 mined under this clause for a State for a
9 fiscal year is the number of drug overdose
10 deaths during the most recent 3-year pe-
11 riod for which such data are available.

12 “(iv) NUMBER OF NON-FATAL DRUG
13 OVERDOSES.—The number of non-fatal
14 drug overdose deaths determined under
15 this clause for a State for a fiscal year for
16 purposes of clause (ii) may be determined
17 by using data including emergency depart-
18 ment syndromic data, visits, other emer-
19 gency medical services for drug-related
20 causes, or Overdose Detection Mapping
21 Application Program (ODMAP) data dur-
22 ing the most recent 3-year period for which
23 such data are available.

24 “(v) NON-LOCAL DISTRIBUTION FAC-
25 TORS.—For purposes of clause (i)(II)(bb),

the term ‘non-local distribution factor’ means an amount equal to the sum of—

“(I) the number of drug overdose deaths in the State involved, as determined under clause (iii), or the number of non-fatal drug overdoses in the State, based on the criteria used by the State under clause (ii); less

“(II) the total number of drug overdose deaths or non-fatal drug overdoses that are within areas in such State or territory that are eligible counties under section 3401.

“(vi) STUDY.—Not later than 3 years after the date of enactment of this title, the Comptroller General shall conduct a study to determine whether the data utilized for purposes of clause (ii) provide the most precise measure of State need related to substance use and addiction prevalence and whether additional data would provide more precise measures the levels of substance use and addiction prevalent in States. Such study shall identify barriers to collecting or analyzing such data, and

1 make recommendations for revising the
2 distribution factors used under such clause
3 to determine funding levels in order to di-
4 rect funds to the States in most need of
5 funding to provide substance use disorder
6 treatment services.

7 “(2) SUPPLEMENTAL GRANTS.—

8 “(A) IN GENERAL.—Subject to subpara-
9 graph (C), the Secretary shall disburse the re-
10 mainder of amounts not disbursed under para-
11 graph (1) for such fiscal year for the purpose
12 of making grants to States whose application—

13 “(i) contains a report concerning the
14 dissemination of emergency relief funds
15 under paragraph (1) and the plan for utili-
16 zation of such funds, if applicable;

17 “(ii) demonstrates the need in such
18 State, on an objective and quantified basis,
19 for supplemental financial assistance to
20 combat substance use disorder;

21 “(iii) demonstrates the existing com-
22 mitment of local resources of the State,
23 both financial and in-kind, to preventing,
24 treating, and managing substance use dis-
25 order and supporting sustained recovery;

1 “(iv) demonstrates the ability of the
2 State to utilize such supplemental financial
3 resources in a manner that is immediately
4 responsive and cost effective;

5 “(v) demonstrates that resources will
6 be allocated in accordance with the local
7 demographic incidence of substances use
8 disorders and drug overdose mortality;

9 “(vi) demonstrates the inclusiveness of
10 affected communities and individuals with
11 substance use disorders, including those
12 communities and individuals that are dis-
13 proportionately affected or historically un-
14 derserved;

15 “(vii) demonstrates the manner in
16 which the proposed services are consistent
17 with the local needs assessment and the
18 State plan approved by the Secretary pur-
19 suant to section 1932(b);

20 “(viii) demonstrates success in identi-
21 fying individuals with substance use dis-
22 orders; and

23 “(ix) demonstrates that support for
24 substance use disorder prevention and
25 treatment services is organized to maxi-

1 mize the value to the population to be
2 served with an appropriate mix of sub-
3 stance use disorder treatment services and
4 attention to transition in care.

5 “(B) AMOUNT.—

6 “(i) IN GENERAL.—The amount of
7 each grant made for purposes of this para-
8 graph shall be determined by the Sec-
9 retary. In making such determination, the
10 Secretary shall consider:

11 “(I) the rate of drug overdose
12 deaths per 100,000 population in the
13 State; and

14 “(II) the increasing need for sub-
15 stance use disorder treatment serv-
16 ices, including relative rates of in-
17 crease in the number of drug
18 overdoses or drug overdose deaths, or
19 recent increases in drug overdoses or
20 drug overdose deaths since the data
21 were reported under section 3413, if
22 applicable.

23 “(ii) DEMONSTRATED NEED.—The
24 factors considered by the Secretary in de-
25 termining whether a State has a dem-

1 onstrated need for purposes of subpara-
2 graph (A)(ii) may include any or all of the
3 following:

4 “(I) The unmet need for such
5 services, including the factors identi-
6 fied in clause (i)(II).

7 “(II) Relative rates of increase in
8 the number of drug overdoses or drug
9 overdose deaths.

10 “(III) The relative rates of in-
11 crease in the number of drug
12 overdoses or drug overdose deaths
13 within new or emerging subpopula-
14 tions.

15 “(IV) The current prevalence of
16 substance use disorders.

17 “(V) Relevant factors related to
18 the cost and complexity of delivering
19 substance use disorder treatment serv-
20 ices to individuals in the State.

21 “(VI) The impact of co-morbid
22 factors, including co-occurring condi-
23 tions, determined relevant by the Sec-
24 retary.

1 “(VII) The prevalence of home-
2 lessness among individuals with sub-
3 stance use disorder.

4 “(VIII) The relevant factors that
5 limit access to health care, including
6 geographic variation, adequacy of
7 health insurance coverage, and lan-
8 guage barriers.

9 “(IX) The impact of a decline in
10 the amount received pursuant to para-
11 graph (1) on substance use disorder
12 treatment services available to all in-
13 dividuals with substance use disorders
14 identified and eligible under this sub-
15 title.

16 “(X) The increasing incidence in
17 conditions related to substance use,
18 including hepatitis C, human immuno-
19 deficiency virus, hepatitis B and other
20 infections associated with injection
21 drug use.

22 “(C) MODEL STANDARDS.—

23 “(i) PREFERENCE.—In determining
24 whether a State will receive funds under
25 this paragraph, except as provided in

1 clause (ii), the Secretary shall give pref-
2 erence to States that have adopted the
3 model standards for each substance use
4 disorder treatment service and recovery
5 residence developed in accordance with
6 subsections (a) and (b) of section 3435.

7 “(ii) REQUIREMENT.—Effective begin-
8 ning in fiscal year 2024, the Secretary
9 shall not award a grant under this para-
10 graph to a State unless that State has
11 adopted the model standards for each of
12 substance use disorder treatment services
13 and recovery residences developed in ac-
14 cordance with subsections (a) and (b) of
15 section 3435.

16 “(D) CONTINUUM OF CARE.—

17 “(i) PREFERENCE.—In determining
18 whether a State will receive funds under
19 this paragraph, except as provided in
20 clause (ii), the Secretary shall give pref-
21 erence to States that have carried out the
22 requirements to ensure a continuum of
23 services in accordance with section
24 3435(d).

1 “(ii) REQUIREMENT.—Effective begin-
2 ning in fiscal year 2024, the Secretary
3 shall not award a grant under this para-
4 graph to a State unless that State has car-
5 ried out the requirements to ensure a con-
6 tinuum of services in accordance with sec-
7 tion 3435(d).

8 “(E) UTILIZATION MANAGEMENT FOR
9 MEDICATION-ASSISTED TREATMENT.—

10 “(i) PREFERENCE.—In determining
11 whether a State will receive funds under
12 this paragraph, the Secretary shall give
13 preference to States that have prohibited
14 prior authorization and step therapy re-
15 quirements for at least 1 drug in each
16 class approved by the Food and Drug Ad-
17 ministration for the treatment of substance
18 use disorder.

19 “(ii) ADDITIONAL PREFERENCES.—
20 Additional preference shall be given to
21 States that have prohibited prior author-
22 ization and step therapy requirements for
23 2 or more drugs in each class approved by
24 the Food and Drug Administration for the
25 treatment of substance use disorder.

1 “(iii) DEFINITIONS.—In this subpara-
2 graph:

3 “(I) PRIOR AUTHORIZATION.—

4 The term ‘prior authorization’ means
5 the process by which a health insur-
6 ance issuer or pharmacy benefit man-
7 agement company determines the
8 medical necessity of otherwise covered
9 health care services prior to the ren-
10 dering of such health care services.
11 Such term includes any health insur-
12 ance issuer’s or utilization review enti-
13 ty’s requirement that a subscriber or
14 health care provider notify the issuer
15 or entity prior to providing a health
16 care service.

17 “(II) STEP THERAPY.—The term

18 ‘step therapy’ means a protocol or
19 program that establishes the specific
20 sequence in which prescription drugs
21 for a medical condition that are medi-
22 cally appropriate for a particular pa-
23 tient are authorized by a health insur-
24 ance issuer or prescription drug man-
25 agement company.

1 “(3) AMOUNT OF GRANT TO TRIBAL GOVERN-
2 MENTS.—

3 “(A) INDIAN TRIBES.—In this section, the
4 term ‘Indian tribe’ has the meaning given such
5 term in section 4 of the Indian Self-Determina-
6 tion and Education Assistance Act.

7 “(B) FORMULA GRANTS.—The Secretary,
8 acting through the Indian Health Service, shall
9 use 10 percent of the amount available under
10 section 3415 for each fiscal year to provide for-
11 mula grants to Indian tribes in an amount de-
12 termined pursuant to a formula and eligibility
13 criteria developed by the Secretary in consulta-
14 tion with Indian tribes, for the purposes of ad-
15 dressing substance use.

16 “(C) USE OF AMOUNTS.—Notwithstanding
17 any requirements in this section, an Indian
18 tribe may use amounts provided under grants
19 awarded under this paragraph for the uses
20 identified in subsection (b) and any other activi-
21 ties determined appropriate by the Secretary, in
22 consultation with Indian tribes.

23 “(b) USE OF AMOUNTS.—

1 “(1) IN GENERAL.—A State or tribe may use
2 amounts provided under grants awarded under sec-
3 tion 3411 for—

4 “(A) prevention services described in para-
5 graph (3);

6 “(B) core medical services described in
7 paragraph (4);

8 “(C) recovery and support services de-
9 scribed in paragraph (5);

10 “(D) early intervention services described
11 in paragraph (6);

12 “(E) harm reduction services described in
13 paragraph (7);

14 “(F) financial assistance with health insur-
15 ance as described in paragraph (8); and

16 “(G) administrative expenses described in
17 paragraph (9).

18 “(2) DIRECT FINANCIAL ASSISTANCE.—

19 “(A) IN GENERAL.—A State or tribe may
20 use amounts received under a grant under sec-
21 tion 3411 to provide direct financial assistance
22 to eligible entities for the purpose of providing
23 prevention services, core medical services, recov-
24 ery and support services, early intervention
25 services, and harm reduction services.

1 “(B) APPROPRIATE ENTITIES.—Direct fi-
2 nancial assistance may be provided under sub-
3 paragraph (A) to public or nonprofit private en-
4 tities, or private for-profit entities if such enti-
5 ties are the only available provider of quality
6 substance use disorder treatment services in the
7 area.

8 “(C) LIMITATION.—A State may not pro-
9 vide direct financial assistance to any entity
10 that provides medication-assisted treatment if
11 that entity does not also offer mental health
12 services or psychotherapy by licensed clinicians
13 through a referral or onsite.

14 “(3) PREVENTION SERVICES.—

15 “(A) IN GENERAL.—For purposes of this
16 section, the term ‘prevention services’ means
17 evidence-based services, programs, or multi-sec-
18 tor strategies to prevent substance use disorder
19 (including education campaigns, community-
20 based prevention programs, risk-identification
21 programs, opioid diversion, collection and dis-
22 posal of unused opioids, services to at-risk pop-
23 ulations, and trauma support services).

24 “(B) LIMIT.—A State may use not to ex-
25 ceed 20 percent of the amount of the grant

1 under section 3411 for prevention services. A
2 State may apply to the Secretary for a waiver
3 of this subparagraph.

4 “(4) CORE MEDICAL SERVICES.—For purposes
5 of this section, the term ‘core medical services’
6 means the following evidence-based services when
7 provided to individuals with substance use disorder
8 or at risk for developing substance use disorder, in-
9 cluding through the use of telemedicine or a hub and
10 spoke model:

11 “(A) Substance use disorder treatment, as
12 described in section 3439(4), including assess-
13 ment of disease presence, severity, and co-oc-
14 ccurring conditions, treatment planning, clinical
15 stabilization services, withdrawal management
16 and detoxification, intensive inpatient treat-
17 ment, intensive outpatient treatment, outpatient
18 treatment, residential inpatient services, treat-
19 ment for co-occurring mental health and sub-
20 stance use disorders, and all drugs approved by
21 the Food and Drug Administration for the
22 treatment of substance use disorder.

23 “(B) Outpatient and ambulatory health
24 services, including those administered by feder-
25 ally qualified health centers, rural health clinics,

1 tribal clinics and hospitals, urban Indian health
2 facilities, certified community behavioral health
3 clinics (as described in section 223 of the Pro-
4 tecting Access to Medicare Act), and com-
5 prehensive opioid recovery centers (as described
6 in section 552 of this Act).

7 “(C) Hospice services.

8 “(D) Mental health services.

9 “(E) Opioid overdose reversal drug prod-
10 ucts procurement, distribution, and training.

11 “(F) Pharmaceutical assistance related to
12 the management of substance-use disorders and
13 co-morbid conditions.

14 “(G) Home and community based health
15 services.

16 “(H) Comprehensive Case Management
17 and care coordination, including substance use
18 disorder treatment adherence services.

19 “(I) Health insurance enrollment and cost-
20 sharing assistance in accordance with para-
21 graph (8).

22 “(5) RECOVERY AND SUPPORT SERVICES.—For
23 purposes of this section, the term ‘recovery and sup-
24 port services’ means services including residential re-
25 covery housing, mental health services, long term re-

1 covery services, 24/7 hotline crisis center services,
2 medical transportation services, respite care for per-
3 sons caring for individuals with substance use dis-
4 order, child care and family services while an indi-
5 vidual is receiving inpatient treatment services or at
6 the time of outpatient services, outreach services,
7 peer recovery services, nutrition services, and refer-
8 rals for job training and career services, housing,
9 legal services, and child care and family services.
10 The entities through which such services may be
11 provided include State, local, and tribal authorities
12 that provide child care, housing, community develop-
13 ment, and other recovery and support services, so
14 long as they do not exclude individuals on the basis
15 that such individuals receive medication-assisted
16 treatment.

17 “(6) EARLY INTERVENTION SERVICES.—For
18 purposes of this section, the term ‘early intervention
19 services’ means services to provide screening and
20 connection to the appropriate level of substance use
21 disorder and mental health treatment (including
22 same-day connection), counseling provided to indi-
23 viduals who have misused substances, who have ex-
24 perienced an overdose, or are at risk of developing
25 substance use disorder, the provision of referrals to

1 facilitate the access of such individuals to core med-
2 ical services or recovery and support services for
3 substance use disorder, and rapid access to medica-
4 tion-assisted treatment in the setting of recent over-
5 dose. The entities through which such services may
6 be provided include emergency rooms, fire depart-
7 ments and emergency medical services, detention fa-
8 cilities, prisons and jails, homeless shelters, law en-
9 forcement agencies, health care points of entry speci-
10 fied by eligible local areas, federally qualified health
11 centers, tribal clinics and hospitals, urban Indian
12 health facilities, and rural health clinics.

13 “(7) HARM REDUCTION SERVICES.—For pur-
14 poses of this section, the term ‘harm reduction serv-
15 ices’ means evidence-based services provided to indi-
16 viduals engaging in substance use that reduce the
17 risk of infectious disease transmission, overdose, or
18 death, including by increasing access to health care,
19 housing, recovery, and support services.

20 “(8) AFFORDABLE HEALTH INSURANCE COV-
21 ERAGE.—A State may use amounts provided under
22 a grant awarded under section 3411 to establish a
23 program of financial assistance to assist eligible indi-
24 viduals with substance use disorder in—

1 “(A) enrolling in health insurance cov-
2 erage; or

3 “(B) affording health care services, includ-
4 ing assistance paying cost-sharing amounts, in-
5 cluding premiums.

6 “(9) ADMINISTRATION AND PLANNING.—A
7 State shall not use in excess of 10 percent of
8 amounts received under a grant under section 3411
9 for administration, accounting, reporting, and pro-
10 gram oversight functions, including the development
11 of systems to improve data collection and data shar-
12 ing.

13 “(10) INCARCERATED INDIVIDUALS.—Amounts
14 received under a grant under section 3411 may be
15 used to provide substance use disorder treatment
16 services, including medication-assisted treatment, to
17 individuals who are currently incarcerated or in pre-
18 trial detention.

19 “(c) REQUIRED TERMS.—

20 “(1) REQUIREMENT OF STATUS AS MEDICAID
21 PROVIDER.—

22 “(A) PROVISION OF SERVICE.—Subject to
23 subparagraph (B), the Secretary may not make
24 a grant under section 3411 for the provision of
25 substance use disorder treatment services under

1 this section in a State unless, in the case of any
2 such service that is available pursuant to the
3 State plan approved under title XIX of the So-
4 cial Security Act for the State—

5 “(i)(I) the State will enter into an
6 agreement with a political subdivision,
7 under which the political subdivision will
8 provide the service directly, and the polit-
9 ical subdivision has entered into a partici-
10 pation agreement under the State plan and
11 is qualified to receive payments under such
12 plan; or

13 “(II) the State will enter into agree-
14 ments with public or nonprofit private enti-
15 ties under which the entities will provide
16 the service, and the entities have entered
17 into such a participation agreement and
18 are qualified to receive such payments; and

19 “(ii) the State ensures the political
20 subdivision under clause (i)(I) or the pub-
21 lic or nonprofit private entity under clause
22 (i)(II) seeks payment for each such service
23 rendered in accordance with the usual pay-
24 ment schedule under the State plan.

25 “(B) WAIVER.—

1 “(i) IN GENERAL.—In the case of an
2 entity making an agreement pursuant to
3 subparagraph (A)(ii) regarding the provi-
4 sion of substance use disorder treatment
5 services, the requirement established in
6 such subparagraph shall be waived by the
7 State if the entity does not, in providing
8 health care services, impose a charge or ac-
9 cept reimbursement available from any
10 third-party payor, including reimbursement
11 under any insurance policy or under any
12 Federal or State health benefits program.
13 A waiver under this subparagraph shall
14 not be longer than 2 years in duration and
15 shall not be renewed.

16 “(ii) DETERMINATION.—A determina-
17 tion by the State of whether an entity re-
18 ferred to in clause (i) meets the criteria for
19 a waiver under such clause shall be made
20 without regard to whether the entity ac-
21 cepts voluntary donations for the purpose
22 of providing services to the public.

23 “(2) REQUIRED TERMS FOR EXPANDING AND
24 IMPROVING CARE.—A funding agreement for a grant
25 under this section shall—

1 “(A) ensure that funds received under the
2 grant will not be utilized to make payments for
3 any item or service to the extent that payment
4 has been made, or can reasonably be expected
5 to be made, with respect to that item or service
6 under a State compensation program, under an
7 insurance policy, or under any Federal or State
8 health benefits program (except for a program
9 administered by, or providing the services of,
10 the Indian Health Service); and

11 “(B) ensure that all entities providing sub-
12 stance use disorder treatment services with as-
13 sistance made available under the grant shall
14 offer all drugs approved by the Food and Drug
15 Administration for the treatment of substance
16 use disorder for which the applicant offers
17 treatment, in accordance with section 3435.

18 “(3) ADDITIONAL REQUIRED TERMS.—A fund-
19 ing agreement for a grant under this section is
20 that—

21 “(A) funds received under the grant will be
22 utilized to supplement not supplant other Fed-
23 eral, State, or local funds made available in the
24 year for which the grant is awarded to provide
25 substance use disorder treatment services to in-

1 dividuals with substance use disorder, including
2 funds for each of prevention services, core med-
3 ical services, recovery and support services,
4 early intervention services, harm reduction serv-
5 ices, mental health services, and administrative
6 expenses;

7 “(B) political subdivisions within the State
8 will maintain the level of expenditures by such
9 political subdivisions for substance use disorder
10 treatment services at a level that is at least
11 equal to the level of such expenditures by such
12 political subdivisions for the preceding fiscal
13 year including expenditures for each of preven-
14 tion services, core medical services, recovery
15 and support services, early intervention services,
16 harm reduction services, mental health services,
17 and administrative expenses;

18 “(C) political subdivisions within the State
19 will not use funds received under a grant
20 awarded under section 3411 in maintaining the
21 level of substance use disorder treatment serv-
22 ices as required in subparagraph (B);

23 “(D) substance use disorder treatment
24 services provided with assistance made available

1 under the grant will be provided without re-
2 gard—

3 “(i) to the ability of the individual to
4 pay for such services; and

5 “(ii) to the current or past health con-
6 dition of the individual to be served;

7 “(E) substance use disorder treatment
8 services will be provided in a setting that is ac-
9 cessible to low-income individuals with sub-
10 stance use disorders and to individuals with
11 substance use disorders residing in rural areas;

12 “(F) a program of outreach will be pro-
13 vided to low-income individuals with substance
14 use disorders to inform such individuals of sub-
15 stance use disorder treatment services and to
16 individuals with substance use disorders resid-
17 ing in rural areas;

18 “(G) Indian tribes are included in planning
19 for the use of grant funds and the Federal trust
20 responsibility is upheld at all levels of program
21 administration; and

22 “(H) the confidentiality of individuals re-
23 ceiving substance use disorder treatment serv-
24 ices will be maintained in a manner not incon-
25 sistent with applicable law.

1 **“SEC. 3413. APPLICATION.**

2 “(a) APPLICATION.—To be eligible to receive a grant
3 under section 3411, a State shall have in effect a State
4 plan approved by the Secretary pursuant to section
5 1932(b), and shall prepare and submit to the Secretary
6 an application in such form, and containing such informa-
7 tion, as the Secretary shall require, including—

8 “(1) a complete accounting of the disbursement
9 of any prior grants received under this subtitle by
10 the applicant and the results achieved by these ex-
11 penditures and a demonstration that funds received
12 from a grant under this subtitle in the prior year
13 were expended in accordance with State priorities;

14 “(2) establishment of goals and objectives to be
15 achieved with grant funds provided under this sub-
16 title, including targets and milestones that are in-
17 tended to be met, the activities that will be under-
18 taken to achieve those targets, and the number of
19 individuals likely to be served by the funds sought,
20 including demographic data on the populations to be
21 served;

22 “(3) a demonstration that the State will use
23 funds in a manner that provides substance use dis-
24 order treatment services in compliance with the evi-
25 dence-based standards developed in accordance with
26 section 3435, including all drugs approved by the

1 Food and Drug Administration for the treatment of
2 substance use disorder;

3 “(4) a demonstration that resources provided
4 under the grant will be allocated in accordance with
5 the local demographic incidence of substance use, in-
6 cluding allocations for services for children, youths,
7 and women;

8 “(5) an explanation of how income, asset, and
9 medical expense criteria will be established and ap-
10 plied to those who qualify for assistance under the
11 program; and

12 “(6) for any prior funding received under this
13 section, data provided in such form as the Secretary
14 shall require detailing, at a minimum, the extent to
15 which the activities supported by the funding met
16 the goals and objectives specified in the application
17 for the funding, the number of individuals who
18 accessed medication-assisted treatment by age, gen-
19 der, race, and other demographic criteria relevant to
20 the program, and the effect of the program on over-
21 dose rates and rates of death due to overdose in the
22 region served by the program.

23 “(b) REQUIREMENTS REGARDING IMPOSITION OF
24 CHARGES FOR SERVICES.—

1 “(1) IN GENERAL.—The Secretary may not
2 make a grant under section 3411 to a State unless
3 the State provides assurances that in the provision
4 of services with assistance provided under the
5 grant—

6 “(A) in the case of individuals with an in-
7 come less than or equal to 138 percent of the
8 official poverty level, the provider will not im-
9 pose charges on any such individual for the
10 services provided under the grant;

11 “(B) in the case of individuals with an in-
12 come greater than 138 percent of the official
13 poverty level, the provider will impose a charge
14 on each such individual according to a schedule
15 of charges made available to the public;

16 “(C) in the case of individuals with an in-
17 come greater than 138 percent of the official
18 poverty level but not exceeding 200 percent of
19 such poverty level, the provider will not, for an
20 calendar year, impose charges in an amount ex-
21 ceeding 5 percent of the annual gross income of
22 the individual;

23 “(D) in the case of individuals with an in-
24 come greater than 200 percent of the official
25 poverty level but not exceeding 300 percent of

1 such poverty level, the provider will not, for any
2 calendar year, impose charges in an amount ex-
3 ceeding 7 percent of the annual gross income of
4 the individual involved;

5 “(E) in the case of individuals with an in-
6 come greater than 300 percent of the official
7 poverty level, the provider will not, for any cal-
8 endar year, impose charges in an amount ex-
9 ceeding 15 percent of the annual gross income
10 of the individual involved; and

11 “(F) in the case of eligible American In-
12 dian and Alaska Native individuals as defined
13 by section 447.50 of title 42, Code of Federal
14 Regulations (as in effect on July 1, 2010), the
15 provider will not impose any charges for sub-
16 stance use disorder treatment services, includ-
17 ing any charges or cost-sharing prohibited by
18 section 1402(d) of the Patient Protection and
19 Affordable Care Act.

20 “(2) CHARGES.—With respect to compliance
21 with the assurances made under paragraph (1), a
22 State may, in the case of individuals subject to a
23 charge—

24 “(A) assess the amount of the charge in
25 the discretion of the State, including imposing

1 only a nominal charge for the provision of serv-
2 ices, subject to the provisions of the paragraph
3 regarding public schedules and regarding limi-
4 tations on the maximum amount of charges
5 and;

6 “(B) take into consideration the total med-
7 ical expenses of individuals in assessing the
8 amount of the charge, subject to such provi-
9 sions.

10 “(3) AGGREGATE CHARGES.—The Secretary
11 may not make a grant under section 3411 to a State
12 unless the State agrees that the limitations on
13 charges for substance use disorder treatment serv-
14 ices under this subsection applies to the annual ag-
15 gregate of charges imposed for such services, how-
16 ever the charges are characterized, includes enroll-
17 ment fees, premiums, deductibles, cost sharing, co-
18 payments, co-insurance costs, or any other charges.

19 “(c) INDIAN TRIBES.—Any application requirements
20 applying to grants distributed in accordance with section
21 3412(b) shall be developed by the Secretary in consulta-
22 tion with Indian tribes.

23 **“SEC. 3414. TECHNICAL ASSISTANCE.**

24 “The Secretary shall provide technical assistance in
25 administering and coordinating the activities authorized

1 under section 3412, including technical assistance for the
 2 development of State applications for supplementary
 3 grants authorized in section 3212(a)(2).

4 **“SEC. 3415. AUTHORIZATION OF APPROPRIATIONS.**

5 “There is authorized to be appropriated to carry out
 6 this subtitle—

7 “(1) \$4,000,000,000 for fiscal year 2020;

8 “(2) \$4,000,000,000 for fiscal year 2021;

9 “(3) \$4,000,000,000 for fiscal year 2022;

10 “(4) \$4,000,000,000 for fiscal year 2023;

11 “(5) \$4,000,000,000 for fiscal year 2024;

12 “(6) \$4,000,000,000 for fiscal year 2025;

13 “(7) \$4,000,000,000 for fiscal year 2026;

14 “(8) \$4,000,000,000 for fiscal year 2027;

15 “(9) \$4,000,000,000 for fiscal year 2028; and

16 “(10) \$4,000,000,000 for fiscal year 2029.

17 **“Subtitle C—Other Grant Program**

18 **“SEC. 3421. ESTABLISHMENT OF GRANT PROGRAM.**

19 “(a) IN GENERAL.—The Secretary shall award
 20 grants to public, nonprofit, and Indian entities for the
 21 purpose of funding prevention services, core medical serv-
 22 ices, recovery and support services, early intervention serv-
 23 ices, harm reduction services, and administrative expenses
 24 in accordance with this section.

25 “(b) ELIGIBILITY.—

1 “(1) ENTITIES.—Public, nonprofit, or Indian
2 entities eligible to receive a grant under subsection
3 (a) may include—

4 “(A) federally qualified health centers
5 under section 1905(l)(2)(B) of the Social Secu-
6 rity Act;

7 “(B) family planning clinics;

8 “(C) rural health clinics;

9 “(D) Indian entities, including Indian
10 health programs as defined in section 4 of the
11 Indian Health Care Improvement Act, urban
12 Indian organizations as defined in section 4 of
13 the Indian Health Care Improvement Act, and
14 Native Hawaiian organizations as defined in
15 section 11 of the Native Hawaiian Health Care
16 Act of 1988;

17 “(E) community-based organizations, clin-
18 ics, hospitals, and other health facilities that
19 provide substance use disorder treatment serv-
20 ices; and

21 “(F) other nonprofit entities that provide
22 substance use disorder treatment services.

23 “(2) UNDERSERVED POPULATIONS.—Entities
24 described in paragraph (1) shall serve underserved
25 populations which may include—

1 “(A) minority populations and Indian pop-
2 ulations;

3 “(B) ex-offenders;

4 “(C) individuals with comorbidities includ-
5 ing HIV/AIDS, hepatitis B or C, mental health
6 disorder or other behavioral health disorders;

7 “(D) low-income populations;

8 “(E) inner city populations; and

9 “(F) rural populations.

10 “(3) APPLICATION.—To be eligible to receive a
11 grant under this section, a public or nonprofit entity
12 described in this subsection shall prepare and submit
13 to the Secretary an application in such form, and
14 containing such information, as the Secretary shall
15 require, including—

16 “(A) a complete accounting of the dis-
17 bursement of any prior grants received under
18 this subtitle by the applicant and the results
19 achieved by these expenditures;

20 “(B) a comprehensive plan for the use of
21 the grant, including—

22 “(i) a demonstration of the extent of
23 local need for the funds sought;

1 “(ii) a plan for providing substance
2 use disorder treatment services that is con-
3 sistent with local needs; and

4 “(iii) goals and objectives to be
5 achieved with grant funds provided under
6 this section, including targets and mile-
7 stones that are intended to be met and a
8 description of the activities that will be un-
9 dertaken to achieve those targets;

10 “(C) a demonstration that the grantee will
11 use funds in a manner that provides substance
12 use disorder treatment services compliant with
13 the evidence-based standards developed in ac-
14 cordance with section 3435, including all drugs
15 approved by the Food and Drug Administration
16 for the treatment of substance use disorder for
17 which the applicant offers treatment, in accord-
18 ance with section 3435(c);

19 “(D) information on the number of individ-
20 uals to be served by the funds sought, including
21 demographic data on the populations to be
22 served;

23 “(E) a demonstration that resources pro-
24 vided under the grant will be allocated in ac-
25 cordance with the local demographic incidence

1 of substance use, including allocations for serv-
2 ices for children, youths, and women;

3 “(F) an explanation of how income, asset,
4 and medical expense criteria will be established
5 and applied to those who qualify for assistance
6 under the program; and

7 “(G) for any prior funding received under
8 this section, data provided in such form as the
9 Secretary shall require detailing, at a minimum,
10 the extent to which the activities supported by
11 the funding met the goals and objectives speci-
12 fied in the application for the funding, the num-
13 ber of individuals who accessed medication-as-
14 sisted treatment by age, gender, race, and other
15 demographic criteria relevant to the program,
16 and the effect of the program on overdose rates
17 and rates of death due to overdose in the region
18 served by the program.

19 “(4) REQUIREMENT OF STATUS AS MEDICAID
20 PROVIDER.—

21 “(A) PROVISION OF SERVICE.—Subject to
22 subparagraph (B), the Secretary may not make
23 a grant under this section for the provision of
24 substance use disorder treatment services under
25 this section in a State unless, in the case of any

1 such service that is available pursuant to the
2 State plan approved under title XIX of the So-
3 cial Security Act for the State—

4 “(i)(I) the applicant for the grant will
5 provide the service directly, and the appli-
6 cant has entered into a participation agree-
7 ment under the State plan and is qualified
8 to receive payments under such plan; or

9 “(II) the applicant for the grant will
10 enter into an agreement with a public or
11 nonprofit private entity under which the
12 entity will provide the substance use dis-
13 order treatment service, and the entity has
14 entered into such a participation agree-
15 ment and is qualified to receive such pay-
16 ments; and

17 “(ii) the applicant ensures that pay-
18 ment will be sought for each such service
19 rendered in accordance with the usual pay-
20 ment schedule under the State plan.

21 “(B) WAIVER.—In the case of an entity
22 making an agreement pursuant to subpara-
23 graph (A) regarding the provision of substance
24 use disorder treatment services, the require-
25 ment established in such paragraph shall be

1 waived by the State if the entity does not, in
2 providing such services, impose a charge or ac-
3 cept reimbursement available from any third-
4 party payor, including reimbursement under
5 any insurance policy or under any Federal or
6 State health benefits program. A waiver under
7 this subparagraph shall not be longer than 2
8 years in duration and shall not be renewed.

9 “(C) DETERMINATION.—A determination
10 by the State of whether an entity referred to in
11 subparagraph (A) meets the criteria for a waiv-
12 er under such subparagraph shall be made
13 without regard to whether the entity accepts
14 voluntary donations for the purpose of pro-
15 viding services to the public.

16 “(5) REQUIRED TERMS FOR EXPANDING AND
17 IMPROVING CARE.—A funding agreement for a grant
18 under this section is that—

19 “(A) funds received under the grant will
20 not be utilized to make payments for any item
21 or service to the extent that payment has been
22 made, or can reasonably be expected to be
23 made, with respect to that item or service under
24 a State compensation program, under an insur-
25 ance policy, or under any Federal or State

1 health benefits program (except for a program
2 administered by, or providing the services of,
3 the Indian Health Service);

4 “(B) entities providing substance use dis-
5 order treatment services with assistance made
6 available under the grant shall offer all drugs
7 approved by the Food and Drug Administration
8 for the treatment of substance use disorder for
9 which the applicant offers treatment, in accord-
10 ance with section 3435(c);

11 “(C) substance use disorder treatment
12 services provided with assistance made available
13 under the grant will be provided without re-
14 gard—

15 “(i) to the ability of the individual to
16 pay for such services; and

17 “(ii) to the current or past health con-
18 dition of the individual to be served;

19 “(D) substance use disorder treatment
20 services will be provided in a setting that is ac-
21 cessible to low-income individuals with sub-
22 stance use disorders and to individuals with
23 substance use disorders residing in rural areas;
24 and

1 “(E) the confidentiality of individuals re-
2 ceiving substance use disorder treatment serv-
3 ices will be maintained in a manner not incon-
4 sistent with applicable law.

5 “(c) AMOUNT OF GRANT TO INDIAN ENTITIES.—

6 “(1) INDIAN TRIBES.—In this section, the term
7 ‘Indian Tribe’ has the meaning given such term in
8 section 4 of the Indian Self-Determination and Edu-
9 cation Assistance Act.

10 “(2) FORMULA GRANTS.—The Secretary, acting
11 through the Indian Health Service, shall use 10 per-
12 cent of the amount available under section 3435 for
13 each fiscal year to provide grants to Indian entities
14 in an amount determined pursuant to criteria devel-
15 oped by the Secretary in consultation with Indian
16 Tribes, for the purposes of addressing substance use.

17 “(3) USE OF AMOUNTS.—Notwithstanding any
18 requirements in this section, Native entities may use
19 amounts provided under grants awarded under this
20 section for the uses identified in section 3422 and
21 any other activities determined appropriate by the
22 Secretary, in consultation with Indian Tribes.

23 **“SEC. 3422. USE OF AMOUNTS.**

24 “(a) USE OF FUNDS.—An entity shall use amounts
25 received under a grant under section 3421 to provide di-

1 rect financial assistance to eligible entities for the purpose
2 of delivering or enhancing—

3 “(1) prevention services described in subsection
4 (b);

5 “(2) core medical services described in sub-
6 section (c);

7 “(3) recovery and support services described in
8 subsection (d);

9 “(4) early intervention and engagement services
10 described in subsection (e);

11 “(5) harm reduction services described in sub-
12 section (f); and

13 “(6) administrative expenses described in sub-
14 section (g).

15 “(b) PREVENTION SERVICES.—For purposes of this
16 section, the term ‘prevention services’ means evidence-
17 based services, programs, or multi-sector strategies to pre-
18 vent substance use disorder (including education cam-
19 paigns, community-based prevention programs, risk iden-
20 tification programs, opioid diversion, collection and dis-
21 posal of unused opioids, services to at-risk populations,
22 and trauma support services).

23 “(c) CORE MEDICAL SERVICES.—For purposes of
24 this section, the term ‘core medical services’ means the
25 following evidence-based services provided to individuals

1 with substance use disorder or at risk for developing sub-
2 stance use disorder, including through the use of telemedi-
3 cine or a hub and spoke model:

4 “(1) Substance use disorder treatment, as more
5 fully described in section 3439(4), including assess-
6 ment of disease presence, severity, and co-occurring
7 conditions, treatment planning, clinical stabilization
8 services, withdrawal management and detoxification,
9 intensive inpatient treatment, intensive outpatient
10 treatment, outpatient treatment, residential inpa-
11 tient services, treatment for co-occurring mental
12 health and substance use disorders, and all drugs
13 approved by the Food and Drug Administration for
14 the treatment of substance use disorder.

15 “(2) Outpatient and ambulatory health services,
16 including those administered by federally qualified
17 health centers, rural health clinics, tribal clinics and
18 hospitals, urban Indian health facilities, certified
19 community behavioral health clinics (as described in
20 section 223 of the Protecting Access to Medicare
21 Act), and comprehensive opioid recovery centers (as
22 described in section 552 of this Act).

23 “(3) Hospice services.

24 “(4) Mental health services.

1 “(5) Opioid overdose reversal drug products
2 procurement, distribution, and training.

3 “(6) Pharmaceutical assistance related to the
4 management of substance-use disorder and co-mor-
5 bid conditions.

6 “(7) Home and community based health serv-
7 ices.

8 “(8) Comprehensive Case Management and care
9 coordination, including substance use disorder treat-
10 ment adherence services.

11 “(9) Health insurance enrollment and cost-
12 sharing assistance in accordance with section 3412.

13 “(d) RECOVERY AND SUPPORT SERVICES.—For pur-
14 poses of this section, the term ‘recovery and support serv-
15 ices’ means services that are provided to individuals with
16 substance use disorder, including residential recovery
17 housing, mental health services, long term recovery serv-
18 ices, 24/7 hotline crisis center support, medical transpor-
19 tation services, respite care for persons caring for individ-
20 uals with substance use disorder, child care and family
21 services while an individual is receiving inpatient treat-
22 ment services or at the time of outpatient services, out-
23 reach services, peer recovery services, nutrition services,
24 and referrals for job training and career services, housing,
25 legal services, and child care and family services. The enti-

1 ties through which such services may be provided include
2 local and tribal authorities that provide child care, hous-
3 ing, community development, and other recovery and sup-
4 port services, so long as they do not exclude individuals
5 on the basis that such individuals receive medication-as-
6 sisted treatment.

7 “(e) EARLY INTERVENTION SERVICES.—For pur-
8 poses of this section, the term ‘early intervention services’
9 means services to provide screening and connection to the
10 appropriate level of substance use disorder and mental
11 health treatment (including same-day connection), coun-
12 seling provided to individuals who have misused sub-
13 stances, who have experienced an overdose, or are at risk
14 of developing substance use disorder, the provision of re-
15 ferrals to facilitate the access of such individuals to core
16 medical services or recovery and support services for sub-
17 stance use disorder, and rapid access to medication-as-
18 sisted treatment in the setting of recent overdose. The en-
19 tities through which such services may be provided include
20 emergency rooms, fire departments and emergency med-
21 ical services, detention facilities, prisons and jails homeless
22 shelters, law enforcement agencies, health care points of
23 entry specified by eligible local areas, federally qualified
24 health centers, tribal clinics and hospitals, urban Indian
25 health facilities, and rural health clinics.

1 “(f) HARM REDUCTION SERVICES.—For purposes of
2 this section, the term ‘harm reduction services’ means evi-
3 dence-based services provided to individuals engaging in
4 substance use that reduce the risk of infectious disease
5 transmission, overdose, or death, including by increasing
6 access to health care, housing, and recovery and support
7 services.

8 “(g) ADMINISTRATION AND PLANNING.—An entity
9 (not including tribal entities) shall not use in excess of
10 10 percent of amounts received under a grant under sec-
11 tion 3421 for administration, accounting, reporting, and
12 program oversight functions, including for the purposes of
13 developing systems to improve data collection and data
14 sharing.

15 **“SEC. 3423. TECHNICAL ASSISTANCE.**

16 “The Secretary may, directly or through grants or
17 contracts, provide technical assistance to nonprofit private
18 entities and Indian entities regarding the process of sub-
19 mitting to the Secretary applications for grants under sec-
20 tion 3421, and may provide technical assistance with re-
21 spect to the planning, development, and operation of any
22 program or service carried out pursuant to such section.

23 **“SEC. 3424. PLANNING AND DEVELOPMENT GRANTS.**

24 “(a) IN GENERAL.—The Secretary may provide plan-
25 ning grants to public, nonprofit private, and Indian enti-

1 ties for purposes of assisting such entities in expanding
2 their capacity to provide substance use disorder treatment
3 services in low-income communities and affected sub-
4 populations that are underserved with respect to such
5 services.

6 “(b) AMOUNT.—A grant under this section may be
7 made in an amount not to exceed \$150,000.

8 **“SEC. 3425. AUTHORIZATION OF APPROPRIATIONS.**

9 “There is authorized to be appropriated to carry out
10 this subtitle—

11 “(1) \$500,000,000 for fiscal year 2020;

12 “(2) \$500,000,000 for fiscal year 2021;

13 “(3) \$500,000,000 for fiscal year 2022;

14 “(4) \$500,000,000 for fiscal year 2023;

15 “(5) \$500,000,000 for fiscal year 2024;

16 “(6) \$500,000,000 for fiscal year 2025;

17 “(7) \$500,000,000 for fiscal year 2026;

18 “(8) \$500,000,000 for fiscal year 2027;

19 “(9) \$500,000,000 for fiscal year 2028; and

20 “(10) \$500,000,000 for fiscal year 2029.

1 **“Subtitle D—Innovation, Training,**
2 **and Health Systems Strengthening**

3 **“SEC. 3431. SPECIAL PROJECTS OF NATIONAL SIGNIFI-**
4 **CANCE.**

5 “(a) IN GENERAL.—The Secretary shall award
6 grants to entities to administer special projects of national
7 significance to support the development of innovative and
8 original models for the delivery of substance use disorder
9 treatment services.

10 “(b) GRANTS.—The Secretary shall award grants
11 under a project under subsection (a) to entities eligible
12 for grants under subtitles A, B, and C based on newly
13 emerging needs of individuals receiving assistance under
14 this title.

15 “(c) REPLICATION.—The Secretary shall make infor-
16 mation concerning successful models or programs devel-
17 oped under this section available to grantees under this
18 title for the purpose of coordination, replication, and inte-
19 gration. To facilitate efforts under this section, the Sec-
20 retary may provide for peer-based technical assistance for
21 grantees funded under this section.

22 “(d) GRANTS TO TRIBAL GOVERNMENTS.—

23 “(1) INDIAN TRIBES.—In this section, the term
24 ‘Indian tribe’ has the meaning given such term in

1 section 4 of the Indian Self-Determination and Edu-
2 cation Assistance Act.

3 “(2) USE OF FUNDS.—The Secretary, acting
4 through the Indian Health Service, shall use 10 per-
5 cent of the amount available under this section for
6 each fiscal year to provide grants to Indian tribes
7 for the purposes of supporting the development of
8 innovative and original models for the delivery of
9 substance use disorder treatment services, including
10 the development of culturally-informed care models.

11 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
12 is authorized to be appropriated to carry out this section—

13 “(1) \$500,000,000 for fiscal year 2020;

14 “(2) \$500,000,000 for fiscal year 2021;

15 “(3) \$500,000,000 for fiscal year 2022;

16 “(4) \$500,000,000 for fiscal year 2023;

17 “(5) \$500,000,000 for fiscal year 2024;

18 “(6) \$500,000,000 for fiscal year 2025;

19 “(7) \$500,000,000 for fiscal year 2026;

20 “(8) \$500,000,000 for fiscal year 2027;

21 “(9) \$500,000,000 for fiscal year 2028; and

22 “(10) \$500,000,000 for fiscal year 2029.

23 **“SEC. 3432. EDUCATION AND TRAINING CENTERS.**

24 “(a) IN GENERAL.—The Secretary may make grants
25 and enter into contracts to assist public and nonprofit pri-

1 vate entities, public and nonprofit schools, and academic
2 health centers in meeting the cost of projects—

3 “(1) to train health professionals, including
4 practitioners in programs under this title and other
5 community providers, including physician addiction
6 specialists, psychologists, counselors, case managers,
7 social workers, peer recovery coaches, harm reduc-
8 tion workers, public health workers, and community
9 health workers, in the diagnosis, treatment, and pre-
10 vention of substance use disorders, including meas-
11 ures for the prevention and treatment of co-occur-
12 ring infectious diseases, mental health disorders, and
13 other conditions, and including (as applicable to the
14 type of health professional involved), care for
15 women, pregnant women, and children;

16 “(2) to train the faculty of schools of medicine,
17 nursing, public health, osteopathic medicine, den-
18 tistry, allied health, and mental health practice to
19 teach health professions students to screen for and
20 provide for the needs of individuals with substance
21 use disorders or at risk of substance use; and

22 “(3) to develop and disseminate curricula and
23 resource materials relating to evidence-based prac-
24 tices for the screening, prevention, and treatment of
25 substance use disorders, including information about

1 combating stigma, prescribing best practices, alter-
2 native pain therapies, and all drugs approved by the
3 Food and Drug Administration for the treatment of
4 substance use disorders, including for the purposes
5 authorized under the amendments made by section
6 3203 of the SUPPORT for Patients and Commu-
7 nities Act.

8 “(b) PREFERENCE IN MAKING GRANTS.—In making
9 grants under subsection (a), the Secretary shall give pref-
10 erence to qualified projects that will—

11 “(1) train, or result in the training of, health
12 professionals and other community providers de-
13 scribed in subsection (a)(1), to provide substance
14 use disorder treatments for underserved groups, in-
15 cluding minority individuals and Indians with sub-
16 stance use disorder and other individuals who are at
17 a high risk of substance use;

18 “(2) train, or result in the training of, minority
19 health professionals and minority allied health pro-
20 fessionals, to provide substance use disorder treat-
21 ment for individuals with such disease;

22 “(3) train or result in the training of individ-
23 uals who will provide substance use disorder treat-
24 ment in rural or other areas that are underserved by
25 current treatment structures;

1 “(4) train or result in the training of health
2 professionals and allied health professionals, includ-
3 ing counselors, case managers, social workers, peer
4 recovery coaches, and harm reduction workers, pub-
5 lic health workers, and community health workers,
6 to provide treatment for infectious diseases and
7 mental health disorders co-occurring with substance
8 use disorder; and

9 “(5) train or result in the training of health
10 professionals and other community providers to pro-
11 vide substance use disorder treatments for pregnant
12 women, children, and adolescents.

13 “(c) NATIVE EDUCATION AND TRAINING CEN-
14 TERS.—The Secretary shall use 10 percent of the amount
15 available under subsection (d) for each fiscal year to pro-
16 vide grants authorized under this subtitle to—

17 “(1) tribal colleges and universities;

18 “(2) Indian Health Service grant funded insti-
19 tutions; and

20 “(3) Native partner institutions, including insti-
21 tutions of higher education with medical training
22 programs that partner with one or more Indian
23 tribes, tribal organizations, Native Hawaiian organi-
24 zations, or tribal colleges and universities to train
25 Native health professionals that will provide sub-

1 stance use disorder treatment services in Native
2 communities.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section—

5 “(1) \$500,000,000 for fiscal year 2020;

6 “(2) \$500,000,000 for fiscal year 2021;

7 “(3) \$500,000,000 for fiscal year 2022;

8 “(4) \$500,000,000 for fiscal year 2023;

9 “(5) \$500,000,000 for fiscal year 2024;

10 “(6) \$500,000,000 for fiscal year 2025;

11 “(7) \$500,000,000 for fiscal year 2026;

12 “(8) \$500,000,000 for fiscal year 2027;

13 “(9) \$500,000,000 for fiscal year 2028; and

14 “(10) \$500,000,000 for fiscal year 2029.

15 **“SEC. 3433. SUBSTANCE USE DISORDER TREATMENT PRO-**
16 **VIDER CAPACITY UNDER THE MEDICAID PRO-**
17 **GRAM.**

18 “(a) IN GENERAL.—The Secretary shall use amounts
19 appropriated under this section to provide funding for
20 projects in any State or territory to increase substance use
21 provider capacity, as provided for in section 1903(aa) of
22 the Social Security Act.

23 “(b) AMOUNT OF GRANT TO INDIAN ENTITIES.—

24 “(1) INDIAN TRIBES.—In this section, the term

25 ‘Indian tribe’ has the meaning given such term in

1 section 4 of the Indian Self-Determination and Edu-
2 cation Assistance Act.

3 “(2) GRANTS.—The Secretary, acting through
4 the Indian Health Service, shall use 10 percent of
5 the amount appropriated under this section for each
6 fiscal year to award grants to Indian tribes in an
7 amount determined pursuant to criteria developed by
8 the Secretary in consultation with Indian tribes.

9 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
10 is authorized to be appropriated to carry out this section—

11 “(1) \$50,000,000 for fiscal year 2020;

12 “(2) \$50,000,000 for fiscal year 2021;

13 “(3) \$50,000,000 for fiscal year 2022;

14 “(4) \$50,000,000 for fiscal year 2023;

15 “(5) \$50,000,000 for fiscal year 2024;

16 “(6) \$50,000,000 for fiscal year 2025;

17 “(7) \$50,000,000 for fiscal year 2026;

18 “(8) \$50,000,000 for fiscal year 2027;

19 “(9) \$50,000,000 for fiscal year 2028; and

20 “(10) \$50,000,000 for fiscal year 2029.

21 **“SEC. 3434. PROGRAMS TO SUPPORT EMPLOYEES.**

22 “(a) GRANT PROGRAM FOR WORKERS.—

23 “(1) IN GENERAL.—The Secretary, acting
24 through the Director of the National Institute for
25 Occupational Safety and Health, shall award grants

1 to non-profit entities that meet the requirements of
2 this section to fund programs and projects to assist
3 workers who are at risk of substance use disorder,
4 who have substance use disorder, or who are recovering
5 from substance use disorder to maintain or
6 gain employment.

7 “(2) GRANTS FOR WORKERS.—

8 “(A) IN GENERAL.—The Secretary shall,
9 on a competitive basis, award grants for a period
10 of not more than 3 years to non-profit entities
11 that submit an application under paragraph (3) to enable
12 such entities to implement, conduct, continue, and expand
13 evidence-based programs and projects to assist individuals
14 described in subparagraph (G).
15

16 “(B) USE OF AMOUNTS.—An entity may
17 use amounts provided under this subsection
18 for—

19 “(i) prevention services described in
20 subparagraph (C), including providing education
21 and information to workers regarding the dangers of
22 illicit and licit drug use, non-opioid pain management
23 and non-drug pain management, or occupational injury
24 and illness prevention;
25

1 “(ii) early intervention services de-
2 scribed in subparagraph (D) to enable in-
3 dividuals to maintain or gain employment;

4 “(iii) recovery and support services
5 described in subparagraph (E) to enable
6 individuals to maintain or gain employ-
7 ment;

8 “(iv) harm reduction services de-
9 scribed in subparagraph (F) to enable indi-
10 viduals to maintain or gain employment;

11 “(v) hiring case managers, care coor-
12 dinators, and peer support specialists to
13 assist employed individuals who are experi-
14 encing substance use disorder, or who are
15 recovering from substance use disorder, in
16 accessing substance use disorder treatment
17 services; or

18 “(vi) providing vocational, life skills,
19 and other forms of job training to workers
20 who are receiving substance use disorder
21 treatment services to enable such workers
22 to maintain or gain employment.

23 “(C) PREVENTION SERVICES.—For pur-
24 poses of this section, the term ‘prevention serv-
25 ices’ means evidence-based services, programs,

1 or multi-sector strategies to prevent substance
2 use disorder (including education campaigns,
3 community-based prevention programs, risk
4 identification programs, opioid diversion, collec-
5 tion and disposal of unused opioids, services to
6 at-risk populations, and trauma support serv-
7 ices).

8 “(D) RECOVERY AND SUPPORT SERV-
9 ICES.—For purposes of this section, the term
10 ‘recovery and support services’ means services
11 including residential recovery housing, mental
12 health services, long term recovery services, 24/
13 7 hotline crisis center services, medical trans-
14 portation services, respite care for persons car-
15 ing for individuals with substance use disorder,
16 child care and family services while an indi-
17 vidual is receiving inpatient treatment services
18 or at the time of outpatient services, outreach
19 services, peer recovery services, nutrition serv-
20 ices, and referrals for job training and career
21 services, housing, legal services, and child care
22 and family services so long as they do not ex-
23 clude individuals on the basis that such individ-
24 uals receive medication-assisted treatment.

1 “(E) EARLY INTERVENTION SERVICES.—

2 For purposes of this section, the term ‘early
3 intervention services’ means services to provide
4 screening and connection to the appropriate
5 level of substance use disorder and mental
6 health treatment (including same-day connec-
7 tion), counseling provided to individuals who
8 have misused substances, who have experienced
9 an overdose, or are at risk of developing sub-
10 stance use disorder, the provision of referrals to
11 facilitate the access of such individuals to core
12 medical services or recovery and support serv-
13 ices for substance use disorder, and rapid ac-
14 cess to medication-assisted treatment in the set-
15 ting of recent overdose.

16 “(F) HARM REDUCTION SERVICES.—For
17 purposes of this section, the term ‘harm reduc-
18 tion services’ means evidence-based services
19 provided to individuals engaging in substance
20 use that reduce the risk of infectious disease
21 transmission, overdose, or death, including by
22 increasing access to health care, housing, and
23 recovery and support services.

1 “(G) INDIVIDUALS DESCRIBED.—Individ-
2 uals described in this subparagraph are individ-
3 uals who—

4 “(i)(I) have been employed in the 12-
5 month period immediately preceding the
6 date on which the determination is being
7 made, or who are participating in an em-
8 ployee training or apprenticeship program;
9 and

10 “(II) are at high risk of developing
11 substance use disorder, including as a re-
12 sult of employment in industries that expe-
13 rience high rates of occupational injuries
14 and illness; or

15 “(ii) are experiencing a substance use
16 disorder or are in recovery from a sub-
17 stance use disorder.

18 “(3) APPLICATIONS.—To be eligible for a grant
19 under this subsection, an entity shall submit to the
20 Secretary an application at such time, in such man-
21 ner, and containing such information as the Sec-
22 retary may require, including—

23 “(A) a complete accounting of the dis-
24 bursement of any prior grants received under

1 this title by the applicant and the results
2 achieved by such expenditures;

3 “(B) a description of the population to be
4 served with grant funds provided under this
5 section, including a description of the unique
6 risks the population faces for experiencing occu-
7 pational injuries or exposure to illicit sub-
8 stances;

9 “(C) the goals and objectives to be
10 achieved with grant funds provided under this
11 section, including targets and milestones that
12 are intended to be met, the activities that will
13 be undertaken to achieve those targets, and the
14 number of individuals likely to be served by the
15 grant funds, including demographic data on the
16 populations to be served;

17 “(D) a demonstration of the ability of the
18 applicant to reach the individuals described in
19 paragraph (2)(G) and to provide services de-
20 scribed in paragraph (2)(B) included in the ap-
21 plicant’s grant application, including by
22 partnering with local stakeholders;

23 “(E) for any prior funding received under
24 this subsection, data provided in such form as
25 the Secretary shall require detailing, at a min-

imum, the extent to which the activities supported by the funding met the goals, objectives, targets, and milestones specified in the application for the funding, and the number of individuals with and without substance use disorder who received services supported by the funding, including the services provided to these individuals, the industries in which the individuals were employed when they received services, and whether the individuals were still employed in that same industry or in any industry when the individuals ceased receiving services supported by the funding; and

“(F) any other information the Secretary shall require.

“(4) DATA REPORTING AND OVERSIGHT.—An entity awarded a grant under this subsection shall submit to the Secretary an annual report at such time and in such manner as the Secretary shall require. Such report shall include, at a minimum, a description of—

“(A) the activities funded by the grant;

“(B) the number of individuals with and without substance use disorder served through activities funded by the grant, including the

1 services provided to those individuals and the
2 industries in which those individuals were em-
3 ployed at the time they received services sup-
4 ported by the grant;

5 “(C) for workers experiencing substance
6 use disorder or recovering from substance use
7 disorder served by activities funded by the
8 grant, the number of individuals who main-
9 tained employment, the number of individuals
10 who gained employment, and the number of in-
11 dividuals who failed to maintain employment
12 over the course of the reporting period; and

13 “(D) any other information required by the
14 Secretary.

15 “(5) AUTHORIZATION OF APPROPRIATIONS.—

16 There is authorized to be appropriated to carry out
17 this subsection—

18 “(A) \$40,000,000 for fiscal year 2020;

19 “(B) \$40,000,000 for fiscal year 2021;

20 “(C) \$40,000,000 for fiscal year 2022;

21 “(D) \$40,000,000 for fiscal year 2023;

22 “(E) \$40,000,000 for fiscal year 2024;

23 “(F) \$40,000,000 for fiscal year 2025;

24 “(G) \$40,000,000 for fiscal year 2026;

25 “(H) \$40,000,000 for fiscal year 2027;

1 “(I) \$40,000,000 for fiscal year 2028; and

2 “(J) \$40,000,000 for fiscal year 2029.

3 “(b) RESEARCH ON THE IMPACT OF SUBSTANCE USE
4 DISORDER IN THE WORKPLACE AND ON DIRECT SERVICE
5 PROVIDERS.—

6 “(1) RISKS OF SUBSTANCE USE DISORDER.—

7 The Secretary, in consultation with the Director of
8 the National Institute for Occupational Safety and
9 Health, shall conduct (directly or through grants or
10 contracts) research, experiments, and demonstra-
11 tions, and publish studies relating to—

12 “(A) the risks faced by employees in var-
13 ious occupations of developing substance use
14 disorder and of drug overdose deaths and non-
15 fatal drug overdoses, and the formulation of
16 prevention activities tailored to the risks identi-
17 fied in these occupations, including occupational
18 injury and illness prevention;

19 “(B) the prevalence of substance use dis-
20 order among employees in various occupations;

21 “(C) efforts that employers may undertake
22 to assist employees who are undergoing sub-
23 stance use disorder treatment services in main-
24 taining employment while ensuring workplaces
25 are safe and healthful;

1 “(D) risks of occupational exposure to
2 opioids and other illicit substances and the for-
3 mulation of prevention activities tailored to the
4 risks identified; and

5 “(E) other subjects related to substance
6 use disorder in the workplace as the Secretary
7 determines.

8 “(2) DIRECT SERVICE PROVIDERS.—The Sec-
9 retary shall conduct (directly or through grants or
10 contracts) research, experiments, and demonstra-
11 tions, and publish studies relating to the occupa-
12 tional health and safety, recruitment, and retention
13 of behavioral health providers who, as part of their
14 job responsibilities, provide direct services to individ-
15 uals who are at risk of experiencing substance use
16 disorder or who are experiencing or recovering from
17 substance use disorder, including—

18 “(A) identifying factors that the Secretary
19 believes may endanger the health or safety of
20 such workers, including factors that affect the
21 risks such workers face of developing substance
22 use disorder;

23 “(B) motivational and behavioral factors
24 relating to the field of behavioral health pro-
25 viders;

1 “(C) strategies to support the recruitment
 2 and retention of behavioral health providers;
 3 and

4 “(D) other subjects related to behavioral
 5 health providers engaged in direct provision of
 6 substance use disorder prevention and treat-
 7 ment services as the Secretary determines ap-
 8 propriate.

9 “(3) AUTHORIZATION OF APPROPRIATIONS.—

10 There is authorized to be appropriated to carry out
 11 this subsection—

12 “(A) \$10,000,000 for fiscal year 2020;

13 “(B) \$10,000,000 for fiscal year 2021;

14 “(C) \$10,000,000 for fiscal year 2022;

15 “(D) \$10,000,000 for fiscal year 2023;

16 “(E) \$10,000,000 for fiscal year 2024;

17 “(F) \$10,000,000 for fiscal year 2025;

18 “(G) \$10,000,000 for fiscal year 2026;

19 “(H) \$10,000,000 for fiscal year 2027;

20 “(I) \$10,000,000 for fiscal year 2028; and

21 “(J) \$10,000,000 for fiscal year 2029.

22 **“SEC. 3435. IMPROVING AND EXPANDING CARE.**

23 “(a) LEVEL OF CARE STANDARDS FOR SUBSTANCE
 24 USE DISORDER TREATMENT SERVICES.—

1 “(1) IN GENERAL.—Not later than 1 year after
2 the date of enactment of this title, the Secretary, in
3 consultation with the American Society of Addiction
4 Medicine and with State and tribal officials as the
5 Secretary determines necessary, shall promulgate
6 model standards for the regulation of substance use
7 disorder treatment services.

8 “(2) SUBSTANCE USE DISORDER TREATMENT
9 SERVICES.—The model standards promulgated
10 under paragraph (1) shall, at a minimum—

11 “(A) identify the types of substance use
12 disorder treatment services intended to be cov-
13 ered without regard to whether they participate
14 in any Federal health care program (as defined
15 in section 1128B(f) of the Social Security Act)
16 and shall not include—

17 “(i) a private practitioner who is al-
18 ready licensed by a State licensing board
19 and whose practice is limited to non-inten-
20 sive outpatient care; or

21 “(ii) any substance use disorder treat-
22 ment service provided on a non-intensive
23 outpatient basis in the office of a private
24 practitioner who is licensed by a State li-
25 censing board;

1 “(B) require the designation of a single
2 State agency to serve as the primary regulator
3 in the State for substance use disorder treat-
4 ment services;

5 “(C) subject to paragraph (3), require that
6 substance use disorder treatment services iden-
7 tified in accordance with subparagraph (A), be
8 licensed by the respective States according to
9 the standards for levels of care set forth by the
10 American Society of Addiction Medicine in
11 2013 or an equivalent set of standards;

12 “(D) require implementation of a process
13 to ensure that substance use disorder treatment
14 program qualifications are verified by means of
15 an onsite inspection not less frequently than
16 every 3 years by the State agency serving as
17 the primary regulator in the State for substance
18 use disorder treatment services or by an inde-
19 pendent third party that is approved by the
20 State’s primary regulator; and

21 “(E) require that all patients leaving a res-
22 idential treatment program receive a written
23 transition plan prior to discharge from that
24 level of care.

1 “(3) ANNUAL ASSESSMENT.—Beginning with
2 respect to fiscal year 2022, the Secretary shall make
3 a determination with respect to each State on
4 whether the State has adopted, for each of the sub-
5 stance use disorder treatment services identified in
6 accordance with paragraph (2)(A), licensure stand-
7 ards that are in compliance in all material respects
8 with the model standards promulgated in accordance
9 with this subsection. In the event the American Soci-
10 ety of Addiction Medicine revises its criteria, the
11 Secretary shall revise the national model level of
12 care standards accordingly and disseminate any such
13 update to the States, and the States may adopt any
14 such updates to be in compliance with this sub-
15 section.

16 “(b) STANDARDS FOR OTHER SPECIFIED MATTERS
17 RELATED TO SUBSTANCE USE DISORDER TREATMENT
18 SERVICES AND RECOVERY RESIDENCES.—

19 “(1) IN GENERAL.—Not later than 2 year after
20 the date of enactment of this title, the Secretary, in
21 consultation with representatives of nonprofit service
22 providers and State and tribal officials as the Sec-
23 retary determines necessary, shall promulgate model
24 standards for the regulation of—

1 “(A) other specified matters related to sub-
2 stance use disorder treatment services; and

3 “(B) recovery residences.

4 “(2) OTHER SPECIFIED MATTERS RELATED TO
5 SUBSTANCE USE DISORDER TREATMENT SERV-
6 ICES.—The model standards promulgated under
7 paragraph (1)(A) shall, at a minimum—

8 “(A) identify the professional credentials
9 needed by each type of substance use disorder
10 treatment professional;

11 “(B) include standards for data reporting
12 and require compilation of statewide reports;

13 “(C) require the establishment and mainte-
14 nance within each State of a toll-free telephone
15 number to receive complaints from the public
16 regarding substance use disorder treatment
17 service providers; and

18 “(D) require the establishment and main-
19 tenance on a publicly accessible internet website
20 of a list of all substance use disorder treatment
21 services in the State that have a certification in
22 effect in accordance with this section.

23 “(3) RECOVERY RESIDENCES.—

24 “(A) ECONOMIC RELATIONSHIP.—The
25 model standards promulgated under paragraph

1 (1)(B) shall, at a minimum, be applied to recov-
2 ery residences that have an ongoing economic
3 relationship with any commercial substance use
4 disorder treatment service.

5 “(B) MINIMUM REQUIREMENTS.—The
6 model standards promulgated under paragraph
7 (1)(B), which may include any model laws de-
8 veloped under section 550(a) shall, at a min-
9 imum, identify requirements for—

10 “(i) the designation of a single State
11 agency to certify recovery residences;

12 “(ii) the implementation of a process
13 to ensure that the qualifications of recov-
14 ery residences in which not fewer than 10
15 individuals may lawfully reside are verified
16 by means of an onsite inspection not less
17 frequently than every 3 years by the State
18 agency serving as the primary regulator in
19 the State or by an independent third party
20 that is approved by the State’s primary
21 regulator;

22 “(iii) fire, safety, and health stand-
23 ards;

24 “(iv) equipping residences with opioid
25 overdose reversal drug products, such as

1 naloxone and training residence owners,
2 operators, and employees in the adminis-
3 tration of naloxone;

4 “(v) recovery residence owners and
5 operators;

6 “(vi) a written policy that prohibits
7 the exclusion of individuals on the basis
8 that such individuals receive drugs ap-
9 proved by the Food and Drug Administra-
10 tion for the treatment of substance use dis-
11 order;

12 “(vii) the establishment and mainte-
13 nance within each State of a toll-free tele-
14 phone number to receive complaints from
15 the public regarding recovery residences;
16 and

17 “(viii) the establishment and mainte-
18 nance on a publicly accessible internet
19 website of a list of all recovery residences
20 in the State that have a certification in ef-
21 fect in accordance with this section.

22 “(4) ANNUAL ASSESSMENT.—Beginning with
23 respect to fiscal year 2023, the Secretary shall make
24 a determination with respect to each State on
25 whether the State has adopted, for each of the other

1 specified substance use disorder treatment services
2 identified in this section and for recovery residences,
3 standards that are in compliance in all material re-
4 spects with the model standards promulgated in ac-
5 cordance with this subsection.

6 “(c) ENSURING ACCESS TO MEDICATION-ASSISTED
7 TREATMENT.—

8 “(1) MEDICATION-ASSISTED TREATMENT.—The
9 Secretary may not make a grant under this section
10 unless the applicant for the grant agrees to require
11 all entities offering substance use disorder treatment
12 services under the grant to offer all drugs approved
13 by the Food and Drug Administration for the treat-
14 ment of substance use disorder for which the appli-
15 cant offers treatment.

16 “(2) WAIVER.—The Secretary may grant a
17 waiver with respect to any requirement of this sec-
18 tion if the grant applicant involved—

19 “(A) submits to the Secretary a justifica-
20 tion for such waiver containing such informa-
21 tion as the Secretary shall require; and

22 “(B) agrees to require all entities offering
23 substance use disorder treatment services under
24 the grant to—

1 “(i) offer, on site, at least 2 drugs ap-
2 proved by the Food and Drug Administra-
3 tion for the treatment of substance use dis-
4 order;

5 “(ii) provide counseling to patients on
6 the benefits and risks of all drugs ap-
7 proved by the Food and Drug Administra-
8 tion for the treatment of substance use dis-
9 order; and

10 “(iii) maintain an affiliation agree-
11 ment with a provider that can prescribe or
12 otherwise dispense all other forms of drugs
13 approved by the Food and Drug Adminis-
14 tration for the treatment of substance use
15 disorder.

16 “(3) GAO STUDY.—Not later than 1 year after
17 the date of enactment of this title, the Comptroller
18 General of the United States shall submit to Con-
19 gress a comprehensive report describing any rela-
20 tionship between substance use rates, pain manage-
21 ment practices of the Indian Health Service, and pa-
22 tient request denials through the purchased/referred
23 care program of the Indian Health Service.

24 “(d) ENSURING A FULL CONTINUUM OF SERV-
25 ICES.—

1 “(1) IN GENERAL.—Not later than 6 months
2 after the date of the enactment of this title, the Ad-
3 ministrator of the Centers for Medicare & Medicaid
4 Services shall issue a State Medicaid Director letter
5 and tribal leader letter explaining how States and
6 tribes can ensure access to a continuum of services
7 for adults with substance use disorders who are re-
8 ceiving medical assistance under title XIX of the So-
9 cial Security Act. Such letter shall describe how
10 States can cover the continuum of community-based,
11 residential, and inpatient substance use disorder
12 services and care coordination between different lev-
13 els of care as medical assistance, as defined in sec-
14 tion 1905(a) of such Act, including through section
15 1915 of such Act and through demonstration
16 projects under section 1115 of such Act.

17 “(2) MACPAC ANALYSIS.—Not later than 1
18 year after the date of the enactment of this title, the
19 Medicaid and CHIP Payment and Access Commis-
20 sion shall conduct an analysis, and make publicly
21 available a report containing the results of such
22 analysis, of States’ coverage of substance use serv-
23 ices for Medicaid beneficiaries. Such report shall in-
24 clude examples of promising strategies States use to

1 cover a continuum of community-based substance
2 use services.

3 “(3) ANNUAL ASSESSMENT.—Beginning with
4 respect to fiscal year 2022, the Secretary shall make
5 a determination with respect to each State on
6 whether the State has carried out the requirements
7 to ensure a continuum of services as described in
8 section 1915(l)(4)(C) of the Social Security Act.

9 **“SEC. 3436. NALOXONE DISTRIBUTION PROGRAM.**

10 “(a) ESTABLISHMENT OF PROGRAM.—

11 “(1) IN GENERAL.—The Secretary shall provide
12 for the purchase and delivery of federally approved
13 opioid overdose reversal drug products on behalf of
14 each State (or Indian tribe as defined in section 4
15 of the Indian Health Care Improvement Act) that
16 receives a grant under subtitle B. This paragraph
17 constitutes budget authority in advance of appro-
18 priations Acts, and represents the obligation of the
19 Federal Government to provide for the purchase and
20 delivery to States and Indian tribes of the opioid
21 overdose reversal drug products in accordance with
22 this paragraph.

23 “(2) SPECIAL RULES WHERE OPIOID OVERDOSE
24 REVERSAL DRUG PRODUCTS ARE UNAVAILABLE.—To
25 the extent that a sufficient quantity of opioid over-

1 dose reversal drug products are not available for
2 purchase or delivery under paragraph (1), the Sec-
3 retary shall provide for the purchase and delivery of
4 the available opioid overdose reversal drug products
5 in accordance with priorities established by the Sec-
6 retary, with priority given to States with at least one
7 local area eligible for funding under section 3401(a).

8 “(b) NEGOTIATION OF CONTRACTS WITH MANUFAC-
9 TURERS.—

10 “(1) IN GENERAL.—For the purpose of car-
11 rying out this section, the Secretary shall negotiate
12 and enter into contracts with manufacturers of
13 opioid overdose reversal drug products consistent
14 with the requirements of this subsection and, to the
15 maximum extent practicable, consolidate such con-
16 tracting with any other contracting activities con-
17 ducted by the Secretary to purchase opioid overdose
18 reversal drug products. The Secretary may enter
19 into such contracts under which the Federal Govern-
20 ment is obligated to make outlays, the budget au-
21 thority for which is not provided for in advance in
22 appropriations Acts, for the purchase and delivery of
23 opioid overdose reversal drug products under sub-
24 section (a).

1 “(2) AUTHORITY TO DECLINE CONTRACTS.—

2 The Secretary may decline to enter into contracts
3 under this subsection and may modify or extend
4 such contracts.

5 “(3) CONTRACT PRICE.—

6 “(A) IN GENERAL.—The Secretary, in ne-
7 gotiating the prices at which opioid overdose re-
8 versal drug products will be purchased and de-
9 livered from a manufacturer under this sub-
10 section, shall take into account quantities of
11 opioid overdose reversal drug products to be
12 purchased by States under the option under
13 paragraph (4)(B).

14 “(B) NEGOTIATION OF DISCOUNTED PRICE
15 FOR OPIOID OVERDOSE REVERSAL DRUG PROD-
16 UCTS.—With respect to contracts entered into
17 for the purchase of opioid overdose reversal
18 drug products on behalf of States under this
19 subsection, the price for the purchase of such
20 drug product shall be a discounted price nego-
21 tiated by the Secretary.

22 “(4) PRODUCT DOSAGE.—All opioid overdose
23 reversal products purchased under this section shall
24 contain—

1 “(A) for each dose, the maximum amount
2 of active pharmaceutical ingredient that acts as
3 an opioid receptor antagonist as recommended
4 by the Food and Drug Administration as an
5 initial dose when administered by one of the ap-
6 proved, labeled routes of administration in
7 adults; and

8 “(B) a minimum of two doses packaged to-
9 gether.

10 “(5) QUANTITIES AND TERMS OF DELIVERY.—

11 Under contracts under this subsection—

12 “(A) the Secretary shall provide, consistent
13 with paragraph (6), for the purchase and deliv-
14 ery on behalf of States and Indian tribes of
15 quantities of opioid overdose reversal drug
16 products; and

17 “(B) each State and Indian tribe, at the
18 option of the State or tribe, shall be permitted
19 to obtain additional quantities of opioid over-
20 dose reversal drug products (subject to amounts
21 specified to the Secretary by the State or tribe
22 in advance of negotiations) through purchasing
23 the opioid overdose reversal drug products from
24 the manufacturers at the applicable price nego-
25 tiated by the Secretary consistent with para-

1 graph (3), if the State or tribe provides to the
2 Secretary such information (at a time and man-
3 ner specified by the Secretary, including in ad-
4 vance of negotiations under paragraph (1)) as
5 the Secretary determines to be necessary, to
6 provide for quantities of opioid overdose rever-
7 sal drug products for the State or tribe to pur-
8 chase pursuant to this subsection and to deter-
9 mine annually the percentage of the opioid over-
10 dose reversal drug market that is purchased
11 pursuant to this section and this subparagraph.

12 The Secretary shall enter into the initial negotia-
13 tions not later than 180 days after the date of the
14 enactment of this title.

15 “(6) CHARGES FOR SHIPPING AND HAN-
16 DLING.—The Secretary may enter into a contract
17 referred to in paragraph (1) only if the manufac-
18 turer involved agrees to submit to the Secretary
19 such reports as the Secretary determines to be ap-
20 propriate to assure compliance with the contract and
21 if, with respect to a State program under this sec-
22 tion that does not provide for the direct delivery of
23 qualified opioid overdose reversal drug products, the
24 manufacturer involved agrees that the manufacturer
25 will provide for the delivery of the opioid overdose

1 reversal drug products on behalf of the State in ac-
2 cordance with such program and will not impose any
3 charges for the costs of such delivery (except to the
4 extent such costs are provided for in the price estab-
5 lished under paragraph (3)).

6 “(7) MULTIPLE SUPPLIERS.—In the case of the
7 opioid overdose reversal drug product involved, the
8 Secretary may, as appropriate, enter into a contract
9 referred to in paragraph (1) with each manufacturer
10 of the opioid overdose reversal drug product that
11 meets the terms and conditions of the Secretary for
12 an award of such a contract (including terms and
13 conditions regarding safety and quality). With re-
14 spect to multiple contracts entered into pursuant to
15 this paragraph, the Secretary may have in effect dif-
16 ferent prices under each of such contracts and, with
17 respect to a purchase by States pursuant to para-
18 graph (4)(B), each eligible State may choose which
19 of such contracts will be applicable to the purchase.

20 “(c) USE OF OPIOID OVERDOSE REVERSAL DRUG
21 PRODUCT LIST.—Beginning not later than one year after
22 the first contract has been entered into under this section,
23 the Secretary shall use, for the purpose of the purchase,
24 delivery, and administration of opioid overdose reversal
25 drug products under this section, the list established (and

1 periodically reviewed and, as appropriate, revised) by an
2 advisory committee, established by the Secretary and lo-
3 cated within the Centers for Disease Control and Preven-
4 tion, which considers the cost effectiveness of each opioid
5 overdose reversal drug product.

6 “(d) STATE DISTRIBUTION OF OPIOID OVERDOSE
7 REVERSAL DRUG PRODUCTS.—States shall distribute
8 opioid overdose reversal drug products received under this
9 section to the following:

10 “(1) First responders, including—

11 “(A) all State, county, and local law en-
12 forcement departments;

13 “(B) all local fire departments, including
14 career fire departments, combination fire de-
15 partments, and volunteer fire departments; and

16 “(C) all local emergency medical services
17 organizations, including volunteer emergency
18 medical services organizations.

19 “(2) Public entities with authority to administer
20 local public health services, including all local health
21 departments, for the purposes of making opioid over-
22 dose reversal drug products available to—

23 “(A) public and nonprofit entities, includ-
24 ing—

1 “(i) community-based organizations
2 that provide substance use disorder treat-
3 ments or harm reduction services;

4 “(ii) nonprofit entities that provide
5 substance use disorder treatments or harm
6 reduction services; and

7 “(iii) faith based organizations that
8 provide substance use disorder treatments
9 or harm reduction services;

10 “(B) other areas of high need; and

11 “(C) the general public.

12 “(e) STATE REQUIREMENTS.—To be eligible to re-
13 ceive opioid overdose reversal drugs under this section,
14 each State shall—

15 “(1) establish a program for distributing opioid
16 overdose reversal drug products to first responders
17 and entities with authority to administer local public
18 health services, including local health departments;

19 “(2) beginning in the second year of the pro-
20 gram, demonstrate a distribution rate of a minimum
21 of 90 percent of the opioid overdose reversal drug
22 products received under this program; and

23 “(3) certify to the Secretary that the State has
24 in place a Good Samaritan Law that ensures immu-
25 nity from prosecution, including from parole and

1 probation violations, except that the State may apply
2 to the Secretary for a waiver of the requirement of
3 this paragraph, and such waiver if granted shall not
4 be longer than 3 years in duration and may not be
5 renewed; and

6 “(4) certify to the Secretary that the State has
7 in place additional measures that enhance access to
8 opioid overdose reversal drug products, such as laws
9 that provide civil or disciplinary immunity for med-
10 ical personnel who prescribe an opioid overdose re-
11 versal drug product, Third Party Prescription Laws,
12 Collaborative Practice Agreements, and Standing
13 Orders.

14 “(f) INDIAN TRIBE REQUIREMENTS.—The Indian
15 Health Service, in consultation with Indian tribes, shall
16 determine any requirements that shall apply to Indian
17 tribes receiving opioid overdose reversal drug products
18 made available under this section.

19 “(g) DEFINITIONS.—For purposes of this section:

20 “(1) CAREER FIRE DEPARTMENT.—The term
21 ‘career fire department’ means a fire department
22 that has an all-paid force of firefighting personnel
23 other than paid-on-call firefighters.

24 “(2) COLLABORATIVE PRACTICE AGREEMENT.—
25 The term ‘Collaborative Practice Agreement’ means

1 an agreement under which a pharmacist operates
2 under authority delegated by another licensed practi-
3 tioner with prescribing authority.

4 “(3) COMBINATION FIRE DEPARTMENT.—The
5 term ‘combination fire department’ means a fire de-
6 partment that has paid firefighting personnel and
7 volunteer firefighting personnel.

8 “(4) EMERGENCY MEDICAL SERVICE.—The
9 term ‘emergency medical service’ means resources
10 used by a public or private nonprofit licensed entity
11 to deliver medical care outside of a medical facility
12 under emergency conditions that occur as a result of
13 the condition of the patient and includes services de-
14 livered (either on a compensated or volunteer basis)
15 by an emergency medical services provider or other
16 provider that is licensed or certified by the State in-
17 volved as an emergency medical technician, a para-
18 medic, or an equivalent professional (as determined
19 by the State).

20 “(5) GOOD SAMARITAN LAW.—The term ‘Good
21 Samaritan Law’ means a law that provides criminal
22 immunity for a person who administers an opioid
23 overdose reversal drug product, a person who, in
24 good faith, seeks medical assistance for someone ex-
25 perienicing a drug-related overdose, or a person who

1 experiences a drug-related overdose and is in need of
2 medical assistance and, in good faith, seeks such
3 medical assistance, or is the subject of such a good
4 faith request for medical assistance.

5 “(6) INDIANS.—The terms ‘Indian’, ‘Indian
6 tribe’, ‘tribal organization’, and ‘Urban Indian
7 Health Program’ have the meanings given such
8 terms in section 4 of the Indian Health Care Im-
9 provement Act.

10 “(7) MANUFACTURER.—The term ‘manufac-
11 turer’ means any corporation, organization, or insti-
12 tution, whether public or private (including Federal,
13 State, and local departments, agencies, and instru-
14 mentalities), which manufactures, imports, proc-
15 esses, or distributes under its label any opioid over-
16 dose reversal drug product. The term ‘manufacture’
17 means to manufacture, import, process, or distribute
18 an opioid overdose reversal drug.

19 “(8) OPIOID OVERDOSE REVERSAL DRUG PROD-
20 UCT.—The term ‘opioid overdose reversal drug prod-
21 uct’ means a finished dosage form that has been ap-
22 proved by the Food and Drug Administration and
23 that contains an active pharmaceutical ingredient
24 that acts as an opioid receptor antagonist. The term
25 ‘opioid overdose reversal drug product’ includes a

1 combination product, as defined in section 3.2(e) of
2 title 21, Code of Federal Regulations.

3 “(9) STANDING ORDER.—The term ‘standing
4 order’ means a non-patient-specific order covering
5 administration of medication by others to a patient
6 who may be unknown to the prescriber at the time
7 of the order.

8 “(10) THIRD PARTY PRESCRIPTION.—The term
9 ‘third party prescription’ means an order written for
10 medication dispensed to one person with the inten-
11 tion that it will be administered to another person.

12 “(11) VOLUNTEER FIRE DEPARTMENT.—The
13 term ‘volunteer fire department’ means a fire de-
14 partment that has an all-volunteer force of fire-
15 fighting personnel.

16 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
17 is authorized to be appropriated to carry out this suc-
18 tion—

19 “(1) \$500,000,000 for fiscal year 2020;

20 “(2) \$500,000,000 for fiscal year 2021;

21 “(3) \$500,000,000 for fiscal year 2022;

22 “(4) \$500,000,000 for fiscal year 2023;

23 “(5) \$500,000,000 for fiscal year 2024;

24 “(6) \$500,000,000 for fiscal year 2025;

25 “(7) \$500,000,000 for fiscal year 2026;

1 “(8) \$500,000,000 for fiscal year 2027;

2 “(9) \$500,000,000 for fiscal year 2028; and

3 “(10) \$500,000,000 for fiscal year 2029.

4 **“SEC. 3437. ADDITIONAL FUNDING FOR THE NATIONAL IN-**
5 **STITUTES OF HEALTH.**

6 “There is authorized to be appropriated to the Na-
7 tional Institutes of Health for the purpose of conducting
8 research on addiction and pain, including research to de-
9 velop overdose reversal drug products, non-opioid drug
10 products and non-pharmacological treatments for address-
11 ing pain and substance use disorder, and drug products
12 used to treat substance use disorder—

13 “(1) \$700,000,000 for fiscal year 2020;

14 “(2) \$700,000,000 for fiscal year 2021;

15 “(3) \$700,000,000 for fiscal year 2022;

16 “(4) \$700,000,000 for fiscal year 2023;

17 “(5) \$700,000,000 for fiscal year 2024;

18 “(6) \$700,000,000 for fiscal year 2025;

19 “(7) \$700,000,000 for fiscal year 2026;

20 “(8) \$700,000,000 for fiscal year 2027;

21 “(9) \$700,000,000 for fiscal year 2028; and

22 “(10) \$700,000,000 for fiscal year 2029.

1 **“SEC. 3438. ADDITIONAL FUNDING FOR THE CENTERS FOR**
2 **DISEASE CONTROL AND PREVENTION.**

3 “(a) IMPROVED DATA COLLECTION AND PREVEN-
4 TION OF INFECTIOUS DISEASE TRANSMISSION.—

5 “(1) DATA COLLECTION.—The Centers for Dis-
6 ease Control and Prevention shall use a portion of
7 the funding appropriated under this section to en-
8 sure that all States participate in the Enhanced
9 State Opioid Overdose Surveillance program and to
10 provide technical assistance to medical examiners
11 and coroners to facilitate improved data collection on
12 fatal overdoses through such program.

13 “(2) CENTERS FOR DISEASE CONTROL AND
14 PREVENTION.—The Centers for Disease Control and
15 Prevention shall use amounts appropriated under
16 this section for the purpose of improving data on
17 drug overdose deaths and non-fatal drug overdoses,
18 surveillance related to addiction and substance use
19 disorder, and the prevention of transmission of infec-
20 tious diseases related to substance use.

21 “(3) TRIBAL DATA.—Not later than 6 months
22 after the date of enactment of this title, the Director
23 of the Centers for Disease Control and Prevention
24 shall consult with Indian tribes to develop and im-
25 plement strategies that improve surveillance and re-
26 porting of fatal overdose deaths among American In-

1 dians and Alaska Natives, including strategies that
2 reduce the underestimation of fatal overdose deaths
3 among American Indians and Alaska Natives due to
4 undersampling or racial misclassification in State
5 and Federal public health surveillance systems.

6 “(b) CHILDHOOD TRAUMA.—The Centers for Disease
7 Control and Prevention shall use a portion of the funding
8 appropriated under this section to fund the surveillance
9 and data collection activities described in section 7131 of
10 the SUPPORT for Patients and Communities Act, includ-
11 ing to encourage all States to participate in collecting and
12 reporting data on adverse childhood experiences through
13 the Behavioral Risk Factor Surveillance System, the
14 Youth Risk Behavior Surveillance System, and other rel-
15 evant public health surveys or questionnaires.

16 “(c) WORKER HEALTH RISKS.—The Centers for Dis-
17 ease Control and Prevention shall use a portion of the
18 funding appropriated under this section for data collection
19 and surveillance activities on substance use, substance use
20 disorders, drug overdose deaths, and non-fatal drug
21 overdoses among workers, and the factors and practices
22 that contribute to such use, disorders, and overdoses, in-
23 cluding occupational injuries and illness as well as occupa-
24 tional exposure to opioids and other illicit and licit drugs.

1 “(d) TRIBAL EPIDEMIOLOGY CENTERS.—There shall
2 be made available to the Indian Health Service for the
3 purpose of funding efforts by Indian tribes and tribal epi-
4 demiology centers to improve data on drug overdose
5 deaths and non-fatal drug overdoses, surveillance related
6 to addiction and substance use disorder, and prevention
7 of childhood trauma, not less than 1.5 percent of the total
8 amount appropriated under this section for each fiscal
9 year.

10 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated to carry out this section—

12 “(1) \$500,000,000 for fiscal year 2020;

13 “(2) \$500,000,000 for fiscal year 2021;

14 “(3) \$500,000,000 for fiscal year 2022;

15 “(4) \$500,000,000 for fiscal year 2023;

16 “(5) \$500,000,000 for fiscal year 2024;

17 “(6) \$500,000,000 for fiscal year 2025;

18 “(7) \$500,000,000 for fiscal year 2026;

19 “(8) \$500,000,000 for fiscal year 2027;

20 “(9) \$500,000,000 for fiscal year 2028; and

21 “(10) \$500,000,000 for fiscal year 2029.

22 **“SEC. 3439. DEFINITIONS.**

23 “‘In this title:

1 “(1) PLANNING COUNCIL.—The term ‘planning
2 council’ means the substance use planning council
3 established under section 3402.

4 “(2) RECOVERY RESIDENCE.—The term ‘recov-
5 ery residence’ means a residential dwelling unit, or
6 other form of group housing, that is offered or ad-
7 vertised through any means, including oral, written,
8 electronic, or printed means, by any individual or en-
9 tity as a residence that provides an evidence-based,
10 peer-supported living environment for individuals un-
11 dergoing any type of substance use disorder treat-
12 ment or who have received any type of substance use
13 disorder treatment in the past 3 years, including
14 medication assisted treatment.

15 “(3) STATE.—

16 “(A) IN GENERAL.—The term ‘State’
17 means each of the 50 States, the District of Co-
18 lumbia, and each of the territories.

19 “(B) TERRITORIES.—The term ‘territory’
20 means each of American Samoa, Guam, the
21 Commonwealth of Puerto Rico, the Common-
22 wealth of the Northern Mariana Islands, the
23 Virgin Islands, the Republic of the Marshall Is-
24 lands, the Federated States of Micronesia, and
25 Palau.

1 “(4) SUBSTANCE USE DISORDER TREAT-
2 MENT.—

3 “(A) IN GENERAL.—The term ‘substance
4 use disorder treatment’ means an evidence-
5 based, professionally directed, deliberate, and
6 planned regimen including evaluation, observa-
7 tion, medical monitoring, and rehabilitative
8 services and interventions such as
9 pharmacotherapy, mental health services, and
10 individual and group counseling, on an inpa-
11 tient or outpatient basis, to help patients with
12 substance use disorder reach remission and
13 maintain recovery.

14 “(B) TYPES OF TREATMENT.—Substance
15 use disorder treatments shall include the fol-
16 lowing:

17 “(i) Clinical stabilization services,
18 which are evidence-based services provided
19 in secure, acute care facilities (which may
20 be referred to as ‘addictions receiving fa-
21 cilities’) that, at a minimum—

22 “(I) provide intoxication manage-
23 ment and stabilization services;

24 “(II) are operated 24 hours per
25 day, 7 days per week; and

1 “(III) that serve individuals
2 found to be substance use impaired.
3 These can also be referred to as ‘Ad-
4 dictions receiving facilities’.

5 “(ii) Withdrawal management and de-
6 toxification, which is a medical service that
7 is provided on an inpatient or an out-
8 patient basis to assist an individual in
9 managing the process of withdrawal from
10 the physiological and psychological effects
11 of substance use disorder.

12 “(iii) All outpatient, residential, and
13 inpatient services described in section
14 1915(l)(4)(c) of the Social Security Act.

15 “(C) LIMITATION.—Substance use disorder
16 treatment providers shall not include—

17 “(i) prevention only providers; and

18 “(ii) a private practitioner who is li-
19 censed by a State licensing board and
20 whose practice is limited to non-intensive
21 outpatient care.

22 “(5) SUBSTANCE USE DISORDER TREATMENT
23 SERVICES.—The term ‘substance use disorder treat-
24 ment services’ means any prevention services, core
25 medical services, recovery and support services, early

1 intervention services, and harm reduction services
 2 authorized under this title.”.

3 **SEC. 4. AMENDMENTS TO THE CONTROLLED SUBSTANCES**

4 **ACT.**

5 (a) CERTIFICATIONS.—Part C of the Controlled Sub-
 6 stances Act (21 U.S.C. 821 et seq.) is amended by adding
 7 at the end the following:

8 “CERTIFICATIONS RELATING TO DIVERSION CONTROLS
 9 AND MISBRANDING

10 “SEC. 313. (a) DEFINITIONS.—In this section—

11 “(1) the term ‘covered dispenser’—

12 “(A) means a dispenser—

13 “(i) that is required to register under
 14 section 302(a)(2); and

15 “(ii) dispenses a controlled substance
 16 in schedule II; and

17 “(B) does not include a dispenser that is—

18 “(i) registered to dispense opioid
 19 agonist treatment medication under section
 20 303(g)(1); and

21 “(ii) operating in that capacity;

22 “(2) the term ‘covered distributor’ means a dis-
 23 tributor—

24 “(A) that is required to register under sec-
 25 tion 302(a)(1); and

1 “(B) distributes a controlled substance in
2 schedule II;

3 “(3) the term ‘covered manufacturer’ means a
4 manufacturer—

5 “(A) that is required to register under sec-
6 tion 302(a)(1); and

7 “(B) manufactures a controlled substance
8 in schedule II;

9 “(4) the term ‘covered officer’, with respect to
10 a covered person means—

11 “(A) in the case of a covered person that
12 is not an individual—

13 “(i) the chief executive officer of the
14 covered person;

15 “(ii) the president of the covered per-
16 son;

17 “(iii) the chief medical officer of the
18 covered person; or

19 “(iv) the chief counsel of the covered
20 person; and

21 “(B) in the case of a covered person that
22 is an individual, that individual; and

23 “(5) the term ‘covered person’ means—

24 “(A) a covered dispenser;

25 “(B) a covered distributor; or

1 “(C) a covered manufacturer.

2 “(b) CERTIFICATIONS RELATING TO DIVERSION
3 CONTROLS.—Not later than 180 days after the date of
4 enactment of this section, and each year thereafter, each
5 covered officer of a covered person shall submit to the At-
6 torney General, for each controlled substance in schedule
7 II dispensed, distributed, or manufactured by the covered
8 person, a certification—

9 “(1) signed by the covered officer; and

10 “(2) certifying that—

11 “(A) the covered person maintains effective
12 controls against diversion of the controlled sub-
13 stance into channels other than legitimate med-
14 ical, scientific, research, or industrial channels;

15 “(B) all information contained in any
16 record, inventory, or report required to be kept
17 or submitted to the Attorney General by the
18 covered person under section 307, or under any
19 regulation issued under that section, is accu-
20 rate; and

21 “(C) the covered person is in compliance
22 with all applicable requirements under Federal
23 law relating to reporting suspicious orders for
24 controlled substances.

1 “(c) CERTIFICATIONS RELATING TO MIS-
2 BRANDING.—

3 “(1) IN GENERAL.—Not later than 180 days
4 after the date of enactment of this section, and each
5 year thereafter, each covered officer of a covered
6 manufacturer shall submit to the Secretary, for each
7 controlled substance in schedule II manufactured by
8 the covered manufacturer, a certification—

9 “(A) signed by the covered officer; and

10 “(B) certifying that the controlled sub-
11 stance is not misbranded, as described in sec-
12 tion 502 of the Federal Food, Drug, and Cos-
13 metic Act (21 U.S.C. 352).

14 “(2) NOTIFICATION TO THE ATTORNEY GEN-
15 ERAL.—

16 “(A) FAILURE TO SUBMIT CERTIFI-
17 CATIONS.—Not later than 30 days after the
18 date on which a covered officer of a covered
19 manufacturer is required to submit a certifi-
20 cation under paragraph (1) and fails to do so,
21 the Secretary shall notify the Attorney General
22 of the failure by the covered officer to submit
23 the certification.

24 “(B) FALSE CERTIFICATIONS RELATING
25 TO MISBRANDING.—Not later than 30 days

1 after the date on which the Secretary becomes
 2 aware that a certification submitted under
 3 paragraph (1) contains a materially false state-
 4 ment or representation relating to the mis-
 5 branding of a controlled substance with respect
 6 to the year for which the certification is sub-
 7 mitted, the Secretary shall notify the Attorney
 8 General that the certification contains the ma-
 9 terially false statement or representation.”.

10 (b) OFFENSES.—Part D of title II of the Controlled
 11 Substances Act (21 U.S.C. 841 et seq.) is amended by
 12 adding at the end the following:

13 “CERTIFICATIONS BY COVERED OFFICERS

14 “SEC. 424. (a) DEFINITIONS.—In this section, the
 15 terms ‘covered dispenser’, ‘covered distributor’, ‘covered
 16 manufacturer’, ‘covered officer’, and ‘covered person’ have
 17 the meanings given those terms in section 313.

18 “(b) OFFENSES.—

19 “(1) FAILURE TO SUBMIT CERTIFICATIONS.—

20 “(A) CERTIFICATIONS RELATING TO DI-
 21 VERSION CONTROLS.—It shall be unlawful for a
 22 covered officer of a covered person to fail to
 23 submit a certification required under section
 24 313(b), without regard to the state of mind of
 25 the covered officer.

1 “(B) CERTIFICATIONS RELATING TO MIS-
2 BRANDING.—It shall be unlawful for a covered
3 officer of a covered manufacturer to fail to sub-
4 mit a certification required under section
5 313(c)(1), without regard to the state of mind
6 of the covered officer.

7 “(2) SUBMISSION OF FALSE CERTIFICATIONS.—

8 “(A) FALSE CERTIFICATIONS RELATING TO
9 DIVERSION CONTROLS.—It shall be unlawful for
10 a covered officer of a covered person to submit
11 a certification required under section 313(b),
12 without regard to the state of mind of the cov-
13 ered officer, that contains a materially false
14 statement or representation relating to the in-
15 formation required to be certified under that
16 section for the year for which the certification
17 is submitted.

18 “(B) FALSE CERTIFICATIONS RELATING
19 TO MISBRANDING.—It shall be unlawful for a
20 covered officer of a covered manufacturer to
21 submit a certification required under section
22 313(c)(1), without regard to the state of mind
23 of the covered officer, that contains a materially
24 false statement or representation relating to the
25 misbranding of a controlled substance with re-

1 spect to the year for which the certification is
2 submitted.

3 “(c) PENALTIES.—

4 “(1) CIVIL PENALTIES.—Except as provided in
5 paragraph (2), a covered officer who violates sub-
6 section (b) shall be subject to a civil penalty of not
7 more than \$25,000.

8 “(2) CRIMINAL PENALTIES.—A covered officer
9 who knowingly violates subsection (b)(2) shall be
10 subject to criminal penalties under section 403(d).

11 “(d) COMPREHENSIVE ADDICTION RESOURCES
12 FUND.—

13 “(1) ESTABLISHMENT.—There is established in
14 the Treasury a fund to be known as the ‘Com-
15 prehensive Addiction Resources Fund’.

16 “(2) TRANSFER OF AMOUNTS.—There shall be
17 transferred to the Comprehensive Addiction Re-
18 sources Fund 100 percent of—

19 “(A) any civil penalty paid to the United
20 States under this section; and

21 “(B) any fine paid to the United States
22 under section 403(d) for a knowing violation of
23 subsection (b)(2) of this section.

1 “(3) AVAILABILITY AND USE OF FUNDS.—
2 Amounts transferred to the Comprehensive Addic-
3 tion Fund under paragraph (2) shall—

4 “(A) remain available until expended; and

5 “(B) be made available to supplement
6 amounts appropriated to carry out title XXXIV
7 of the Public Health Service Act.”.

8 (c) CRIMINAL PENALTIES.—Section 403 of the Con-
9 trolled Substances Act (21 U.S.C. 843) is amended—

10 (1) in subsection (d)(1)—

11 (A) by inserting “or knowingly violates sec-
12 tion 424(b)(2)” after “any person who violates
13 this section”; and

14 (B) by striking “violation of this section”
15 and inserting “such a violation”; and

16 (2) in subsection (f)—

17 (A) in paragraph (1), by striking “or 416”
18 and inserting “or section 416, or knowing viola-
19 tions of section 424(b)(2)”; and

20 (B) in paragraph (3), by inserting “or
21 knowing violations of section 424(b)(2)” before
22 the period at the end.

23 (d) TECHNICAL AND CONFORMING AMENDMENTS.—
24 The table of contents for the Comprehensive Drug Abuse

1 Prevention and Control Act of 1970 (Public Law 91–513;
2 84 Stat. 1236) is amended—

3 (1) by inserting after the item relating to sec-
4 tion 311 the following:

“Sec. 312. Suspicious orders.

“Sec. 313. Certifications relating to diversion controls and misbranding.”;

5 and

6 (2) by inserting after the item relating to sec-
7 tion 423 the following:

“Sec. 424. Certifications by covered officers.”.

8 (e) EFFECTIVE DATE.—The amendments made by
9 subsections (b) and (c) of this section shall take effect on
10 the date that is 180 days after the date of enactment of
11 this Act.

