

114TH CONGRESS
2D SESSION

H. R. 3691

AN ACT

To amend the Public Health Service Act to reauthorize the residential treatment programs for pregnant and postpartum women and to establish a pilot program to provide grants to State substance abuse agencies to promote innovative service delivery models for such women.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Improving Treatment
3 for Pregnant and Postpartum Women Act of 2016”.

4 **SEC. 2. REAUTHORIZATION OF RESIDENTIAL TREATMENT**
5 **PROGRAMS FOR PREGNANT AND**
6 **POSTPARTUM WOMEN.**

7 Section 508 of the Public Health Service Act (42
8 U.S.C. 290bb–1) is amended—

9 (1) in subsection (p), in the first sentence, by
10 inserting “(other than subsection (r))” after “sec-
11 tion”; and

12 (2) in subsection (r), by striking “such sums”
13 and all that follows through “2003” and inserting
14 “\$16,900,000 for each of fiscal years 2017 through
15 2021”.

16 **SEC. 3. PILOT PROGRAM GRANTS FOR STATE SUBSTANCE**
17 **ABUSE AGENCIES.**

18 (a) IN GENERAL.—Section 508 of the Public Health
19 Service Act (42 U.S.C. 290bb–1) is amended—

20 (1) by redesignating subsection (r), as amended
21 by section 2, as subsection (s); and

22 (2) by inserting after subsection (q) the fol-
23 lowing new subsection:

24 “(r) PILOT PROGRAM FOR STATE SUBSTANCE
25 ABUSE AGENCIES.—

1 “(1) IN GENERAL.—From amounts made avail-
2 able under subsection (s), the Director of the Center
3 for Substance Abuse Treatment shall carry out a
4 pilot program under which competitive grants are
5 made by the Director to State substance abuse agen-
6 cies to—

7 “(A) enhance flexibility in the use of funds
8 designed to support family-based services for
9 pregnant and postpartum women with a pri-
10 mary diagnosis of a substance use disorder, in-
11 cluding opioid use disorders;

12 “(B) help State substance abuse agencies
13 address identified gaps in services furnished to
14 such women along the continuum of care, in-
15 cluding services provided to women in nonresi-
16 dential based settings; and

17 “(C) promote a coordinated, effective, and
18 efficient State system managed by State sub-
19 stance abuse agencies by encouraging new ap-
20 proaches and models of service delivery.

21 “(2) REQUIREMENTS.—In carrying out the
22 pilot program under this subsection, the Director
23 shall—

24 “(A) require State substance abuse agen-
25 cies to submit to the Director applications, in

1 such form and manner and containing such in-
2 formation as specified by the Director, to be eli-
3 gible to receive a grant under the program;

4 “(B) identify, based on such submitted ap-
5 plications, State substance abuse agencies that
6 are eligible for such grants;

7 “(C) require services proposed to be fur-
8 nished through such a grant to support family-
9 based treatment and other services for pregnant
10 and postpartum women with a primary diag-
11 nosis of a substance use disorder, including
12 opioid use disorders;

13 “(D) not require that services furnished
14 through such a grant be provided solely to
15 women that reside in facilities;

16 “(E) not require that grant recipients
17 under the program make available through use
18 of the grant all services described in subsection
19 (d); and

20 “(F) consider not applying requirements
21 described in paragraphs (1) and (2) of sub-
22 section (f) to applicants, depending on the cir-
23 cumstances of the applicant.

24 “(3) REQUIRED SERVICES.—

1 “(A) IN GENERAL.—The Director shall
2 specify a minimum set of services required to be
3 made available to eligible women through a
4 grant awarded under the pilot program under
5 this subsection. Such minimum set—

6 “(i) shall include requirements de-
7 scribed in subsection (c) and be based on
8 the recommendations submitted under sub-
9 paragraph (B); and

10 “(ii) may be selected from among the
11 services described in subsection (d) and in-
12 clude other services as appropriate.

13 “(B) STAKEHOLDER INPUT.—The Director
14 shall convene and solicit recommendations from
15 stakeholders, including State substance abuse
16 agencies, health care providers, persons in re-
17 covery from substance abuse, and other appro-
18 priate individuals, for the minimum set of serv-
19 ices described in subparagraph (A).

20 “(4) DURATION.—The pilot program under this
21 subsection shall not exceed 5 years.

22 “(5) EVALUATION AND REPORT TO CON-
23 GRESS.—The Director of the Center for Behavioral
24 Health Statistics and Quality shall fund an evalua-
25 tion of the pilot program at the conclusion of the

1 first grant cycle funded by the pilot program. The
2 Director of the Center for Behavioral Health Statis-
3 tics and Quality, in coordination with the Director of
4 the Center for Substance Abuse Treatment shall
5 submit to the relevant committees of jurisdiction of
6 the House of Representatives and the Senate a re-
7 port on such evaluation. The report shall include at
8 a minimum outcomes information from the pilot pro-
9 gram, including any resulting reductions in the use
10 of alcohol and other drugs; engagement in treatment
11 services; retention in the appropriate level and dura-
12 tion of services; increased access to the use of medi-
13 cations approved by the Food and Drug Administra-
14 tion for the treatment of substance use disorders in
15 combination with counseling; and other appropriate
16 measures.

17 “(6) STATE SUBSTANCE ABUSE AGENCIES DE-
18 FINED.—For purposes of this subsection, the term
19 ‘State substance abuse agency’ means, with respect
20 to a State, the agency in such State that manages
21 the Substance Abuse Prevention and Treatment
22 Block Grant under part B of title XIX.”.

23 (b) FUNDING.—Subsection (s) of section 508 of the
24 Public Health Service Act (42 U.S.C. 290bb–1), as
25 amended by section 2 and redesignated by subsection (a),

1 is further amended by adding at the end the following new
2 sentence: “Of the amounts made available for a year pur-
3 suant to the previous sentence to carry out this section,
4 not more than 25 percent of such amounts shall be made
5 available for such year to carry out subsection (r), other
6 than paragraph (5) of such subsection. Notwithstanding
7 the preceding sentence, no funds shall be made available
8 to carry out subsection (r) for a fiscal year unless the
9 amount made available to carry out this section for such
10 fiscal year is more than the amount made available to
11 carry out this section for fiscal year 2016.”.

12 **SEC. 4. CUT-GO COMPLIANCE.**

13 Subsection (f) of section 319D of the Public Health
14 Service Act (42 U.S.C. 247d–4) is amended by striking
15 “through 2018” and inserting “through 2016,
16 \$133,300,000 for fiscal year 2017, and \$138,300,000 for
17 fiscal year 2018”.

Passed the House of Representatives May 11, 2016.

Attest:

Clerk.

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