114TH CONGRESS
2D SESSION

S. 524

AN ACT

To authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

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; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 "Comprehensive Addiction and Recovery Act of 2016".

4 (b) TABLE OF CONTENTS.—The table of contents for
5 this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Definitions.

TITLE I—PREVENTION AND EDUCATION

Sec. 101. Development of best practices for the prescribing of prescription opioids.
Sec. 102. Awareness campaigns.
Sec. 103. Community-based coalition enhancement grants to address local drug crises.

TITLE II—LAW ENFORCEMENT AND TREATMENT

Sec. 201. Treatment alternative to incarceration programs.
Sec. 202. First responder training for the use of drugs and devices that rapidly reverse the effects of opioids.
Sec. 203. Prescription drug take back expansion.
Sec. 204. Heroin and methamphetamine task forces.

TITLE III—TREATMENT AND RECOVERY

Sec. 301. Evidence-based prescription opioid and heroin treatment and interventions demonstration.
Sec. 302. Criminal justice medication assisted treatment and interventions demonstration.
Sec. 303. National youth recovery initiative.
Sec. 304. Building communities of recovery.

TITLE IV—ADDRESSING COLLATERAL CONSEQUENCES

Sec. 401. Correctional education demonstration grant program.
Sec. 402. National Task Force on Recovery and Collateral Consequences.

TITLE V—ADDICTION AND TREATMENT SERVICES FOR WOMEN, FAMILIES, AND VETERANS

Sec. 501. Improving treatment for pregnant and postpartum women.
Sec. 502. Report on grants for family-based substance abuse treatment.
Sec. 503. Veterans' treatment courts.

TITLE VI—INCENTIVIZING STATE COMPREHENSIVE INITIATIVES TO ADDRESS PRESCRIPTION OPIOID AND HEROIN ABUSE

Sec. 601. State demonstration grants for comprehensive opioid abuse response.

TITLE VII—MISCELLANEOUS

Sec. 701. GAO report on IMD exclusion.
Sec. 702. Funding.
Sec. 703. Conforming amendments.
Sec. 704. Grant accountability.
Sec. 705. Programs to prevent prescription drug abuse under the Medicare program.

TITLE VIII—TRANSNATIONAL DRUG TRAFFICKING ACT

Sec. 801. Short title.
Sec. 802. Possession, manufacture or distribution for purposes of unlawful importations.
Sec. 803. Trafficking in counterfeit goods or services.

SEC. 2. FINDINGS.

Congress finds the following:

(1) The abuse of heroin and prescription opioid painkillers is having a devastating effect on public health and safety in communities across the United States. According to the Centers for Disease Control and Prevention, drug overdose deaths now surpass traffic accidents in the number of deaths caused by injury in the United States. In 2014, an average of more than 120 people in the United States died from drug overdoses every day.

(2) According to the National Institute on Drug Abuse (commonly known as ''NIDA''), the number of prescriptions for opioids increased from approximately 76,000,000 in 1991 to nearly 207,000,000 in 2013, and the United States is the biggest consumer of opioids globally, accounting for almost 100 percent of the world total for hydrocodone and 81 percent for oxycodone.

1 (3) Opioid pain relievers are the most widely
2 misused or abused controlled prescription drugs
3 (commonly referred to as "CPDs") and are involved
4 in most CPD-related overdose incidents. According
5 to the Drug Abuse Warning Network (commonly
6 known as "DAWN"), the estimated number of emer-
7 gency department visits involving nonmedical use of
8 prescription opiates or opioids increased by 112 per-
9 cent between 2006 and 2010, from 84,671 to
10 179,787.
11 (4) The use of heroin in the United States has
12 also spiked sharply in recent years. According to the
13 most recent National Survey on Drug Use and
14 Health, more than 900,000 people in the United
15 States reported using heroin in 2014, nearly a 35
16 percent increase from the previous year. Heroin
17 overdose deaths more than tripled from 2010 to
18 2014.
19 (5) The supply of cheap heroin available in the
20 United States has increased dramatically as well,
21 largely due to the activity of Mexican drug traf-
22 ficking organizations. The Drug Enforcement Ad-
23 ministration (commonly known as the "DEA") esti-
24 mates that heroin seizures at the Mexican border
25 have more than doubled since 2010, and heroin pro-

1 duction in Mexico increased 62 percent from 2013 to
2 2014. While only 8 percent of State and local law
3 enforcement officials across the United States identi-
4 fied heroin as the greatest drug threat in their area
5 in 2008, that number rose to 38 percent in 2015.
6 (6) Law enforcement officials and treatment ex-
7 perts throughout the country report that many peo-
8 ple who have misused prescription opioids have
9 turned to heroin as a cheaper or more easily ob-
10 tained alternative to prescription opioids.
11 (7) According to a report by the National Asso-
12 ciation of State Alcohol and Drug Abuse Directors
13 (commonly referred to as "NASADAD"), 37 States
14 reported an increase in admissions to treatment for
15 heroin use during the past 2 years, while admissions
16 to treatment for prescription opiates increased 500
17 percent from 2000 to 2012.
18 (8) Research indicates that combating the
19 opioid crisis, including abuse of prescription pain-
20 killers and, increasingly, heroin, requires a
21 multipronged approach that involves prevention,
22 education, monitoring, law enforcement initiatives,
23 reducing drug diversion and the supply of illicit
24 drugs, expanding delivery of existing treatments (in-
25 cluding medication assisted treatments), expanding

1 access to overdose medications and interventions,
2 and the development of new medications for pain
3 that can augment the existing treatment arsenal.

4 (9) Substance use disorders are a treatable dis-
5 ease. Discoveries in the science of addiction have led
6 to advances in the treatment of substance use dis-
7 orders that help people stop abusing drugs and pre-
8 scription medications and resume their productive
9 lives.

10 (10) According to the National Survey on Drug
11 Use and Health, approximately 22,700,000 people in
12 the United States needed substance use disorder
13 treatment in 2013, but only 2,500,000 people re-
14 ceived it. Furthermore, current treatment services
15 are not adequate to meet demand. According to a re-
16 port commissioned by the Substance Abuse and
17 Mental Health Services Administration (commonly
18 known as ''SAMHSA''), there are approximately 32
19 providers for every 1,000 individuals needing sub-
20 stance use disorder treatment. In some States, the
21 ratio is much lower.

22 (11) The overall cost of drug abuse, from
23 health care- and criminal justice-related costs to lost
24 productivity, is steep, totaling more than
25 $700,000,000,000 a year, according to NIDA. Effec-

1 tive substance abuse prevention can yield major eco-
2 nomic dividends.
3 (12) According to NIDA, when schools and
4 communities properly implement science-validated
5 substance abuse prevention programs, abuse of alco-
6 hol, tobacco, and illicit drugs is reduced. Such pro-
7 grams help teachers, parents, and healthcare profes-
8 sionals shape the perceptions of youths about the
9 risks of drug abuse.
10 (13) Diverting certain individuals with sub-
11 stance use disorders from criminal justice systems
12 into community-based treatment can save billions of
13 dollars and prevent sizeable numbers of crimes, ar-
14 rests, and re-incarcerations over the course of those
15 individuals' lives.
16 (14) According to the DEA, more than 2,700
17 tons of expired, unwanted prescription medications
18 have been collected since the enactment of the Se-
19 cure and Responsible Drug Disposal Act of 2010
20 (Public Law 111–273; 124 Stat. 2858).
21 (15) Faith-based, holistic, or drug-free models
22 can provide a critical path to successful recovery for
23 a number of people in the United States. The 2015
24 membership survey conducted by Alcoholics Anony-
25 mous (commonly known as "AA") found that 73

1 percent of AA members were sober longer than 1
2 year and attended 2.5 meetings per week.
3 (16) Research shows that combining treatment
4 medications with behavioral therapy is an effective
5 way to facilitate success for some patients. Treat-
6 ment approaches must be tailored to address the
7 drug abuse patterns and drug-related medical, psy-
8 chiatric, and social problems of each individual. Dif-
9 ferent types of medications may be useful at dif-
10 ferent stages of treatment or recovery to help a pa-
11 tient stop using drugs, stay in treatment, and avoid
12 relapse. Patients have a range of options regarding
13 their path to recovery and many have also success-
14 fully addressed drug abuse through the use of faith-
15 based, holistic, or drug-free models.
16 (17) Individuals with mental illness, especially
17 severe mental illness, are at considerably higher risk
18 for substance abuse than the general population, and
19 the presence of a mental illness complicates recovery
20 from substance abuse.
21 (18) Rural communities are especially suscep-
22 tible to heroin and opioid abuse. Individuals in rural
23 counties have higher rates of drug poisoning deaths,
24 including deaths from opioids. According to the
25 American Journal of Public Health, ''[O]pioid

1 poisonings in nonmetropolitan counties have in-
2 creased at a rate greater than threefold the increase
3 in metropolitan counties.'' According to a February
4 19, 2016, report from the Maine Rural Health Re-
5 search Center, ''[M]ultiple studies document a high-
6 er prevalence [of abuse] among specific vulnerable
7 rural populations, particularly among youth, women
8 who are pregnant or experiencing partner violence,
9 and persons with co-occurring disorders.''

10 **SEC. 3. DEFINITIONS.**

11 In this Act—

12 (1) the term ''first responder'' includes a fire-
13 fighter, law enforcement officer, paramedic, emer-
14 gency medical technician, or other individual (includ-
15 ing an employee of a legally organized and recog-
16 nized volunteer organization, whether compensated
17 or not), who, in the course of professional duties, re-
18 sponds to fire, medical, hazardous material, or other
19 similar emergencies;

20 (2) the term ''medication assisted treatment''
21 means the use, for problems relating to heroin and
22 other opioids, of medications approved by the Food
23 and Drug Administration in combination with coun-
24 seling and behavioral therapies;

(3) the term "opioid" means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability; and

(4) the term "State" means any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

TITLE I—PREVENTION AND EDUCATION

SEC. 101. DEVELOPMENT OF BEST PRACTICES FOR THE PRESCRIBING OF PRESCRIPTION OPIOIDS.

(a) DEFINITIONS.—In this section—

(1) the term "Secretary" means the Secretary of Health and Human Services; and

(2) the term "task force" means the Pain Management Best Practices Interagency Task Force convened under subsection (b).

(b) INTERAGENCY TASK FORCE.—Not later than December 14, 2018, the Secretary, in cooperation with the Secretary of Veterans Affairs, the Secretary of Defense, and the Administrator of the Drug Enforcement Administration, shall convene a Pain Management Best Practices Interagency Task Force to review, modify, and update, as

1 appropriate, best practices for pain management (includ-
2 ing chronic and acute pain) and prescribing pain medica-
3 tion.

4 (c) MEMBERSHIP.—The task force shall be comprised
5 of—

6 (1) representatives of—

7 (A) the Department of Health and Human
8 Services;

9 (B) the Department of Veterans Affairs;

10 (C) the Food and Drug Administration;

11 (D) the Department of Defense;

12 (E) the Drug Enforcement Administration;

13 (F) the Centers for Disease Control and
14 Prevention;

15 (G) the National Academy of Medicine;

16 (H) the National Institutes of Health;

17 (I) the Office of National Drug Control
18 Policy; and

19 (J) the Office of Rural Health Policy of
20 the Department of Health and Human Services;

21 (2) physicians, dentists, and nonphysician pre-
22 scribers;

23 (3) pharmacists;

24 (4) experts in the fields of pain research and
25 addiction research;

1 (5) representatives of—
2 (A) pain management professional organi-
3 zations;
4 (B) the mental health treatment commu-
5 nity;
6 (C) the addiction treatment community;
7 (D) pain advocacy groups; and
8 (E) groups with expertise around overdose
9 reversal; and
10 (6) other stakeholders, as the Secretary deter-
11 mines appropriate.
12 (d) DUTIES.—The task force shall—
13 (1) not later than 180 days after the date on
14 which the task force is convened under subsection
15 (b), review, modify, and update, as appropriate, best
16 practices for pain management (including chronic
17 and acute pain) and prescribing pain medication,
18 taking into consideration—
19 (A) existing pain management research;
20 (B) recommendations from relevant con-
21 ferences and existing relevant evidence-based
22 guidelines;
23 (C) ongoing efforts at the State and local
24 levels and by medical professional organizations
25 to develop improved pain management strate-

1 gies, including consideration of alternatives to
2 opioids to reduce opioid monotherapy in appro-
3 priate cases;
4 (D) the management of high-risk popu-
5 lations, other than populations who suffer pain,
6 who—
7 (i) may use or be prescribed
8 benzodiazepines, alcohol, and diverted
9 opioids; or
10 (ii) receive opioids in the course of
11 medical care; and
12 (E) the Proposed 2016 Guideline for Pre-
13 scribing Opioids for Chronic Pain issued by the
14 Centers for Disease Control and Prevention (80
15 Fed. Reg. 77351 (December 14, 2015)) and
16 any final guidelines issued by the Centers for
17 Disease Control and Prevention;
18 (2) solicit and take into consideration public
19 comment on the practices developed under para-
20 graph (1), amending such best practices if appro-
21 priate; and
22 (3) develop a strategy for disseminating infor-
23 mation about the best practices to stakeholders, as
24 appropriate.

1 (e) LIMITATION.—The task force shall not have rule-
2 making authority.
3 (f) REPORT.—Not later than 270 days after the date
4 on which the task force is convened under subsection (b),
5 the task force shall submit to Congress a report that in-
6 cludes—
7 (1) the strategy for disseminating best practices
8 for pain management (including chronic and acute
9 pain) and prescribing pain medication, as reviewed,
10 modified, or updated under subsection (d); and
11 (2) recommendations for effectively applying
12 the best practices described in paragraph (1) to im-
13 prove prescribing practices at medical facilities, in-
14 cluding medical facilities of the Veterans Health Ad-
15 ministration.
16 **SEC. 102. AWARENESS CAMPAIGNS.**
17 (a) IN GENERAL.—The Secretary of Health and
18 Human Services, in coordination with the Attorney Gen-
19 eral, shall advance the education and awareness of the
20 public, providers, patients, consumers, and other appro-
21 priate entities regarding the risk of abuse of prescription
22 opioid drugs if such products are not taken as prescribed,
23 including opioid and methadone abuse. Such education
24 and awareness campaigns shall include information on the
25 dangers of opioid abuse, how to prevent opioid abuse in-

1 cluding through safe disposal of prescription medications
2 and other safety precautions, and detection of early warn-
3 ing signs of addiction.

4 (b) DRUG-FREE MEDIA CAMPAIGN.—

5 (1) IN GENERAL.—The Office of National Drug
6 Control Policy, in coordination with the Secretary of
7 Health and Human Services and the Attorney Gen-
8 eral, shall establish a national drug awareness cam-
9 paign.

10 (2) REQUIREMENTS.—The national drug aware-
11 ness campaign required under paragraph (1) shall—

12 (A) take into account the association be-
13 tween prescription opioid abuse and heroin use;

14 (B) emphasize the similarities between her-
15 oin and prescription opioids and the effects of
16 heroin and prescription opioids on the human
17 body; and

18 (C) bring greater public awareness to the
19 dangerous effects of fentanyl when mixed with
20 heroin or abused in a similar manner.

21 **SEC. 103. COMMUNITY-BASED COALITION ENHANCEMENT**
22 **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

23 Part II of title I of the Omnibus Crime Control and
24 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) is

1 amended by striking section 2997 and inserting the fol-
2 lowing:

3 **"SEC. 2997. COMMUNITY-BASED COALITION ENHANCEMENT**
4 **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

5 "(a) DEFINITIONS.—In this section—
6 "(1) the term 'Drug-Free Communities Act of
7 1997' means chapter 2 of the National Narcotics
8 Leadership Act of 1988 (21 U.S.C. 1521 et seq.);
9 "(2) the term 'eligible entity' means an organi-
10 zation that—
11 "(A) on or before the date of submitting
12 an application for a grant under this section,
13 receives or has received a grant under the
14 Drug-Free Communities Act of 1997; and
15 "(B) has documented, using local data,
16 rates of abuse of opioids or methamphetamines
17 at levels that are—
18 "(i) significantly higher than the na-
19 tional average as determined by the Sec-
20 retary (including appropriate consideration
21 of the results of the Monitoring the Future
22 Survey published by the National Institute
23 on Drug Abuse and the National Survey
24 on Drug Use and Health published by the

1 Substance Abuse and Mental Health Serv-
2 ices Administration); or
3 ''(ii) higher than the national average,
4 as determined by the Secretary (including
5 appropriate consideration of the results of
6 the surveys described in clause (i)), over a
7 sustained period of time;
8 ''(3) the term 'local drug crisis' means, with re-
9 spect to the area served by an eligible entity—
10 ''(A) a sudden increase in the abuse of
11 opioids or methamphetamines, as documented
12 by local data;
13 ''(B) the abuse of prescription medications,
14 specifically opioids or methamphetamines, that
15 is significantly higher than the national aver-
16 age, over a sustained period of time, as docu-
17 mented by local data; or
18 ''(C) a sudden increase in opioid-related
19 deaths, as documented by local data;
20 ''(4) the term 'opioid' means any drug having
21 an addiction-forming or addiction-sustaining liability
22 similar to morphine or being capable of conversion
23 into a drug having such addiction-forming or addic-
24 tion-sustaining liability; and

1 "(5) the term 'Secretary' means the Secretary
2 of Health and Human Services.
3 "(b) PROGRAM AUTHORIZED.—The Secretary, in co-
4 ordination with the Director of the Office of National
5 Drug Control Policy, may make grants to eligible entities
6 to implement comprehensive community-wide strategies
7 that address local drug crises within the area served by
8 the eligible entity.
9 "(c) APPLICATION.—
10 "(1) IN GENERAL.—An eligible entity seeking a
11 grant under this section shall submit an application
12 to the Secretary at such time, in such manner, and
13 accompanied by such information as the Secretary
14 may require.
15 "(2) CRITERIA.—As part of an application for
16 a grant under this section, the Secretary shall re-
17 quire an eligible entity to submit a detailed, com-
18 prehensive, multisector plan for addressing the local
19 drug crisis within the area served by the eligible en-
20 tity.
21 "(d) USE OF FUNDS.—An eligible entity shall use a
22 grant received under this section—
23 "(1) for programs designed to implement com-
24 prehensive community-wide prevention strategies to
25 address the local drug crisis in the area served by

1 the eligible entity, in accordance with the plan sub-
2 mitted under subsection (c)(2); and

3 "(2) to obtain specialized training and technical
4 assistance from the organization funded under sec-
5 tion 4 of Public Law 107–82 (21 U.S.C. 1521 note).

6 "(e) SUPPLEMENT NOT SUPPLANT.—An eligible en-
7 tity shall use Federal funds received under this section
8 only to supplement the funds that would, in the absence
9 of those Federal funds, be made available from other Fed-
10 eral and non-Federal sources for the activities described
11 in this section, and not to supplant those funds.

12 "(f) EVALUATION.—A grant under this section shall
13 be subject to the same evaluation requirements and proce-
14 dures as the evaluation requirements and procedures im-
15 posed on the recipient of a grant under the Drug-Free
16 Communities Act of 1997, and may also include an evalua-
17 tion of the effectiveness at reducing abuse of opioids,
18 methadone, or methamphetamines.

19 "(g) LIMITATION ON ADMINISTRATIVE EXPENSES.—
20 Not more than 8 percent of the amounts made available
21 to carry out this section for a fiscal year may be used
22 by the Secretary to pay for administrative expenses.".

TITLE II—LAW ENFORCEMENT AND TREATMENT

SEC. 201. TREATMENT ALTERNATIVE TO INCARCERATION PROGRAMS.

(a) DEFINITIONS.—In this section:

(1) ELIGIBLE ENTITY.—The term "eligible entity" means a State, unit of local government, Indian tribe, or nonprofit organization.

(2) ELIGIBLE PARTICIPANT.—The term "eligible participant" means an individual who—

(A) comes into contact with the juvenile justice system or criminal justice system or is arrested or charged with an offense that is not—

(i) a crime of violence, as defined under applicable State law or section 3156 of title 18, United States Code; or

(ii) a serious drug offense, as defined under section 924(e)(2)(A) of title 18, United States Code;

(B) has been screened by a qualified mental health professional and determined to suffer from a substance use disorder, or co-occurring mental illness and substance use disorder, that

1 there is a reasonable basis to believe is related
2 to the commission of the offense; and
3 (C) has been, after consideration of any
4 potential risk of violence to any person in the
5 program or the public if the individual were se-
6 lected to participate in the program, unani-
7 mously approved for participation in a program
8 funded under this section by, as applicable de-
9 pending on the stage of the criminal justice
10 process—
11 (i) the relevant law enforcement agen-
12 cy;
13 (ii) the prosecuting attorney;
14 (iii) the defense attorney;
15 (iv) the pretrial, probation, or correc-
16 tional officer;
17 (v) the judge; and
18 (vi) a representative from the relevant
19 mental health or substance abuse agency.
20 (b) PROGRAM AUTHORIZED.—The Secretary of
21 Health and Human Services, in coordination with the At-
22 torney General, may make grants to eligible entities to—
23 (1) develop, implement, or expand a treatment
24 alternative to incarceration program for eligible par-
25 ticipants, including—

1 (A) pre-booking, including pre-arrest,
2 treatment alternative to incarceration pro-
3 grams, including—
4 (i) law enforcement training on sub-
5 stance use disorders and co-occurring men-
6 tal illness and substance use disorders;
7 (ii) receiving centers as alternatives to
8 incarceration of eligible participants;
9 (iii) specialized response units for
10 calls related to substance use disorders and
11 co-occurring mental illness and substance
12 use disorders; and
13 (iv) other pre-arrest or pre-booking
14 treatment alternative to incarceration mod-
15 els; and
16 (B) post-booking treatment alternative to
17 incarceration programs, including—
18 (i) specialized clinical case manage-
19 ment;
20 (ii) pretrial services related to sub-
21 stance use disorders and co-occurring men-
22 tal illness and substance use disorders;
23 (iii) prosecutor and defender based
24 programs;
25 (iv) specialized probation;

1 (v) programs utilizing the American
2 Society of Addiction Medicine patient
3 placement criteria;
4 (vi) treatment and rehabilitation pro-
5 grams and recovery support services; and
6 (vii) drug courts, DWI courts, and
7 veterans treatment courts; and
8 (2) facilitate or enhance planning and collabora-
9 tion between State criminal justice systems and
10 State substance abuse systems in order to more effi-
11 ciently and effectively carry out programs described
12 in paragraph (1) that address problems related to
13 the use of heroin and misuse of prescription drugs
14 among eligible participants.
15 (c) APPLICATION.—
16 (1) IN GENERAL.—An eligible entity seeking a
17 grant under this section shall submit an application
18 to the Secretary of Health and Human Services—
19 (A) that meets the criteria under para-
20 graph (2); and
21 (B) at such time, in such manner, and ac-
22 companied by such information as the Secretary
23 of Health and Human Services may require.
24 (2) CRITERIA.—An eligible entity, in submitting
25 an application under paragraph (1), shall—

1 (A) provide extensive evidence of collaboration with State and local government agencies overseeing health, community corrections, courts, prosecution, substance abuse, mental health, victims services, and employment services, and with local law enforcement agencies;

7 (B) demonstrate consultation with the Single State Authority for Substance Abuse (as defined in section 201(e) of the Second Chance Act of 2007 (42 U.S.C. 17521(e)));

11 (C) demonstrate consultation with the Single State criminal justice planning agency;

13 (D) demonstrate that evidence-based treatment practices, including if applicable the use of medication assisted treatment, will be utilized; and

17 (E) demonstrate that evidenced-based screening and assessment tools will be utilized to place participants in the treatment alternative to incarceration program.

21 (d) REQUIREMENTS.—Each eligible entity awarded a grant for a treatment alternative to incarceration program under this section shall—

24 (1) determine the terms and conditions of participation in the program by eligible participants,

1 taking into consideration the collateral consequences
2 of an arrest, prosecution, or criminal conviction;
3 (2) ensure that each substance abuse and men-
4 tal health treatment component is licensed and
5 qualified by the relevant jurisdiction;
6 (3) for programs described in subsection (b)(2),
7 organize an enforcement unit comprised of appro-
8 priately trained law enforcement professionals under
9 the supervision of the State, tribal, or local criminal
10 justice agency involved, the duties of which shall in-
11 clude—
12 (A) the verification of addresses and other
13 contacts of each eligible participant who partici-
14 pates or desires to participate in the program;
15 and
16 (B) if necessary, the location, apprehen-
17 sion, arrest, and return to court of an eligible
18 participant in the program who has absconded
19 from the facility of a treatment provider or has
20 otherwise violated the terms and conditions of
21 the program, consistent with Federal and State
22 confidentiality requirements;
23 (4) notify the relevant criminal justice entity if
24 any eligible participant in the program absconds
25 from the facility of the treatment provider or other-

1 wise violates the terms and conditions of the pro-
2 gram, consistent with Federal and State confiden-
3 tiality requirements;

4 (5) submit periodic reports on the progress of
5 treatment or other measured outcomes from partici-
6 pation in the program of each eligible participant in
7 the program to the relevant State, tribal, or local
8 criminal justice agency;

9 (6) describe the evidence-based methodology
10 and outcome measurements that will be used to
11 evaluate the program, and specifically explain how
12 such measurements will provide valid measures of
13 the impact of the program; and

14 (7) describe how the program could be broadly
15 replicated if demonstrated to be effective.

16 (e) USE OF FUNDS.—An eligible entity shall use a
17 grant received under this section for expenses of a treat-
18 ment alternative to incarceration program, including—

19 (1) salaries, personnel costs, equipment costs,
20 and other costs directly related to the operation of
21 the program, including the enforcement unit;

22 (2) payments for treatment providers that are
23 approved by the relevant State or tribal jurisdiction
24 and licensed, if necessary, to provide needed treat-
25 ment to eligible participants in the program, includ-

1 ing medication assisted treatment, aftercare super-
2 vision, vocational training, education, and job place-
3 ment;
4 (3) payments to public and nonprofit private
5 entities that are approved by the State or tribal ju-
6 risdiction and licensed, if necessary, to provide alco-
7 hol and drug addiction treatment and mental health
8 treatment to eligible participants in the program;
9 and
10 (4) salaries, personnel costs, and other costs re-
11 lated to strategic planning among State and local
12 government agencies.
13 (f) SUPPLEMENT NOT SUPPLANT.—An eligible entity
14 shall use Federal funds received under this section only
15 to supplement the funds that would, in the absence of
16 those Federal funds, be made available from other Federal
17 and non-Federal sources for the activities described in this
18 section, and not to supplant those funds.
19 (g) GEOGRAPHIC DISTRIBUTION.—The Secretary of
20 Health and Human Services shall ensure that, to the ex-
21 tent practicable, the geographical distribution of grants
22 under this section is equitable and includes a grant to an
23 eligible entity in—
24 (1) each State;
25 (2) rural, suburban, and urban areas; and

1 (3) tribal jurisdictions.

2 (h) PRIORITY CONSIDERATION WITH RESPECT TO
3 STATES.—In awarding grants to States under this sec-
4 tion, the Secretary of Health and Human Services shall
5 give priority to—

6 (1) a State that submits a joint application
7 from the substance abuse agencies and criminal jus-
8 tice agencies of the State that proposes to use grant
9 funds to facilitate or enhance planning and collabo-
10 ration between the agencies, including coordination
11 to better address the needs of incarcerated popu-
12 lations; and

13 (2) a State that—

14 (A) provides civil liability protection for
15 first responders, health professionals, and fam-
16 ily members who have received appropriate
17 training in the administration of naloxone in
18 administering naloxone to counteract opioid
19 overdoses; and

20 (B) submits to the Secretary a certification
21 by the attorney general of the State that the at-
22 torney general has—

23 (i) reviewed any applicable civil liabil-
24 ity protection law to determine the applica-
25 bility of the law with respect to first re-

1 sponders, health care professionals, family
2 members, and other individuals who—
3 (I) have received appropriate
4 training in the administration of
5 naloxone; and
6 (II) may administer naloxone to
7 individuals reasonably believed to be
8 suffering from opioid overdose; and
9 (ii) concluded that the law described
10 in subparagraph (A) provides adequate
11 civil liability protection applicable to such
12 persons.
13 (i) REPORTS AND EVALUATIONS.—
14 (1) IN GENERAL.—Each fiscal year, each recipi-
15 ent of a grant under this section during that fiscal
16 year shall submit to the Secretary of Health and
17 Human Services a report on the outcomes of activi-
18 ties carried out using that grant in such form, con-
19 taining such information, and on such dates as the
20 Secretary of Health and Human Services shall speci-
21 fy.
22 (2) CONTENTS.—A report submitted under
23 paragraph (1) shall—
24 (A) describe best practices for treatment
25 alternatives; and

(B) identify training requirements for law enforcement officers who participate in treatment alternative to incarceration programs.

(j) FUNDING.—During the 5-year period beginning on the date of enactment of this Act, the Secretary of Health and Human Services may carry out this section using not more than $5,000,000 each fiscal year of amounts appropriated to the Substance Abuse and Mental Health Services Administration for Criminal Justice Activities. No additional funds are authorized to be appropriated to carry out this section.

SEC. 202. FIRST RESPONDER TRAINING FOR THE USE OF DRUGS AND DEVICES THAT RAPIDLY REVERSE THE EFFECTS OF OPIOIDS.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 103, is amended by adding at the end the following:

"SEC. 2998. FIRST RESPONDER TRAINING FOR THE USE OF DRUGS AND DEVICES THAT RAPIDLY REVERSE THE EFFECTS OF OPIOIDS.

"(a) DEFINITION.—In this section—

"(1) the terms 'drug' and 'device' have the meanings given those terms in section 201 of the

1 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
2 321);
3 "(2) the term 'eligible entity' means a State, a
4 unit of local government, or an Indian tribal govern-
5 ment;
6 "(3) the term 'first responder' includes a fire-
7 fighter, law enforcement officer, paramedic, emer-
8 gency medical technician, or other individual (includ-
9 ing an employee of a legally organized and recog-
10 nized volunteer organization, whether compensated
11 or not), who, in the course of professional duties, re-
12 sponds to fire, medical, hazardous material, or other
13 similar emergencies;
14 "(4) the term 'opioid' means any drug having
15 an addiction-forming or addiction-sustaining liability
16 similar to morphine or being capable of conversion
17 into a drug having such addiction-forming or addic-
18 tion-sustaining liability; and
19 "(5) the term 'Secretary' means the Secretary
20 of Health and Human Services.
21 "(b) PROGRAM AUTHORIZED.—The Secretary, in co-
22 ordination with the Attorney General, may make grants
23 to eligible entities to allow appropriately trained first re-
24 sponders to administer an opioid overdose reversal drug
25 to an individual who has—

1 “(1) experienced a prescription opioid or heroin
2 overdose; or
3 “(2) been determined to have likely experienced
4 a prescription opioid or heroin overdose.
5 “(c) APPLICATION.—
6 “(1) IN GENERAL.—An eligible entity seeking a
7 grant under this section shall submit an application
8 to the Secretary—
9 “(A) that meets the criteria under para-
10 graph (2); and
11 “(B) at such time, in such manner, and
12 accompanied by such information as the Sec-
13 retary may require.
14 “(2) CRITERIA.—An eligible entity, in submit-
15 ting an application under paragraph (1), shall—
16 “(A) describe the evidence-based method-
17 ology and outcome measurements that will be
18 used to evaluate the program funded with a
19 grant under this section, and specifically ex-
20 plain how such measurements will provide valid
21 measures of the impact of the program;
22 “(B) describe how the program could be
23 broadly replicated if demonstrated to be effec-
24 tive;

1 "(C) identify the governmental and com-
2 munity agencies that the program will coordi-
3 nate; and
4 "(D) describe how law enforcement agen-
5 cies will coordinate with their corresponding
6 State substance abuse and mental health agen-
7 cies to identify protocols and resources that are
8 available to overdose victims and families, in-
9 cluding information on treatment and recovery
10 resources.
11 "(d) USE OF FUNDS.—An eligible entity shall use a
12 grant received under this section to—
13 "(1) make such opioid overdose reversal drugs
14 or devices that are approved by the Food and Drug
15 Administration, such as naloxone, available to be
16 carried and administered by first responders;
17 "(2) train and provide resources for first re-
18 sponders on carrying an opioid overdose reversal
19 drug or device approved by the Food and Drug Ad-
20 ministration, such as naloxone, and administering
21 the drug or device to an individual who has experi-
22 enced, or has been determined to have likely experi-
23 enced, a prescription opioid or heroin overdose; and
24 "(3) establish processes, protocols, and mecha-
25 nisms for referral to appropriate treatment, which

1 may include an outreach coordinator or team to con-
2 nect individuals receiving opioid overdose reversal
3 drugs to follow-up services.

4 "(e) TECHNICAL ASSISTANCE GRANTS.—The Sec-
5 retary shall make a grant for the purpose of providing
6 technical assistance and training on the use of an opioid
7 overdose reversal drug, such as naloxone, to respond to
8 an individual who has experienced, or has been determined
9 to have likely experienced, a prescription opioid or heroin
10 overdose, and mechanisms for referral to appropriate
11 treatment for an eligible entity receiving a grant under
12 this section.

13 "(f) EVALUATION.—The Secretary shall conduct an
14 evaluation of grants made under this section to deter-
15 mine—

16 "(1) the number of first responders equipped
17 with naloxone, or another opioid overdose reversal
18 drug, for the prevention of fatal opioid and heroin
19 overdose;

20 "(2) the number of opioid and heroin overdoses
21 reversed by first responders receiving training and
22 supplies of naloxone, or another opioid overdose re-
23 versal drug, through a grant received under this sec-
24 tion;

1 “(3) the number of calls for service related to
2 opioid and heroin overdose;
3 “(4) the extent to which overdose victims and
4 families receive information about treatment services
5 and available data describing treatment admissions;
6 and
7 “(5) the research, training, and naloxone, or
8 another opioid overdose reversal drug, supply needs
9 of first responder agencies, including those agencies
10 that are not receiving grants under this section.
11 “(g) RURAL AREAS WITH LIMITED ACCESS TO
12 EMERGENCY MEDICAL SERVICES.—In making grants
13 under this section, the Secretary shall ensure that not less
14 than 25 percent of grant funds are awarded to eligible
15 entities that are not located in metropolitan statistical
16 areas, as defined by the Office of Management and Budg-
17 et.”.

18 **SEC. 203. PRESCRIPTION DRUG TAKE BACK EXPANSION.**

19 (a) DEFINITION OF COVERED ENTITY.—In this sec-
20 tion, the term “covered entity” means—
21 (1) a State, local, or tribal law enforcement
22 agency;
23 (2) a manufacturer, distributor, or reverse dis-
24 tributor of prescription medications;
25 (3) a retail pharmacy;

1 (4) a registered narcotic treatment program;
2 (5) a hospital or clinic with an onsite pharmacy;
3 (6) an eligible long-term care facility; or
4 (7) any other entity authorized by the Drug
5 Enforcement Administration to dispose of prescrip-
6 tion medications.
7 (b) PROGRAM AUTHORIZED.—The Attorney General,
8 in coordination with the Administrator of the Drug En-
9 forcement Administration, the Secretary of Health and
10 Human Services, and the Director of the Office of Na-
11 tional Drug Control Policy, shall coordinate with covered
12 entities in expanding or making available disposal sites for
13 unwanted prescription medications.
14 **SEC. 204. HEROIN AND METHAMPHETAMINE TASK FORCES.**
15 Part II of title I of the Omnibus Crime Control and
16 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as
17 amended by section 202, is amended by adding at the end
18 the following:
19 **"SEC. 2999. HEROIN AND METHAMPHETAMINE TASK
20 FORCES.**
21 "(a) DEFINITION OF OPIOID.—In this section, the
22 term 'opioid' means any drug having an addiction-forming
23 or addiction-sustaining liability similar to morphine or
24 being capable of conversion into a drug having such addic-
25 tion-forming or addiction-sustaining liability.

"(b) AUTHORITY.—The Attorney General may make grants to State law enforcement agencies for investigative purposes—

"(1) to locate or investigate illicit activities through statewide collaboration, including activities related to—

"(A) the distribution of heroin or fentanyl, or the unlawful distribution of prescription opioids; or

"(B) unlawful heroin, fentanyl, and prescription opioid traffickers; and

"(2) to locate or investigate illicit activities, including precursor diversion, laboratories, or methamphetamine traffickers.".

TITLE III—TREATMENT AND RECOVERY

SEC. 301. EVIDENCE-BASED PRESCRIPTION OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 204, is amended by adding at the end the following:

“SEC. 2999A. EVIDENCE-BASED PRESCRIPTION OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION.

“(a) DEFINITIONS.—In this section—

“(1) the terms ‘Indian tribe’ and ‘tribal organization’ have the meaning given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603));

“(2) the term ‘medication assisted treatment’ means the use, for problems relating to heroin and other opioids, of medications approved by the Food and Drug Administration in combination with counseling and behavioral therapies;

“(3) the term ‘opioid’ means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability;

“(4) the term ‘Secretary’ means the Secretary of Health and Human Services; and

“(5) the term ‘State substance abuse agency’ means the agency of a State responsible for the State prevention, treatment, and recovery system, including management of the Substance Abuse Prevention and Treatment Block Grant under subpart

1 II of part B of title XIX of the Public Health Serv-
2 ice Act (42 U.S.C. 300x–21 et seq.).
3 "(b) GRANTS.—
4 "(1) AUTHORITY TO MAKE GRANTS.—The Sec-
5 retary, acting through the Director of the Center for
6 Substance Abuse Treatment of the Substance Abuse
7 and Mental Health Services Administration, and in
8 coordination with the Attorney General and other
9 departments or agencies, as appropriate, may award
10 grants to State substance abuse agencies, units of
11 local government, nonprofit organizations, and In-
12 dian tribes or tribal organizations that have a high
13 rate, or have had a rapid increase, in the use of her-
14 oin or other opioids, in order to permit such entities
15 to expand activities, including an expansion in the
16 availability of medication assisted treatment and
17 other clinically appropriate services, with respect to
18 the treatment of addiction in the specific geo-
19 graphical areas of such entities where there is a high
20 rate or rapid increase in the use of heroin or other
21 opioids.
22 "(2) NATURE OF ACTIVITIES.—The grant funds
23 awarded under paragraph (1) shall be used for ac-
24 tivities that are based on reliable scientific evidence

1 of efficacy in the treatment of problems related to
2 heroin or other opioids.
3 "(c) GEOGRAPHIC DISTRIBUTION.—The Secretary
4 shall ensure that grants awarded under subsection (b) are
5 distributed equitably among the various regions of the
6 United States and among rural, urban, and suburban
7 areas that are affected by the use of heroin or other
8 opioids.
9 "(d) ADDITIONAL ACTIVITIES.—In administering
10 grants under subsection (b), the Secretary shall—
11 "(1) evaluate the activities supported by grants
12 awarded under subsection (b);
13 "(2) disseminate information, as appropriate,
14 derived from the evaluation as the Secretary con-
15 siders appropriate;
16 "(3) provide States, Indian tribes and tribal or-
17 ganizations, and providers with technical assistance
18 in connection with the provision of treatment of
19 problems related to heroin and other opioids; and
20 "(4) fund only those applications that specifi-
21 cally support recovery services as a critical compo-
22 nent of the grant program.".

SEC. 302. CRIMINAL JUSTICE MEDICATION ASSISTED TREATMENT AND INTERVENTIONS DEMONSTRATION.

(a) DEFINITIONS.—In this section—

(1) the term ''criminal justice agency'' means a State, local, or tribal—

(A) court;

(B) prison;

(C) jail; or

(D) other agency that performs the administration of criminal justice, including prosecution, pretrial services, and community supervision;

(2) the term ''eligible entity'' means a State, unit of local government, or Indian tribe; and

(3) the term ''Secretary'' means the Secretary of Health and Human Services.

(b) PROGRAM AUTHORIZED.—The Secretary, in coordination with the Attorney General, may make grants to eligible entities to implement medication assisted treatment programs through criminal justice agencies.

(c) APPLICATION.—

(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit an application to the Secretary—

1 (A) that meets the criteria under para-
2 graph (2); and
3 (B) at such time, in such manner, and ac-
4 companied by such information as the Secretary
5 may require.
6 (2) CRITERIA.—An eligible entity, in submitting
7 an application under paragraph (1), shall—
8 (A) certify that each medication assisted
9 treatment program funded with a grant under
10 this section has been developed in consultation
11 with the Single State Authority for Substance
12 Abuse (as defined in section 201(e) of the Sec-
13 ond Chance Act of 2007 (42 U.S.C. 17521(e)));
14 and
15 (B) describe how data will be collected and
16 analyzed to determine the effectiveness of the
17 program described in subparagraph (A).
18 (d) USE OF FUNDS.—An eligible entity shall use a
19 grant received under this section for expenses of—
20 (1) a medication assisted treatment program,
21 including the expenses of prescribing medications
22 recognized by the Food and Drug Administration for
23 opioid treatment in conjunction with psychological
24 and behavioral therapy;

1 (2) training criminal justice agency personnel
2 and treatment providers on medication assisted
3 treatment;
4 (3) cross-training personnel providing behav-
5 ioral health and health services, administration of
6 medicines, and other administrative expenses, includ-
7 ing required reports; and
8 (4) the provision of recovery coaches who are
9 responsible for providing mentorship and transition
10 plans to individuals reentering society following in-
11 carceration or alternatives to incarceration.
12 (e) PRIORITY CONSIDERATION WITH RESPECT TO
13 STATES.—In awarding grants to States under this sec-
14 tion, the Secretary shall give priority to a State that—
15 (1) provides civil liability protection for first re-
16 sponders, health professionals, and family members
17 who have received appropriate training in the admin-
18 istration of naloxone in administering naloxone to
19 counteract opioid overdoses; and
20 (2) submits to the Secretary a certification by
21 the attorney general of the State that the attorney
22 general has—
23 (A) reviewed any applicable civil liability
24 protection law to determine the applicability of
25 the law with respect to first responders, health

1 care professionals, family members, and other
2 individuals who—
3 (i) have received appropriate training
4 in the administration of naloxone; and
5 (ii) may administer naloxone to indi-
6 viduals reasonably believed to be suffering
7 from opioid overdose; and
8 (B) concluded that the law described in
9 subparagraph (A) provides adequate civil liabil-
10 ity protection applicable to such persons.
11 (f) TECHNICAL ASSISTANCE.—The Secretary, in co-
12 ordination with the Director of the National Institute on
13 Drug Abuse and the Attorney General, shall provide tech-
14 nical assistance and training for an eligible entity receiv-
15 ing a grant under this section.
16 (g) REPORTS.—
17 (1) IN GENERAL.—An eligible entity receiving a
18 grant under this section shall submit a report to the
19 Secretary on the outcomes of each grant received
20 under this section for individuals receiving medica-
21 tion assisted treatment, based on—
22 (A) the recidivism of the individuals;
23 (B) the treatment outcomes of the individ-
24 uals, including maintaining abstinence from ille-

gal, unauthorized, and unprescribed or undispensed opioids and heroin;

(C) a comparison of the cost of providing medication assisted treatment to the cost of incarceration or other participation in the criminal justice system;

(D) the housing status of the individuals; and

(E) the employment status of the individuals.

(2) CONTENTS AND TIMING.—Each report described in paragraph (1) shall be submitted annually in such form, containing such information, and on such dates as the Secretary shall specify.

(h) FUNDING.—During the 5-year period beginning on the date of enactment of this Act, the Secretary may carry out this section using not more than $5,000,000 each fiscal year of amounts appropriated to the Substance Abuse and Mental Health Services Administration for Criminal Justice Activities. No additional funds are authorized to be appropriated to carry out this section.

SEC. 303. NATIONAL YOUTH RECOVERY INITIATIVE.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as

1 amended by section 301, is amended by adding at the end
2 the following:

3 **"SEC. 2999B. NATIONAL YOUTH RECOVERY INITIATIVE.**

4 "(a) DEFINITIONS.—In this section:

5 "(1) ELIGIBLE ENTITY.—The term 'eligible en-
6 tity' means—

7 "(A) a high school that has been accred-
8 ited as a recovery high school by the Associa-
9 tion of Recovery Schools;

10 "(B) an accredited high school that is
11 seeking to establish or expand recovery support
12 services;

13 "(C) an institution of higher education;

14 "(D) a recovery program at a nonprofit
15 collegiate institution; or

16 "(E) a nonprofit organization.

17 "(2) INSTITUTION OF HIGHER EDUCATION.—
18 The term 'institution of higher education' has the
19 meaning given the term in section 101 of the Higher
20 Education Act of 1965 (20 U.S.C. 1001).

21 "(3) RECOVERY PROGRAM.—The term 'recovery
22 program'—

23 "(A) means a program to help individuals
24 who are recovering from substance use dis-
25 orders to initiate, stabilize, and maintain

1 healthy and productive lives in the community;
2 and

3 "(B) includes peer-to-peer support and
4 communal activities to build recovery skills and
5 supportive social networks.

6 "(b) GRANTS AUTHORIZED.—The Secretary of
7 Health and Human Services, in coordination with the Sec-
8 retary of Education, may award grants to eligible entities
9 to enable the entities to—

10 "(1) provide substance use disorder recovery
11 support services to young people in high school and
12 enrolled in institutions of higher education;

13 "(2) help build communities of support for
14 young people in recovery through a spectrum of ac-
15 tivities such as counseling and health- and wellness-
16 oriented social activities; and

17 "(3) encourage initiatives designed to help
18 young people achieve and sustain recovery from sub-
19 stance use disorders.

20 "(c) USE OF FUNDS.—Grants awarded under sub-
21 section (b) may be used for activities to develop, support,
22 and maintain youth recovery support services, including—

23 "(1) the development and maintenance of a
24 dedicated physical space for recovery programs;

1 “(2) dedicated staff for the provision of recov-
2 ery programs;
3 “(3) health- and wellness-oriented social activi-
4 ties and community engagement;
5 “(4) establishment of recovery high schools;
6 “(5) coordination of recovery programs with—
7 “(A) substance use disorder treatment pro-
8 grams and systems;
9 “(B) providers of mental health services;
10 “(C) primary care providers and physi-
11 cians;
12 “(D) the criminal justice system, including
13 the juvenile justice system;
14 “(E) employers;
15 “(F) housing services;
16 “(G) child welfare services;
17 “(H) high schools and institutions of high-
18 er education; and
19 “(I) other programs or services related to
20 the welfare of an individual in recovery from a
21 substance use disorder;
22 “(6) the development of peer-to-peer support
23 programs or services; and

1 "(7) additional activities that help youths and
2 young adults to achieve recovery from substance use
3 disorders.".

4 **SEC. 304. BUILDING COMMUNITIES OF RECOVERY.**

5 Part II of title I of the Omnibus Crime Control and
6 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as
7 amended by section 303, is amended by adding at the end
8 the following:

9 **"SEC. 2999C. BUILDING COMMUNITIES OF RECOVERY.**

10 "(a) DEFINITION.—In this section, the term 'recov-
11 ery community organization' means an independent non-
12 profit organization that—

13 "(1) mobilizes resources within and outside of
14 the recovery community to increase the prevalence
15 and quality of long-term recovery from substance
16 use disorders; and

17 "(2) is wholly or principally governed by people
18 in recovery for substance use disorders who reflect
19 the community served.

20 "(b) GRANTS AUTHORIZED.—The Secretary of
21 Health and Human Services may award grants to recovery
22 community organizations to enable such organizations to
23 develop, expand, and enhance recovery services.

1 “(c) FEDERAL SHARE.—The Federal share of the
2 costs of a program funded by a grant under this section
3 may not exceed 50 percent.

4 “(d) USE OF FUNDS.—Grants awarded under sub-
5 section (b)—

6 “(1) shall be used to develop, expand, and en-
7 hance community and statewide recovery support
8 services; and

9 “(2) may be used to—

10 “(A) advocate for individuals in recovery
11 from substance use disorders;

12 “(B) build connections between recovery
13 networks, between recovery community organi-
14 zations, and with other recovery support serv-
15 ices, including—

16 “(i) substance use disorder treatment
17 programs and systems;

18 “(ii) providers of mental health serv-
19 ices;

20 “(iii) primary care providers and phy-
21 sicians;

22 “(iv) the criminal justice system;

23 “(v) employers;

24 “(vi) housing services;

25 “(vii) child welfare agencies; and

1 "(viii) other recovery support services
2 that facilitate recovery from substance use
3 disorders;
4 "(C) reduce the stigma associated with
5 substance use disorders;
6 "(D) conduct public education and out-
7 reach on issues relating to substance use dis-
8 orders and recovery, including—
9 "(i) how to identify the signs of addic-
10 tion;
11 "(ii) the resources that are available
12 to individuals struggling with addiction
13 and families who have a family member
14 struggling with or being treated for addic-
15 tion, including programs that mentor and
16 provide support services to children;
17 "(iii) the resources that are available
18 to help support individuals in recovery; and
19 "(iv) information on the medical con-
20 sequences of substance use disorders, in-
21 cluding neonatal abstinence syndrome and
22 potential infection with human immuno-
23 deficiency virus and viral hepatitis; and

"(E) carry out other activities that strengthen the network of community support for individuals in recovery.".

TITLE IV—ADDRESSING COLLATERAL CONSEQUENCES

SEC. 401. CORRECTIONAL EDUCATION DEMONSTRATION GRANT PROGRAM.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 304, is amended by adding at the end the following:

"SEC. 2999D. CORRECTIONAL EDUCATION DEMONSTRATION GRANT PROGRAM.

"(a) DEFINITION.—In this section, the term 'eligible entity' means a State, unit of local government, nonprofit organization, or Indian tribe.

"(b) GRANT PROGRAM AUTHORIZED.—The Attorney General may make grants to eligible entities to design, implement, and expand educational programs for offenders in prisons, jails, and juvenile facilities, including to pay for—

"(1) basic education, secondary level academic education, high school equivalency examination preparation, career technical education, and English language learner instruction at the basic, secondary, or

post-secondary levels, for adult and juvenile populations;

"(2) screening and assessment of inmates to assess education level and needs, occupational interest or aptitude, risk level, and other needs, and case management services;

"(3) hiring and training of instructors and aides, reimbursement of non-corrections staff and experts, reimbursement of stipends paid to inmate tutors or aides, and the costs of training inmate tutors and aides;

"(4) instructional supplies and equipment, including occupational program supplies and equipment to the extent that the supplies and equipment are used for instructional purposes;

"(5) partnerships and agreements with community colleges, universities, and career technology education program providers;

"(6) certification programs providing recognized high school equivalency certificates and industry recognized credentials; and

"(7) technology solutions to—

"(A) meet the instructional, assessment, and information needs of correctional populations; and

1 "(B) facilitate the continued participation
2 of incarcerated students in community-based
3 education programs after the students are re-
4 leased from incarceration.

5 "(c) APPLICATION.—An eligible entity seeking a
6 grant under this section shall submit to the Attorney Gen-
7 eral an application in such form and manner, at such time,
8 and accompanied by such information as the Attorney
9 General specifies.

10 "(d) PRIORITY CONSIDERATIONS.—In awarding
11 grants under this section, the Attorney General shall give
12 priority to applicants that—

13 "(1) assess the level of risk and need of in-
14 mates, including by—

15 "(A) assessing the need for English lan-
16 guage learner instruction;

17 "(B) conducting educational assessments;
18 and

19 "(C) assessing occupational interests and
20 aptitudes;

21 "(2) target educational services to assessed
22 needs, including academic and occupational at the
23 basic, secondary, or post-secondary level;

24 "(3) target career and technology education
25 programs to—

1 "(A) areas of identified occupational de-
2 mand; and
3 "(B) employment opportunities in the com-
4 munities in which students are reasonably ex-
5 pected to reside post-release;
6 "(4) include a range of appropriate educational
7 opportunities at the basic, secondary, and post-sec-
8 ondary levels;
9 "(5) include opportunities for students to attain
10 industry recognized credentials;
11 "(6) include partnership or articulation agree-
12 ments linking institutional education programs with
13 community sited programs provided by adult edu-
14 cation program providers and accredited institutions
15 of higher education, community colleges, and voca-
16 tional training institutions; and
17 "(7) explicitly include career pathways models
18 offering opportunities for incarcerated students to
19 develop academic skills, in-demand occupational
20 skills and credentials, occupational experience in in-
21 stitutional work programs or work release programs,
22 and linkages with employers in the community, so
23 that incarcerated students have opportunities to em-
24 bark on careers with strong prospects for both post-

1 release employment and advancement in a career
2 ladder over time.

3 "(e) REQUIREMENTS.—An eligible entity seeking a
4 grant under this section shall—

5 "(1) describe the evidence-based methodology
6 and outcome measurements that will be used to
7 evaluate each program funded with a grant under
8 this section, and specifically explain how such meas-
9 urements will provide valid measures of the impact
10 of the program; and

11 "(2) describe how each program described in
12 paragraph (1) could be broadly replicated if dem-
13 onstrated to be effective.

14 "(f) CONTROL OF INTERNET ACCESS.—An entity
15 that receives a grant under this section may restrict access
16 to the Internet by prisoners, as appropriate and in accord-
17 ance with Federal and State law, to ensure public safety.".

18 **SEC. 402. NATIONAL TASK FORCE ON RECOVERY AND COL-**
19 **LATERAL CONSEQUENCES.**

20 (a) DEFINITION.—In this section, the term "collat-
21 eral consequence" means a penalty, disability, or dis-
22 advantage imposed on an individual who is in recovery for
23 a substance use disorder (including by an administrative
24 agency, official, or civil court) as a result of a Federal
25 or State conviction for a drug-related offense but not as

1 part of the judgment of the court that imposes the convic-
2 tion.

3 (b) ESTABLISHMENT.—

4 (1) IN GENERAL.—Not later than 30 days after
5 the date of enactment of this Act, the Attorney Gen-
6 eral shall establish a bipartisan task force to be
7 known as the Task Force on Recovery and Collateral
8 Consequences (in this section referred to as the
9 "Task Force").

10 (2) MEMBERSHIP.—

11 (A) TOTAL NUMBER OF MEMBERS.—The
12 Task Force shall include 10 members, who shall
13 be appointed by the Attorney General in accord-
14 ance with subparagraphs (B) and (C).

15 (B) MEMBERS OF THE TASK FORCE.—The
16 Task Force shall include—

17 (i) members who have national rec-
18 ognition and significant expertise in areas
19 such as health care, housing, employment,
20 substance use disorders, mental health, law
21 enforcement, and law;

22 (ii) not fewer than 2 members—

23 (I) who have personally experi-
24 enced a substance abuse disorder or
25 addiction and are in recovery; and

1 (II) not fewer than 1 of whom
2 has benefitted from medication as-
3 sisted treatment; and
4 (iii) to the extent practicable, mem-
5 bers who formerly served as elected offi-
6 cials at the State and Federal levels.
7 (C) TIMING.—The Attorney General shall
8 appoint the members of the Task Force not
9 later than 60 days after the date on which the
10 Task Force is established under paragraph (1).
11 (3) CHAIRPERSON.—The Task Force shall se-
12 lect a chairperson or co-chairpersons from among
13 the members of the Task Force.
14 (c) DUTIES OF THE TASK FORCE.—
15 (1) IN GENERAL.—The Task Force shall—
16 (A) identify collateral consequences for in-
17 dividuals with Federal or State convictions for
18 drug-related offenses who are in recovery for
19 substance use disorder; and
20 (B) examine any policy basis for the impo-
21 sition of collateral consequences identified
22 under subparagraph (A) and the effect of the
23 collateral consequences on individuals in recov-
24 ery in resuming their personal and professional
25 activities.

1 (2) RECOMMENDATIONS.—Not later than 180
2 days after the date of the first meeting of the Task
3 Force, the Task Force shall develop recommenda-
4 tions, as it considers appropriate, for proposed legis-
5 lative and regulatory changes related to the collat-
6 eral consequences identified under paragraph (1).
7 (3) COLLECTION OF INFORMATION.—The Task
8 Force shall hold hearings, require the testimony and
9 attendance of witnesses, and secure information
10 from any department or agency of the United States
11 in performing the duties under paragraphs (1) and
12 (2).
13 (4) REPORT.—
14 (A) SUBMISSION TO EXECUTIVE
15 BRANCH.—Not later than 1 year after the date
16 of the first meeting of the Task Force, the
17 Task Force shall submit a report detailing the
18 findings and recommendations of the Task
19 Force to—
20 (i) the head of each relevant depart-
21 ment or agency of the United States;
22 (ii) the President; and
23 (iii) the Vice President.
24 (B) SUBMISSION TO CONGRESS.—The indi-
25 viduals who receive the report under subpara-

graph (A) shall submit to Congress such legislative recommendations, if any, as those individuals consider appropriate based on the report.

TITLE V—ADDICTION AND TREATMENT SERVICES FOR WOMEN, FAMILIES, AND VETERANS

SEC. 501. IMPROVING TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN.

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

(1) in subsection (a), by inserting "(referred to in this section as the 'Director')" after "Director of the Center for Substance Abuse Treatment"; and

(2) in subsection (p), in the first sentence—

(A) by striking "Committee on Labor and Human Resources" and inserting "Committee on Health, Education, Labor, and Pensions"; and

(B) by inserting "(other than subsection (r))" after "this section".

(b) PILOT PROGRAM GRANTS FOR STATE SUBSTANCE ABUSE AGENCIES.—Section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended—

(1) by striking subsection (r); and

1 (2) by inserting after subsection (q) the fol-
2 lowing:
3 "(r) PILOT PROGRAM FOR STATE SUBSTANCE
4 ABUSE AGENCIES.—
5 "(1) IN GENERAL.—The Director shall carry
6 out a pilot program under which the Director makes
7 competitive grants to State substance abuse agencies
8 to—
9 "(A) enhance flexibility in the use of funds
10 designed to support family-based services for
11 pregnant and postpartum women with a pri-
12 mary diagnosis of a substance use disorder, in-
13 cluding opioid use disorders;
14 "(B) help State substance abuse agencies
15 address identified gaps in services furnished to
16 such women along the continuum of care, in-
17 cluding services provided to women in non-resi-
18 dential based settings; and
19 "(C) promote a coordinated, effective, and
20 efficient State system managed by State sub-
21 stance abuse agencies by encouraging new ap-
22 proaches and models of service delivery that are
23 evidence-based, including effective family-based
24 programs for women involved with the criminal
25 justice system.

1 "(2) REQUIREMENTS.—In carrying out the
2 pilot program under this subsection, the Director—
3 "(A) shall require State substance abuse
4 agencies to submit to the Director applications,
5 in such form and manner and containing such
6 information as specified by the Director, to be
7 eligible to receive a grant under the program;
8 "(B) shall identify, based on such sub-
9 mitted applications, State substance abuse
10 agencies that are eligible for such grants;
11 "(C) shall require services proposed to be
12 furnished through such a grant to support fam-
13 ily-based treatment and other services for preg-
14 nant and postpartum women with a primary di-
15 agnosis of a substance use disorder, including
16 opioid use disorders;
17 "(D) notwithstanding subsection (a)(1),
18 shall not require that services furnished
19 through such a grant be provided solely to
20 women that reside in facilities; and
21 "(E) shall not require that grant recipients
22 under the program make available all services
23 described in subsection (d).
24 "(3) REQUIRED SERVICES.—

1 "(A) IN GENERAL.—The Director shall
2 specify minimum services required to be made
3 available to eligible women through a grant
4 awarded under the pilot program under this
5 subsection. Such minimum services—
6 "(i) shall include the requirements de-
7 scribed in subsection (c);
8 "(ii) may include any of the services
9 described in subsection (d);
10 "(iii) may include other services, as
11 appropriate; and
12 "(iv) shall be based on the rec-
13 ommendations submitted under subpara-
14 graph (B)
15 "(B) STAKEHOLDER INPUT.—The Director
16 shall convene and solicit recommendations from
17 stakeholders, including State substance abuse
18 agencies, health care providers, persons in re-
19 covery from a substance use disorder, and other
20 appropriate individuals, for the minimum serv-
21 ices described in subparagraph (A).
22 "(4) DURATION.—The pilot program under this
23 subsection shall not exceed 5 years.
24 "(5) EVALUATION AND REPORT TO CON-
25 GRESS.—

1 "(A) IN GENERAL.—Out of amounts made
2 available to the Center for Behavioral Health
3 Statistics and Quality, the Director of the Cen-
4 ter for Behavioral Health Statistics and Qual-
5 ity, in cooperation with the recipients of grants
6 under this subsection, shall conduct an evalua-
7 tion of the pilot program under this subsection,
8 beginning 1 year after the date on which a
9 grant is first awarded under this subsection.
10 The Director of the Center for Behavioral
11 Health Statistics and Quality, in coordination
12 with the Director of the Center for Substance
13 Abuse Treatment, not later than 120 days after
14 completion of such evaluation, shall submit to
15 the relevant Committees of the Senate and the
16 House of Representatives a report on such eval-
17 uation.

18 "(B) CONTENTS.—The report to Congress
19 under subparagraph (A) shall include, at a min-
20 imum, outcomes information from the pilot pro-
21 gram, including any resulting reductions in the
22 use of alcohol and other drugs, engagement in
23 treatment services, retention in the appropriate
24 level and duration of services, increased access
25 to the use of drugs approved by the Food and

1 Drug Administration for the treatment of sub-
2 stance use disorders in combination with coun-
3 seling, and other appropriate measures.
4 ''(6) DEFINITION OF STATE SUBSTANCE ABUSE
5 AGENCY.—For purposes of this subsection, the term
6 'State substance abuse agency' means, with respect
7 to a State, the agency in such State that manages
8 the substance abuse prevention and treatment block
9 grant program under part B of title XIX.
10 ''(s) FUNDING.—
11 ''(1) IN GENERAL.—For the purpose of car-
12 rying out this section, there are authorized to be ap-
13 propriated $15,900,000 for each of fiscal years 2016
14 through 2020.
15 ''(2) LIMITATION.—Of the amounts made avail-
16 able under paragraph (1) to carry out this section,
17 not more than 25 percent may be used each fiscal
18 year to carry out subsection (r).''.
19 **SEC. 502. REPORT ON GRANTS FOR FAMILY-BASED SUB-**
20 **STANCE ABUSE TREATMENT.**
21 Section 2925 of the Omnibus Crime Control and Safe
22 Streets Act of 1968 (42 U.S.C. 3797s–4) is amended—
23 (1) by striking ''An entity'' and inserting ''(a)
24 ENTITY REPORTS.—An entity''; and
25 (2) by adding at the end the following:

"(b) ATTORNEY GENERAL REPORT ON FAMILY-BASED SUBSTANCE ABUSE TREATMENT.—The Attorney General shall submit to Congress an annual report that describes the number of grants awarded under section 2921(1) and how such grants are used by the recipients for family-based substance abuse treatment programs that serve as alternatives to incarceration for custodial parents to receive treatment and services as a family.".

SEC. 503. VETERANS' TREATMENT COURTS.

Section 2991(j)(1)(B)(ii) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa(j)(1)(B)(ii)), as amended by the Comprehensive Justice and Mental Health Act of 2015 (S. 993, 114th Congress), is amended—

(1) by inserting "(I)" after "(ii)";

(2) in subclause (I), as so designated, by striking the period and inserting "; or"; and

(3) by adding at the end the following:

"(II) was discharged or released from such service under dishonorable conditions, if the reason for that discharge or release, if known, is attributable to a substance use disorder.".

TITLE VI—INCENTIVIZING STATE COMPREHENSIVE INITIATIVES TO ADDRESS PRESCRIPTION OPIOID AND HEROIN ABUSE

SEC. 601. STATE DEMONSTRATION GRANTS FOR COMPREHENSIVE OPIOID ABUSE RESPONSE.

(a) DEFINITIONS.—In this section—

(1) the term ''dispenser'' has the meaning given the term in section 102 of the Controlled Substances Act (21 U.S.C. 802);

(2) the term ''prescriber'' means a dispenser who prescribes a controlled substance, or the agent of such a dispenser;

(3) the term ''prescriber of a schedule II, III, or IV controlled substance'' does not include a prescriber of a schedule II, III, or IV controlled substance that dispenses the substance—

(A) for use on the premises on which the substance is dispensed;

(B) in a hospital emergency room, when the substance is in short supply;

(C) for a certified opioid treatment program; or

1 (D) in other situations as the Attorney
2 General may reasonably determine; and
3 (4) the term ''schedule II, III, or IV controlled
4 substance'' means a controlled substance that is list-
5 ed on schedule II, schedule III, or schedule IV of
6 section 202(c) of the Controlled Substances Act (21
7 U.S.C. 812(c)).
8 (b) PLANNING AND IMPLEMENTATION GRANTS.—
9 (1) IN GENERAL.—The Attorney General, in co-
10 ordination with the Secretary of Health and Human
11 Services and in consultation with the Director of the
12 Office of National Drug Control Policy, may award
13 grants to States, and combinations thereof, to pre-
14 pare a comprehensive plan for and implement an in-
15 tegrated opioid abuse response initiative.
16 (2) PURPOSES.—A State receiving a grant
17 under this section shall establish a comprehensive
18 response to opioid abuse, which shall include—
19 (A) prevention and education efforts
20 around heroin and opioid use, treatment, and
21 recovery, including education of residents, med-
22 ical students, and physicians and other pre-
23 scribers of schedule II, III, or IV controlled
24 substances on relevant prescribing guidelines

1 and the prescription drug monitoring program
2 of the State;
3 (B) a comprehensive prescription drug
4 monitoring program to track dispensing of
5 schedule II, III, or IV controlled substances,
6 which shall—
7 (i) provide for data sharing with other
8 States by statute, regulation, or interstate
9 agreement; and
10 (ii) allow for access to all individuals
11 authorized by the State to write prescrip-
12 tions for schedule II, III, or IV controlled
13 substances on the prescription drug moni-
14 toring program of the State;
15 (C) developing, implementing, or expand-
16 ing prescription drug and opioid addiction
17 treatment programs by—
18 (i) expanding programs for medication
19 assisted treatment of prescription drug and
20 opioid addiction, including training for
21 treatment and recovery support providers;
22 (ii) developing, implementing, or ex-
23 panding programs for behavioral health
24 therapy for individuals who are in treat-

1 ment for prescription drug and opioid ad-
2 diction;
3 (iii) developing, implementing, or ex-
4 panding programs to screen individuals
5 who are in treatment for prescription drug
6 and opioid addiction for hepatitis C and
7 HIV, and provide treatment for those indi-
8 viduals if clinically appropriate; or
9 (iv) developing, implementing, or ex-
10 panding programs that provide screening,
11 early intervention, and referral to treat-
12 ment (commonly known as "SBIRT") to
13 teenagers and young adults in primary
14 care, middle schools, high schools, univer-
15 sities, school-based health centers, and
16 other community-based health care settings
17 frequently accessed by teenagers or young
18 adults; and
19 (D) developing, implementing, and expand-
20 ing programs to prevent overdose death from
21 prescription medications and opioids.
22 (3) PLANNING GRANT APPLICATIONS.—
23 (A) APPLICATION.—
24 (i) IN GENERAL.—A State seeking a
25 planning grant under this section to pre-

1 pare a comprehensive plan for an inte-
2 grated opioid abuse response initiative
3 shall submit to the Attorney General an
4 application in such form, and containing
5 such information, as the Attorney General
6 may require.

7 (ii) REQUIREMENTS.—An application
8 for a planning grant under this section
9 shall, at a minimum, include—

10 (I) a budget and a budget jus-
11 tification for the activities to be car-
12 ried out using the grant;

13 (II) a description of the activities
14 proposed to be carried out using the
15 grant, including a schedule for com-
16 pletion of such activities;

17 (III) outcome measures that will
18 be used to measure the effectiveness
19 of the programs and initiatives to ad-
20 dress opioids; and

21 (IV) a description of the per-
22 sonnel necessary to complete such ac-
23 tivities.

24 (B) PERIOD; NONRENEWABILITY.—A plan-
25 ning grant under this section shall be for a pe-

1 riod of 1 year. A State may not receive more
2 than 1 planning grant under this section.
3 (C) STRATEGIC PLAN AND PROGRAM IM-
4 PLEMENTATION PLAN.—A State receiving a
5 planning grant under this section shall develop
6 a strategic plan and a program implementation
7 plan.
8 (4) IMPLEMENTATION GRANTS.—
9 (A) APPLICATION.—A State seeking an
10 implementation grant under this section to im-
11 plement a comprehensive strategy for address-
12 ing opioid abuse shall submit to the Attorney
13 General an application in such form, and con-
14 taining such information, as the Attorney Gen-
15 eral may require.
16 (B) USE OF FUNDS.—A State that receives
17 an implementation grant under this section
18 shall use the grant for the cost of carrying out
19 an integrated opioid abuse response program in
20 accordance with this section, including for tech-
21 nical assistance, training, and administrative
22 expenses.
23 (C) REQUIREMENTS.—An integrated
24 opioid abuse response program carried out

1 using an implementation grant under this sec-
2 tion shall—
3 (i) require that each prescriber of a
4 schedule II, III, or IV controlled substance
5 in the State—
6 (I) registers with the prescription
7 drug monitoring program of the
8 State; and
9 (II) consults the prescription
10 drug monitoring program database of
11 the State before prescribing a sched-
12 ule II, III, or IV controlled substance;
13 (ii) require that each dispenser of a
14 schedule II, III, or IV controlled substance
15 in the State—
16 (I) registers with the prescription
17 drug monitoring program of the
18 State;
19 (II) consults the prescription
20 drug monitoring program database of
21 the State before dispensing a schedule
22 II, III, or IV controlled substance;
23 and
24 (III) reports to the prescription
25 drug monitoring program of the

1 State, at a minimum, each instance in
2 which a schedule II, III, or IV con-
3 trolled substance is dispensed, with
4 limited exceptions, as defined by the
5 State, which shall indicate the pre-
6 scriber by name and National Pro-
7 vider Identifier;

8 (iii) require that, not fewer than 4
9 times each year, the State agency or agen-
10 cies that administer the prescription drug
11 monitoring program of the State prepare
12 and provide to each prescriber of a sched-
13 ule II, III, or IV controlled substance an
14 informational report that shows how the
15 prescribing patterns of the prescriber com-
16 pare to prescribing practices of the peers
17 of the prescriber and expected norms;

18 (iv) if informational reports provided
19 to a prescriber under clause (iii) indicate
20 that the prescriber is repeatedly falling
21 outside of expected norms or standard
22 practices for the prescriber's field, direct
23 the prescriber to educational resources on
24 appropriate prescribing of controlled sub-
25 stances;

1 (v) ensure that the prescriber licens-
2 ing board of the State receives a report de-
3 scribing any prescribers that repeatedly
4 fall outside of expected norms or standard
5 practices for the prescriber's field, as de-
6 scribed in clause (iii);
7 (vi) require consultation with the Sin-
8 gle State Authority for Substance Abuse
9 (as defined in section 201(e) of the Second
10 Chance Act of 2007 (42 U.S.C.
11 17521(e))); and
12 (vii) establish requirements for how
13 data will be collected and analyzed to de-
14 termine the effectiveness of the program.
15 (D) PERIOD.—An implementation grant
16 under this section shall be for a period of 2
17 years.
18 (5) PRIORITY CONSIDERATIONS.—In awarding
19 planning and implementation grants under this sec-
20 tion, the Attorney General shall give priority to a
21 State that—
22 (A)(i) provides civil liability protection for
23 first responders, health professionals, and fam-
24 ily members who have received appropriate
25 training in the administration of naloxone in

1 administering naloxone to counteract opioid
2 overdoses; and
3 (ii) submits to the Attorney General a cer-
4 tification by the attorney general of the State
5 that the attorney general has—
6 (I) reviewed any applicable civil liabil-
7 ity protection law to determine the applica-
8 bility of the law with respect to first re-
9 sponders, health care professionals, family
10 members, and other individuals who—
11 (aa) have received appropriate
12 training in the administration of
13 naloxone; and
14 (bb) may administer naloxone to
15 individuals reasonably believed to be
16 suffering from opioid overdose; and
17 (II) concluded that the law described
18 in subclause (I) provides adequate civil li-
19 ability protection applicable to such per-
20 sons;
21 (B) has in effect legislation or implements
22 a policy under which the State shall not termi-
23 nate, but may suspend, enrollment under the
24 State plan for medical assistance under title
25 XIX of the Social Security Act (42 U.S.C. 1396

1 et seq.) for an individual who is incarcerated for
2 a period of fewer than 2 years;
3 (C) has a process for enrollment in services
4 and benefits necessary by criminal justice agen-
5 cies to initiate or continue treatment in the
6 community, under which an individual who is
7 incarcerated may, while incarcerated, enroll in
8 services and benefits that are necessary for the
9 individual to continue treatment upon release
10 from incarceration;
11 (D) ensures the capability of data sharing
12 with other States, such as by making data
13 available to a prescription monitoring hub;
14 (E) ensures that data recorded in the pre-
15 scription drug monitoring program database of
16 the State is available within 24 hours, to the
17 extent possible; and
18 (F) ensures that the prescription drug
19 monitoring program of the State notifies pre-
20 scribers and dispensers of schedule II, III, or
21 IV controlled substances when overuse or mis-
22 use of such controlled substances by patients is
23 suspected.
24 (c) AUTHORIZATION OF FUNDING.—For each of fis-
25 cal years 2016 through 2020, the Attorney General may

1 use, from any unobligated balances made available under
2 the heading "GENERAL ADMINISTRATION" to the
3 Department of Justice in an appropriation Act, such
4 amounts as are necessary to carry out this section, not
5 to exceed $5,000,000 per fiscal year.

6 TITLE VII—MISCELLANEOUS

7 **SEC. 701. GAO REPORT ON IMD EXCLUSION.**

8 (a) DEFINITION.—In this section, the term "Med-
9 icaid Institutions for Mental Disease exclusion" means the
10 prohibition on Federal matching payments under Medicaid
11 for patients who have attained age 22, but have not at-
12 tained age 65, in an institution for mental diseases under
13 subparagraph (B) of the matter following subsection (a)
14 of section 1905 of the Social Security Act (42 U.S.C.
15 1396d) and subsection (i) of such section.

16 (b) REPORT REQUIRED.—Not later than 1 year after
17 the date of enactment of this Act, the Comptroller General
18 of the United States shall submit to Congress a report
19 on the impact that the Medicaid Institutions for Mental
20 Disease exclusion has on access to treatment for individ-
21 uals with a substance use disorder.

22 (c) ELEMENTS.—The report required under sub-
23 section (b) shall include a review of what is known regard-
24 ing—

1 (1) Medicaid beneficiary access to substance use
2 disorder treatments in institutions for mental dis-
3 ease; and
4 (2) the quality of care provided to Medicaid
5 beneficiaries treated in and outside of institutions
6 for mental disease for substance use disorders.

7 **SEC. 702. FUNDING.**

8 Part II of title I of the Omnibus Crime Control and
9 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as
10 amended by section 401, is amended by adding at the end
11 the following:

12 **"SEC. 2999E. FUNDING.**

13 "There are authorized to be appropriated to the At-
14 torney General and the Secretary of Health and Human
15 Services to carry out this part $62,000,000 for each of
16 fiscal years 2016 through 2020.".

17 **SEC. 703. CONFORMING AMENDMENTS.**

18 Part II of title I of the Omnibus Crime Control and
19 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) is
20 amended—
21 (1) in the part heading, by striking "**CON-**
22 **FRONTING USE OF METHAMPHETAMINE**" and
23 inserting "**COMPREHENSIVE ADDICTION AND**
24 **RECOVERY**"; and

1 (2) in section 2996(a)(1), by striking ‘‘this
2 part’’ and inserting ‘‘this section’’.

3 **SEC. 704. GRANT ACCOUNTABILITY.**

4 (a) GRANTS UNDER PART II OF TITLE I OF THE OM-
5 NIBUS CRIME CONTROL AND SAFE STREETS ACT OF
6 1968.—Part II of title I of the Omnibus Crime Control
7 and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.);
8 as amended by section 702, is amended by adding at the
9 end the following:

10 **‘‘SEC. 2999F. GRANT ACCOUNTABILITY.**

11 ‘‘(a) DEFINITIONS.—In this section—
12 ‘‘(1) the term ‘applicable committees’—
13 ‘‘(A) with respect to the Attorney General
14 and any other official of the Department of
15 Justice, means—
16 ‘‘(i) the Committee on the Judiciary
17 of the Senate; and
18 ‘‘(ii) the Committee on the Judiciary
19 of the House of Representatives; and
20 ‘‘(B) with respect to the Secretary of
21 Health and Human Services and any other offi-
22 cial of the Department of Health and Human
23 Services, means—

1 "(i) the Committee on Health, Edu-
2 cation, Labor, and Pensions of the Senate;
3 and
4 "(ii) the Committee on Energy and
5 Commerce of the House of Representa-
6 tives;
7 "(2) the term 'covered agency' means—
8 "(A) the Department of Justice; and
9 "(B) the Department of Health and
10 Human Services; and
11 "(3) the term 'covered official' means—
12 "(A) the Attorney General; and
13 "(B) the Secretary of Health and Human
14 Services.
15 "(b) ACCOUNTABILITY.—All grants awarded by a
16 covered official under this part shall be subject to the fol-
17 lowing accountability provisions:
18 "(1) AUDIT REQUIREMENT.—
19 "(A) DEFINITION.—In this paragraph, the
20 term 'unresolved audit finding' means a finding
21 in the final audit report of the Inspector Gen-
22 eral of a covered agency that the audited grant-
23 ee has utilized grant funds for an unauthorized
24 expenditure or otherwise unallowable cost that
25 is not closed or resolved within 12 months after

1 the date on which the final audit report is
2 issued.
3 ‘‘(B) AUDIT.—Beginning in the first fiscal
4 year beginning after the date of enactment of
5 this section, and in each fiscal year thereafter,
6 the Inspector General of a covered agency shall
7 conduct audits of recipients of grants awarded
8 by the applicable covered official under this
9 part to prevent waste, fraud, and abuse of
10 funds by grantees. The Inspector General shall
11 determine the appropriate number of grantees
12 to be audited each year.
13 ‘‘(C) MANDATORY EXCLUSION.—A recipi-
14 ent of grant funds under this part that is found
15 to have an unresolved audit finding shall not be
16 eligible to receive grant funds under this part
17 during the first 2 fiscal years beginning after
18 the end of the 12-month period described in
19 subparagraph (A).
20 ‘‘(D) PRIORITY.—In awarding grants
21 under this part, a covered official shall give pri-
22 ority to eligible applicants that did not have an
23 unresolved audit finding during the 3 fiscal
24 years before submitting an application for a
25 grant under this part.

"(E) REIMBURSEMENT.—If an entity is awarded grant funds under this part during the 2-fiscal-year period during which the entity is barred from receiving grants under subparagraph (C), the covered official that awarded the grant funds shall—

"(i) deposit an amount equal to the amount of the grant funds that were improperly awarded to the grantee into the General Fund of the Treasury; and

"(ii) seek to recoup the costs of the repayment to the fund from the grant recipient that was erroneously awarded grant funds.

"(2) NONPROFIT ORGANIZATION REQUIREMENTS.—

"(A) DEFINITION.—For purposes of this paragraph and the grant programs under this part, the term 'nonprofit organization' means an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt from taxation under section 501(a) of such Code.

"(B) PROHIBITION.—A covered official may not award a grant under this part to a

1 nonprofit organization that holds money in off-
2 shore accounts for the purpose of avoiding pay-
3 ing the tax described in section 511(a) of the
4 Internal Revenue Code of 1986.

5 "(C) DISCLOSURE.—Each nonprofit orga-
6 nization that is awarded a grant under this part
7 and uses the procedures prescribed in regula-
8 tions to create a rebuttable presumption of rea-
9 sonableness for the compensation of its officers,
10 directors, trustees, and key employees, shall dis-
11 close to the applicable covered official, in the
12 application for the grant, the process for deter-
13 mining such compensation, including the inde-
14 pendent persons involved in reviewing and ap-
15 proving such compensation, the comparability
16 data used, and contemporaneous substantiation
17 of the deliberation and decision. Upon request,
18 a covered official shall make the information
19 disclosed under this subparagraph available for
20 public inspection.

21 "(3) CONFERENCE EXPENDITURES.—

22 "(A) LIMITATION.—No amounts made
23 available to a covered official under this part
24 may be used by the covered official, or by any
25 individual or entity awarded discretionary funds

through a cooperative agreement under this part, to host or support any expenditure for conferences that uses more than $20,000 in funds made available by the covered official, unless the covered official provides prior written authorization that the funds may be expended to host the conference.

"(B) WRITTEN AUTHORIZATION.—Written authorization under subparagraph (A) shall include a written estimate of all costs associated with the conference, including the cost of all food, beverages, audio-visual equipment, honoraria for speakers, and entertainment.

"(C) REPORT.—

"(i) DEPARTMENT OF JUSTICE.—The Deputy Attorney General shall submit to the applicable committees an annual report on all conference expenditures approved by the Attorney General under this paragraph.

"(ii) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—The Deputy Secretary of Health and Human Services shall submit to the applicable committees an annual report on all conference expenditures ap-

1 proved by the Secretary of Health and
2 Human Services under this paragraph.
3 "(4) ANNUAL CERTIFICATION.—Beginning in
4 the first fiscal year beginning after the date of en-
5 actment of this section, each covered official shall
6 submit to the applicable committees an annual cer-
7 tification—
8 "(A) indicating whether—
9 "(i) all audits issued by the Office of
10 the Inspector General of the applicable
11 agency under paragraph (1) have been
12 completed and reviewed by the appropriate
13 Assistant Attorney General or Director, or
14 the appropriate official of the Department
15 of Health and Human Services, as applica-
16 ble;
17 "(ii) all mandatory exclusions required
18 under paragraph (1)(C) have been issued;
19 and
20 "(iii) all reimbursements required
21 under paragraph (1)(E) have been made;
22 and
23 "(B) that includes a list of any grant re-
24 cipients excluded under paragraph (1) from the
25 previous year.

1 “(c) PREVENTING DUPLICATIVE GRANTS.—
2 “(1) IN GENERAL.—Before a covered official
3 awards a grant to an applicant under this part, the
4 covered official shall compare potential grant awards
5 with other grants awarded under this part by the
6 covered official to determine if duplicate grant
7 awards are awarded for the same purpose.
8 “(2) REPORT.—If a covered official awards du-
9 plicate grants to the same applicant for the same
10 purpose, the covered official shall submit to the ap-
11 plicable committees a report that includes—
12 “(A) a list of all duplicate grants awarded,
13 including the total dollar amount of any dupli-
14 cate grants awarded; and
15 “(B) the reason the covered official award-
16 ed the duplicate grants.”.
17 (b) OTHER GRANTS.—
18 (1) DEFINITIONS.—In this subsection—
19 (A) the term “applicable committees”—
20 (i) with respect to the Attorney Gen-
21 eral and any other official of the Depart-
22 ment of Justice, means—
23 (I) the Committee on the Judici-
24 ary of the Senate; and

1 (II) the Committee on the Judici-
2 ary of the House of Representatives;
3 and
4 (ii) with respect to the Secretary of
5 Health and Human Services and any other
6 official of the Department of Health and
7 Human Services, means—
8 (I) the Committee on Health,
9 Education, Labor, and Pensions of
10 the Senate; and
11 (II) the Committee on Energy
12 and Commerce of the House of Rep-
13 resentatives;
14 (B) the term ‘‘covered agency’’ means—
15 (i) the Department of Justice; and
16 (ii) the Department of Health and
17 Human Services;
18 (C) the term ‘‘covered grant’’ means a
19 grant under section 201, 302, or 601 of this
20 Act or section 508 of the Public Health Service
21 Act (42 U.S.C. 290bb–1) (as amended by sec-
22 tion 501 of this Act); and
23 (D) the term ‘‘covered official’’ means—
24 (i) the Attorney General; and

1 (ii) the Secretary of Health and
2 Human Services.
3 (2) ACCOUNTABILITY.—All covered grants
4 awarded by a covered official shall be subject to the
5 following accountability provisions:
6 (A) AUDIT REQUIREMENT.—
7 (i) DEFINITION.—In this subpara-
8 graph, the term ''unresolved audit finding''
9 means a finding in the final audit report of
10 the Inspector General of a covered agency
11 that the audited grantee has utilized grant
12 funds for an unauthorized expenditure or
13 otherwise unallowable cost that is not
14 closed or resolved within 12 months after
15 the date on which the final audit report is
16 issued.
17 (ii) AUDIT.—Beginning in the first
18 fiscal year beginning after the date of en-
19 actment of this Act, and in each fiscal year
20 thereafter, the Inspector General of a cov-
21 ered agency shall conduct audits of recipi-
22 ents of covered grants awarded by the ap-
23 plicable covered official to prevent waste,
24 fraud, and abuse of funds by grantees. The
25 Inspector General shall determine the ap-

1 propriate number of grantees to be audited
2 each year.
3 (iii) MANDATORY EXCLUSION.—A re-
4 cipient of covered grant funds that is
5 found to have an unresolved audit finding
6 shall not be eligible to receive covered
7 grant funds during the first 2 fiscal years
8 beginning after the end of the 12-month
9 period described in clause (i).
10 (iv) PRIORITY.—In awarding covered
11 grants, a covered official shall give priority
12 to eligible applicants that did not have an
13 unresolved audit finding during the 3 fiscal
14 years before submitting an application for
15 a covered grant.
16 (v) REIMBURSEMENT.—If an entity is
17 awarded covered grant funds during the 2-
18 fiscal-year period during which the entity
19 is barred from receiving grants under
20 clause (iii), the covered official that award-
21 ed the funds shall—
22 (I) deposit an amount equal to
23 the amount of the grant funds that
24 were improperly awarded to the grant-

ee into the General Fund of the Treasury; and

(II) seek to recoup the costs of the repayment to the fund from the grant recipient that was erroneously awarded grant funds.

(B) NONPROFIT ORGANIZATION REQUIREMENTS.—

(i) DEFINITION.—For purposes of this subparagraph and the covered grant programs, the term "nonprofit organization" means an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt from taxation under section 501(a) of such Code.

(ii) PROHIBITION.—A covered official may not award a covered grant to a nonprofit organization that holds money in offshore accounts for the purpose of avoiding paying the tax described in section 511(a) of the Internal Revenue Code of 1986.

(iii) DISCLOSURE.—Each nonprofit organization that is awarded a covered grant and uses the procedures prescribed

1 in regulations to create a rebuttable pre-
2 sumption of reasonableness for the com-
3 pensation of its officers, directors, trustees,
4 and key employees, shall disclose to the ap-
5 plicable covered official, in the application
6 for the grant, the process for determining
7 such compensation, including the inde-
8 pendent persons involved in reviewing and
9 approving such compensation, the com-
10 parability data used, and contemporaneous
11 substantiation of the deliberation and deci-
12 sion. Upon request, a covered official shall
13 make the information disclosed under this
14 clause available for public inspection.

15 (C) CONFERENCE EXPENDITURES.—

16 (i) LIMITATION.—No amounts made
17 available to a covered official under a cov-
18 ered grant program may be used by the
19 covered official, or by any individual or en-
20 tity awarded discretionary funds through a
21 cooperative agreement under a covered
22 grant program, to host or support any ex-
23 penditure for conferences that uses more
24 than $20,000 in funds made available by
25 the covered official, unless the covered offi-

1 cial provides prior written authorization
2 that the funds may be expended to host
3 the conference.

4 (ii) WRITTEN AUTHORIZATION.—
5 Written authorization under clause (i)
6 shall include a written estimate of all costs
7 associated with the conference, including
8 the cost of all food, beverages, audio-visual
9 equipment, honoraria for speakers, and en-
10 tertainment.

11 (iii) REPORT.—

12 (I) DEPARTMENT OF JUSTICE.—
13 The Deputy Attorney General shall
14 submit to the applicable committees
15 an annual report on all conference ex-
16 penditures approved by the Attorney
17 General under this subparagraph.

18 (II) DEPARTMENT OF HEALTH
19 AND HUMAN SERVICES.—The Deputy
20 Secretary of Health and Human Serv-
21 ices shall submit to the applicable
22 committees an annual report on all
23 conference expenditures approved by
24 the Secretary of Health and Human
25 Services under this subparagraph.

1 (D) ANNUAL CERTIFICATION.—Beginning
2 in the first fiscal year beginning after the date
3 of enactment of this Act, each covered official
4 shall submit to the applicable committees an
5 annual certification—
6 (i) indicating whether—
7 (I) all audits issued by the Office
8 of the Inspector General of the appli-
9 cable agency under subparagraph (A)
10 have been completed and reviewed by
11 the appropriate Assistant Attorney
12 General or Director, or the appro-
13 priate official of the Department of
14 Health and Human Services, as appli-
15 cable;
16 (II) all mandatory exclusions re-
17 quired under subparagraph (A)(iii)
18 have been issued; and
19 (III) all reimbursements required
20 under subparagraph (A)(v) have been
21 made; and
22 (ii) that includes a list of any grant
23 recipients excluded under subparagraph
24 (A) from the previous year.
25 (3) PREVENTING DUPLICATIVE GRANTS.—

1 (A) IN GENERAL.—Before a covered offi-
2 cial awards a covered grant to an applicant, the
3 covered official shall compare potential grant
4 awards with other covered grants awarded by
5 the covered official to determine if duplicate
6 grant awards are awarded for the same pur-
7 pose.
8 (B) REPORT.—If a covered official awards
9 duplicate grants to the same applicant for the
10 same purpose, the covered official shall submit
11 to the applicable committees a report that in-
12 cludes—
13 (i) a list of all duplicate grants award-
14 ed, including the total dollar amount of
15 any duplicate grants awarded; and
16 (ii) the reason the covered official
17 awarded the duplicate grants.

18 **SEC. 705. PROGRAMS TO PREVENT PRESCRIPTION DRUG**
19 **ABUSE UNDER THE MEDICARE PROGRAM.**

20 (a) DRUG MANAGEMENT PROGRAM FOR AT-RISK
21 BENEFICIARIES.—
22 (1) IN GENERAL.—Section 1860D–4(c) of the
23 Social Security Act (42 U.S.C. 1395w–104(c)) is
24 amended by adding at the end the following:

1 "(5) DRUG MANAGEMENT PROGRAM FOR AT-
2 RISK BENEFICIARIES.—
3 "(A) AUTHORITY TO ESTABLISH.—A PDP
4 sponsor may establish a drug management pro-
5 gram for at-risk beneficiaries under which, sub-
6 ject to subparagraph (B), the PDP sponsor
7 may, in the case of an at-risk beneficiary for
8 prescription drug abuse who is an enrollee in a
9 prescription drug plan of such PDP sponsor,
10 limit such beneficiary's access to coverage for
11 frequently abused drugs under such plan to fre-
12 quently abused drugs that are prescribed for
13 such beneficiary by a prescriber (or prescribers)
14 selected under subparagraph (D), and dis-
15 pensed for such beneficiary by a pharmacy (or
16 pharmacies) selected under such subparagraph.
17 "(B) REQUIREMENT FOR NOTICES.—
18 "(i) IN GENERAL.—A PDP sponsor
19 may not limit the access of an at-risk ben-
20 eficiary for prescription drug abuse to cov-
21 erage for frequently abused drugs under a
22 prescription drug plan until such spon-
23 sor—
24 "(I) provides to the beneficiary
25 an initial notice described in clause

1 (ii) and a second notice described in
2 clause (iii); and
3 "(II) verifies with the providers
4 of the beneficiary that the beneficiary
5 is an at-risk beneficiary for prescrip-
6 tion drug abuse, as described in sub-
7 paragraph (C)(iv).
8 "(ii) INITIAL NOTICE.—An initial
9 written notice described in this clause is a
10 notice that provides to the beneficiary—
11 "(I) notice that the PDP sponsor
12 has identified the beneficiary as po-
13 tentially being an at-risk beneficiary
14 for prescription drug abuse;
15 "(II) information, when possible,
16 describing State and Federal public
17 health resources that are designed to
18 address prescription drug abuse to
19 which the beneficiary may have ac-
20 cess, including substance use disorder
21 treatment services, addiction treat-
22 ment services, mental health services,
23 and other counseling services;
24 "(III) a request for the bene-
25 ficiary to submit to the PDP sponsor

1 preferences for which prescribers and
2 pharmacies the beneficiary would pre-
3 fer the PDP sponsor to select under
4 subparagraph (D) in the case that the
5 beneficiary is identified as an at-risk
6 beneficiary for prescription drug
7 abuse as described in clause (iii)(I);

8 "(IV) an explanation of the
9 meaning and consequences of the
10 identification of the beneficiary as po-
11 tentially being an at-risk beneficiary
12 for prescription drug abuse, including
13 an explanation of the drug manage-
14 ment program established by the PDP
15 sponsor pursuant to subparagraph
16 (A);

17 "(V) clear instructions that ex-
18 plain how the beneficiary can contact
19 the PDP sponsor in order to submit
20 to the PDP sponsor the preferences
21 described in subclause (IV) and any
22 other communications relating to the
23 drug management program for at-risk
24 beneficiaries established by the PDP
25 sponsor;

1 "(VI) contact information for
2 other organizations that can provide
3 the beneficiary with information re-
4 garding drug management program
5 for at-risk beneficiaries (similar to the
6 information provided by the Secretary
7 in other standardized notices to part
8 D eligible individuals enrolled in pre-
9 scription drug plans under this part);
10 and

11 "(VII) notice that the beneficiary
12 has a right to an appeal pursuant to
13 subparagraph (E).

14 "(iii) SECOND NOTICE.—A second
15 written notice described in this clause is a
16 notice that provides to the beneficiary no-
17 tice—

18 "(I) that the PDP sponsor has
19 identified the beneficiary as an at-risk
20 beneficiary for prescription drug
21 abuse;

22 "(II) that such beneficiary has
23 been sent, or informed of, such identi-
24 fication in the initial notice and is
25 now subject to the requirements of the

1 drug management program for at-risk
2 beneficiaries established by such PDP
3 sponsor for such plan;

4 ''(III) of the prescriber and phar-
5 macy selected for such individual
6 under subparagraph (D);

7 ''(IV) of, and information about,
8 the right of the beneficiary to a recon-
9 sideration and an appeal under sub-
10 section (h) of such identification and
11 the prescribers and pharmacies se-
12 lected;

13 ''(V) that the beneficiary can, in
14 the case that the beneficiary has not
15 previously submitted to the PDP
16 sponsor preferences for which pre-
17 scribers and pharmacies the bene-
18 ficiary would prefer the PDP sponsor
19 select under subparagraph (D), sub-
20 mit such preferences to the PDP
21 sponsor; and

22 ''(VI) that includes clear instruc-
23 tions that explain how the beneficiary
24 can contact the PDP sponsor in order
25 to submit to the PDP sponsor the

preferences described in subclause (V).

"(iv) TIMING OF NOTICES.—

"(I) IN GENERAL.—Subject to subclause (II), a second written notice described in clause (iii) shall be provided to the beneficiary on a date that is not less than 30 days after an initial notice described in clause (ii) is provided to the beneficiary.

"(II) EXCEPTION.—In the case that the PDP sponsor, in conjunction with the Secretary, determines that concerns identified through rulemaking by the Secretary regarding the health or safety of the beneficiary or regarding significant drug diversion activities require the PDP sponsor to provide a second notice described in clause (iii) to the beneficiary on a date that is earlier than the date described in subclause (II), the PDP sponsor may provide such second notice on such earlier date.

1 "(III) FORM OF NOTICE.—The
2 written notices under clauses (ii) and
3 (iii) shall be in a format determined
4 appropriate by the Secretary, taking
5 into account beneficiary preferences.
6 "(C) AT-RISK BENEFICIARY FOR PRE-
7 SCRIPTION DRUG ABUSE.—
8 "(i) IN GENERAL.—For purposes of
9 this paragraph, the term 'at-risk bene-
10 ficiary for prescription drug abuse' means
11 a part D eligible individual who is not an
12 exempted individual described in clause (ii)
13 and—
14 "(I) who is identified through cri-
15 teria developed by the Secretary in
16 consultation with PDP sponsors and
17 other stakeholders described in sub-
18 section section ____(g)(2)(A) of the
19 Comprehensive Addiction and Recov-
20 ery Act of 2016 based on clinical fac-
21 tors indicating misuse or abuse of pre-
22 scription drugs described in subpara-
23 graph (G), including dosage, quantity,
24 duration of use, number of and rea-
25 sonable access to prescribers, and

1 number of and reasonable access to
2 pharmacies used to obtain such drug;
3 or

4 "(II) with respect to whom the
5 PDP sponsor of a prescription drug
6 plan, upon enrolling such individual in
7 such plan, received notice from the
8 Secretary that such individual was
9 identified under this paragraph to be
10 an at-risk beneficiary for prescription
11 drug abuse under a prescription drug
12 plan in which such individual was pre-
13 viously enrolled and such identifica-
14 tion has not been terminated under
15 subparagraph (F).

16 "(ii) EXEMPTED INDIVIDUAL DE-
17 SCRIBED.—An exempted individual de-
18 scribed in this clause is an individual
19 who—

20 "(I) receives hospice care under
21 this title;

22 "(II) resides in a long-term care
23 facility, a facility described in section
24 1905(d), or other facility under con-
25 tract with a single pharmacy; or

1 "(III) the Secretary elects to
2 treat as an exempted individual for
3 purposes of clause (i).
4 "(iii) PROGRAM SIZE.—The Secretary
5 shall establish policies, including the cri-
6 teria developed under clause (i)(I) and the
7 exemptions under clause (ii)(III), to ensure
8 that the population of enrollees in a drug
9 management program for at-risk bene-
10 ficiaries operated by a prescription drug
11 plan can be effectively managed by such
12 plans.
13 "(iv) CLINICAL CONTACT.—With re-
14 spect to each at-risk beneficiary for pre-
15 scription drug abuse enrolled in a prescrip-
16 tion drug plan offered by a PDP sponsor,
17 the PDP sponsor shall contact the bene-
18 ficiary's providers who have prescribed fre-
19 quently abused drugs regarding whether
20 prescribed medications are appropriate for
21 such beneficiary's medical conditions.
22 "(D) SELECTION OF PRESCRIBERS.—
23 "(i) IN GENERAL.—With respect to
24 each at-risk beneficiary for prescription
25 drug abuse enrolled in a prescription drug

1 plan offered by such sponsor, a PDP spon-
2 sor shall, based on the preferences sub-
3 mitted to the PDP sponsor by the bene-
4 ficiary pursuant to clauses (ii)(III) and
5 (iii)(V) of subparagraph (B) if applicable,
6 select—
7 ''(I) one, or, if the PDP sponsor
8 reasonably determines it necessary to
9 provide the beneficiary with reason-
10 able access under clause (ii), more
11 than one, individual who is authorized
12 to prescribe frequently abused drugs
13 (referred to in this paragraph as a
14 'prescriber') who may write prescrip-
15 tions for such drugs for such bene-
16 ficiary; and
17 ''(II) one, or, if the PDP sponsor
18 reasonably determines it necessary to
19 provide the beneficiary with reason-
20 able access under clause (ii), more
21 than one, pharmacy that may dis-
22 pense such drugs to such beneficiary.
23 ''(ii) REASONABLE ACCESS.—In mak-
24 ing the selection under this subparagraph,
25 a PDP sponsor shall ensure, taking into

1 account geographic location, beneficiary
2 preference, impact on cost-sharing, and
3 reasonable travel time, that the beneficiary
4 continues to have reasonable access to
5 drugs described in subparagraph (G), in-
6 cluding—

7 ''(I) for individuals with multiple
8 residences; and

9 ''(II) in the case of natural disas-
10 ters and similar emergency situations.

11 ''(iii) BENEFICIARY PREFERENCES.—

12 ''(I) IN GENERAL.—If an at-risk
13 beneficiary for prescription drug
14 abuse submits preferences for which
15 in-network prescribers and pharmacies
16 the beneficiary would prefer the PDP
17 sponsor select in response to a notice
18 under subparagraph (B), the PDP
19 sponsor shall—

20 ''(aa) review such pref-
21 erences;

22 ''(bb) select or change the
23 selection of a prescriber or phar-
24 macy for the beneficiary based on
25 such preferences; and

1 "(cc) inform the beneficiary
2 of such selection or change of se-
3 lection.
4 "(II) EXCEPTION.—In the case
5 that the PDP sponsor determines that
6 a change to the selection of a pre-
7 scriber or pharmacy under item (bb)
8 by the PDP sponsor is contributing or
9 would contribute to prescription drug
10 abuse or drug diversion by the bene-
11 ficiary, the PDP sponsor may change
12 the selection of a prescriber or phar-
13 macy for the beneficiary. If the PDP
14 sponsor changes the selection pursu-
15 ant to the preceding sentence, the
16 PDP sponsor shall provide the bene-
17 ficiary with—
18 "(aa) at least 30 days writ-
19 ten notice of the change of selec-
20 tion; and
21 "(bb) a rationale for the
22 change.
23 "(III) TIMING.—An at-risk bene-
24 ficiary for prescription drug abuse
25 may choose to express their prescriber

1 and pharmacy preference and commu-
2 nicate such preference to their PDP
3 sponsor at any date while enrolled in
4 the program, including after a second
5 notice under subparagraph (B)(iii)
6 has been provided.

7 "(iv) CONFIRMATION.—Before select-
8 ing a prescriber or pharmacy under this
9 subparagraph, a PDP sponsor must notify
10 the prescriber and pharmacy that the bene-
11 ficiary involved has been identified for in-
12 clusion in the drug management program
13 for at-risk beneficiaries and that the pre-
14 scriber and pharmacy has been selected as
15 the beneficiary's designated prescriber and
16 pharmacy.

17 "(E) APPEALS.—The identification of an
18 individual as an at-risk beneficiary for prescrip-
19 tion drug abuse under this paragraph, a cov-
20 erage determination made under a drug man-
21 agement program for at-risk beneficiaries, and
22 the selection of a prescriber or pharmacy under
23 subparagraph (D) with respect to such indi-
24 vidual shall be subject to an expedited reconsid-
25 eration and appeal pursuant to subsection (h).

1 "(F) TERMINATION OF IDENTIFICATION.—
2 "(i) IN GENERAL.—The Secretary
3 shall develop standards for the termination
4 of identification of an individual as an at-
5 risk beneficiary for prescription drug abuse
6 under this paragraph. Under such stand-
7 ards such identification shall terminate as
8 of the earlier of—
9 "(I) the date the individual dem-
10 onstrates that the individual is no
11 longer likely, in the absence of the re-
12 strictions under this paragraph, to be
13 an at-risk beneficiary for prescription
14 drug abuse described in subparagraph
15 (C)(i); or
16 "(II) the end of such maximum
17 period of identification as the Sec-
18 retary may specify.
19 "(ii) RULE OF CONSTRUCTION.—
20 Nothing in clause (i) shall be construed as
21 preventing a plan from identifying an indi-
22 vidual as an at-risk beneficiary for pre-
23 scription drug abuse under subparagraph
24 (C)(i) after such termination on the basis
25 of additional information on drug use oc-

1 curring after the date of notice of such ter-
2 mination.
3 "(G) FREQUENTLY ABUSED DRUG.—For
4 purposes of this subsection, the term 'frequently
5 abused drug' means a drug that is determined
6 by the Secretary to be frequently abused or di-
7 verted and that is—
8 "(i) a Controlled Drug Substance in
9 Schedule CII; or
10 "(ii) within the same class or category
11 of drugs as a Controlled Drug Substance
12 in Schedule CII, as determined through
13 notice and comment rulemaking.
14 "(H) DATA DISCLOSURE.—
15 "(i) DATA ON DECISION TO IMPOSE
16 LIMITATION.—In the case of an at-risk
17 beneficiary for prescription drug abuse (or
18 an individual who is a potentially at-risk
19 beneficiary for prescription drug abuse)
20 whose access to coverage for frequently
21 abused drugs under a prescription drug
22 plan has been limited by a PDP sponsor
23 under this paragraph, the Secretary shall
24 establish rules and procedures to require
25 such PDP sponsor to disclose data, includ-

1 ing necessary individually identifiable
2 health information, about the decision to
3 impose such limitations and the limitations
4 imposed by the PDP sponsor under this
5 part.

6 "(ii) DATA TO REDUCE FRAUD,
7 ABUSE, AND WASTE.—The Secretary shall
8 establish rules and procedures to require
9 PDP sponsors operating a drug manage-
10 ment program for at-risk beneficiaries
11 under this paragraph to provide the Sec-
12 retary with such data as the Secretary de-
13 termines appropriate for purposes of iden-
14 tifying patterns of prescription drug utili-
15 zation for plan enrollees that are outside
16 normal patterns and that may indicate
17 fraudulent, medically unnecessary, or un-
18 safe use.

19 "(I) SHARING OF INFORMATION FOR SUB-
20 SEQUENT PLAN ENROLLMENTS.—The Secretary
21 shall establish procedures under which PDP
22 sponsors who offer prescription drug plans shall
23 share information with respect to individuals
24 who are at-risk beneficiaries for prescription
25 drug abuse (or individuals who are potentially

at-risk beneficiaries for prescription drug abuse) and enrolled in a prescription drug plan and who subsequently disenroll from such plan and enroll in another prescription drug plan offered by another PDP sponsor.

"(J) PRIVACY ISSUES.—Prior to the implementation of the rules and procedures under this paragraph, the Secretary shall clarify privacy requirements, including requirements under the regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note), related to the sharing of data under subparagraphs (H) and (I) by PDP sponsors. Such clarification shall provide that the sharing of such data shall be considered to be protected health information in accordance with the requirements of the regulations promulgated pursuant to such section 264(c).

"(K) EDUCATION.—The Secretary shall provide education to enrollees in prescription drug plans of PDP sponsors and providers regarding the drug management program for at-risk beneficiaries described in this paragraph, including education—

1 "(i) provided through the improper
2 payment outreach and education program
3 described in section 1874A(h); and
4 "(ii) through current education efforts
5 (such as State health insurance assistance
6 programs described in subsection (a)(1)(A)
7 of section 119 of the Medicare Improve-
8 ments for Patients and Providers Act of
9 2008 (42 U.S.C. 1395b–3 note)) and ma-
10 terials directed toward such enrollees.
11 "(L) CMS COMPLIANCE REVIEW.—The
12 Secretary shall ensure that existing plan spon-
13 sor compliance reviews and audit processes in-
14 clude the drug management programs for at-
15 risk beneficiaries under this paragraph, includ-
16 ing appeals processes under such programs.".
17 (2) INFORMATION FOR CONSUMERS.—Section
18 1860D–4(a)(1)(B) of the Social Security Act (42
19 U.S.C. 1395w–104(a)(1)(B)) is amended by adding
20 at the end the following:
21 "(v) The drug management program
22 for at-risk beneficiaries under subsection
23 (c)(5).".
24 (3) DUAL ELIGIBLES.—Section 1860D–
25 1(b)(3)(D) of the Social Security Act (42 U.S.C.

1 1395w–101(b)(3)(D)) is amended by inserting “,
2 subject to such limits as the Secretary may establish
3 for individuals identified pursuant to section
4 1860D–4(c)(5)” after “the Secretary”.
5 (b) UTILIZATION MANAGEMENT PROGRAMS.—Sec-
6 tion 1860D–4(c) of the Social Security Act (42 U.S.C.
7 1395w–104(c)), as amended by subsection (a)(1), is
8 amended—
9 (1) in paragraph (1), by inserting after sub-
10 paragraph (D) the following new subparagraph:
11 “(E) A utilization management tool to pre-
12 vent drug abuse (as described in paragraph
13 (5)(A)).”; and
14 (2) by adding at the end the following new
15 paragraph:
16 “(6) UTILIZATION MANAGEMENT TOOL TO PRE-
17 VENT DRUG ABUSE.—
18 “(A) IN GENERAL.—A tool described in
19 this paragraph is any of the following:
20 “(i) A utilization tool designed to pre-
21 vent the abuse of frequently abused drugs
22 by individuals and to prevent the diversion
23 of such drugs at pharmacies.
24 “(ii) Retrospective utilization review
25 to identify—

1 "(I) individuals that receive fre-
2 quently abused drugs at a frequency
3 or in amounts that are not clinically
4 appropriate; and
5 "(II) providers of services or sup-
6 pliers that may facilitate the abuse or
7 diversion of frequently abused drugs
8 by beneficiaries.
9 "(iii) Consultation with the contractor
10 described in subparagraph (B) to verify if
11 an individual enrolling in a prescription
12 drug plan offered by a PDP sponsor has
13 been previously identified by another PDP
14 sponsor as an individual described in
15 clause (ii)(I).
16 "(B) REPORTING.—A PDP sponsor offer-
17 ing a prescription drug plan in a State shall
18 submit to the Secretary and the Medicare drug
19 integrity contractor with which the Secretary
20 has entered into a contract under section 1893
21 with respect to such State a report, on a
22 monthly basis, containing information on—
23 "(i) any provider of services or sup-
24 plier described in subparagraph (A)(ii)(II)
25 that is identified by such plan sponsor dur-

ing the 30-day period before such report is submitted; and

"(ii) the name and prescription records of individuals described in paragraph (5)(C).

"(C) CMS COMPLIANCE REVIEW.—The Secretary shall ensure that plan sponsor annual compliance reviews and program audits include a certification that utilization management tools under this paragraph are in compliance with the requirements for such tools.".

(c) TREATMENT OF CERTAIN COMPLAINTS FOR PURPOSES OF QUALITY OR PERFORMANCE ASSESSMENT.— Section 1860D–42 of the Social Security Act (42 U.S.C. 1395w–152) is amended by adding at the end the following new subsection:

"(d) TREATMENT OF CERTAIN COMPLAINTS FOR PURPOSES OF QUALITY OR PERFORMANCE ASSESSMENT.—In conducting a quality or performance assessment of a PDP sponsor, the Secretary shall develop or utilize existing screening methods for reviewing and considering complaints that are received from enrollees in a prescription drug plan offered by such PDP sponsor and that are complaints regarding the lack of access by the

1 individual to prescription drugs due to a drug manage-
2 ment program for at-risk beneficiaries.''.

3 (d) SENSE OF CONGRESS REGARDING USE OF TECH-
4 NOLOGY TOOLS TO COMBAT FRAUD.—It is the sense of
5 Congress that MA organizations and PDP sponsors
6 should consider using e-prescribing and other health infor-
7 mation technology tools to support combating fraud under
8 MA–PD plans and prescription drug plans under parts C
9 and D of the Medicare Program.

10 (e) GAO STUDY AND REPORT.—

11 (1) STUDY.—The Comptroller General of the
12 United States shall conduct a study on the imple-
13 mentation of the amendments made by this section,
14 including the effectiveness of the at-risk beneficiaries
15 for prescription drug abuse drug management pro-
16 grams authorized by section 1860D–4(c)(5) of the
17 Social Security Act (42 U.S.C. 1395w–10(c)(5)), as
18 added by subsection (a)(1). Such study shall include
19 an analysis of—

20 (A) the impediments, if any, that impair
21 the ability of individuals described in subpara-
22 graph (C) of such section 1860D–4(c)(5) to ac-
23 cess clinically appropriate levels of prescription
24 drugs;

1 (B) the effectiveness of the reasonable ac-
2 cess protections under subparagraph (D)(ii) of
3 such section 1860D–4(c)(5), including the im-
4 pact on beneficiary access and health;
5 (C) how best to define the term ''des-
6 ignated pharmacy'', including whether the defi-
7 nition of such term should include an entity
8 that is comprised of a number of locations that
9 are under common ownership and that elec-
10 tronically share a real-time, online database and
11 whether such a definition would help to protect
12 and improve beneficiary access;
13 (D) the types of—
14 (i) individuals who, in the implemen-
15 tation of such section, are determined to be
16 individuals described in such subpara-
17 graph; and
18 (ii) prescribers and pharmacies that
19 are selected under subparagraph (D) of
20 such section;
21 (E) the extent of prescription drug abuse
22 beyond Controlled Drug Substances in Schedule
23 CII in parts C and D of the Medicare program;
24 and

1 (F) other areas determined appropriate by
2 the Comptroller General.
3 (2) REPORT.—Not later than July 1, 2019, the
4 Comptroller General of the United States shall sub-
5 mit to the appropriate committees of jurisdiction of
6 Congress a report on the study conducted under
7 paragraph (1), together with recommendations for
8 such legislation and administrative action as the
9 Comptroller General determines to be appropriate.
10 (f) REPORT BY SECRETARY.—
11 (1) IN GENERAL.—Not later than 12 months
12 after the date of the enactment of this Act, the Sec-
13 retary of Health and Human Services shall submit
14 to the appropriate committees of jurisdiction of Con-
15 gress a report on ways to improve upon the appeals
16 process for Medicare beneficiaries with respect to
17 prescription drug coverage under part D of title
18 XVIII of the Social Security Act. Such report shall
19 include an analysis comparing appeals processes
20 under parts C and D of such title XVIII.
21 (2) FEEDBACK.—In development of the report
22 described in paragraph (1), the Secretary of Health
23 and Human Services shall solicit feedback on the
24 current appeals process from stakeholders, such as
25 beneficiaries, consumer advocates, plan sponsors,

1 pharmacy benefit managers, pharmacists, providers,
2 independent review entity evaluators, and pharma-
3 ceutical manufacturers.

4 (g) EFFECTIVE DATE.—

5 (1) IN GENERAL.—Except as provided in sub-
6 section (d)(2), the amendments made by this section
7 shall apply to prescription drug plans for plan years
8 beginning on or after January 1, 2018.

9 (2) STAKEHOLDER MEETINGS PRIOR TO EFFEC-
10 TIVE DATE.—

11 (A) IN GENERAL.—Not later than January
12 1, 2017, the Secretary of Health and Human
13 Services shall convene stakeholders, including
14 individuals entitled to benefits under part A of
15 title XVIII of the Social Security Act or en-
16 rolled under part B of such title of such Act,
17 advocacy groups representing such individuals,
18 clinicians, plan sponsors, pharmacists, retail
19 pharmacies, entities delegated by plan sponsors,
20 and biopharmaceutical manufacturers for input
21 regarding the topics described in subparagraph
22 (B). The input described in the preceding sen-
23 tence shall be provided to the Secretary in suffi-
24 cient time in order for the Secretary to take

1 such input into account in promulgating the
2 regulations pursuant to subparagraph (C).
3 (B) TOPICS DESCRIBED.—The topics de-
4 scribed in this subparagraph are the topics of—
5 (i) the impact on cost-sharing and en-
6 suring accessibility to prescription drugs
7 for enrollees in prescription drug plans of
8 PDP sponsors who are at-risk beneficiaries
9 for prescription drug abuse (as defined in
10 paragraph (5)(C) of section 1860D–4(c) of
11 the Social Security Act (42 U.S.C. 1395w–
12 10(c)));
13 (ii) the use of an expedited appeals
14 process under which such an enrollee may
15 appeal an identification of such enrollee as
16 an at-risk beneficiary for prescription drug
17 abuse under such paragraph (similar to the
18 processes established under the Medicare
19 Advantage program under part C of title
20 XVIII of the Social Security Act);
21 (iii) the types of enrollees that should
22 be treated as exempted individuals, as de-
23 scribed in clause (ii) of such paragraph;
24 (iv) the manner in which terms and
25 definitions in paragraph (5) of such section

1 1860D–4(c) should be applied, such as the
2 use of clinical appropriateness in deter-
3 mining whether an enrollee is an at-risk
4 beneficiary for prescription drug abuse as
5 defined in subparagraph (C) of such para-
6 graph (5);
7 (v) the information to be included in
8 the notices described in subparagraph (B)
9 of such section and the standardization of
10 such notices;
11 (vi) with respect to a PDP sponsor
12 that establishes a drug management pro-
13 gram for at-risk beneficiaries under such
14 paragraph (5), the responsibilities of such
15 PDP sponsor with respect to the imple-
16 mentation of such program;
17 (vii) notices for plan enrollees at the
18 point of sale that would explain why an at-
19 risk beneficiary has been prohibited from
20 receiving a prescription at a location out-
21 side of the designated pharmacy;
22 (viii) evidence-based prescribing guide-
23 lines for opiates; and
24 (ix) the sharing of claims data under
25 parts A and B with PDP sponsors.

1 (C) RULEMAKING.—The Secretary of
2 Health and Human Services shall, taking into
3 account the input gathered pursuant to sub-
4 paragraph (A) and after providing notice and
5 an opportunity to comment, promulgate regula-
6 tions to carry out the provisions of, and amend-
7 ments made by subsections (a) and (b).

8 TITLE VIII—TRANSNATIONAL
9 DRUG TRAFFICKING ACT

10 **SEC. 801. SHORT TITLE.**

11 This title may be cited as the ''Transnational Drug
12 Trafficking Act of 2015''.

13 **SEC. 802. POSSESSION, MANUFACTURE OR DISTRIBUTION**
14 **FOR PURPOSES OF UNLAWFUL IMPORTA-**
15 **TIONS.**

16 Section 1009 of the Controlled Substances Import
17 and Export Act (21 U.S.C. 959) is amended—
18 (1) by redesignating subsections (b) and (c) as
19 subsections (c) and (d), respectively; and
20 (2) in subsection (a), by striking ''It shall'' and
21 all that follows and inserting the following: ''It shall
22 be unlawful for any person to manufacture or dis-
23 tribute a controlled substance in schedule I or II or
24 flunitrazepam or a listed chemical intending, know-
25 ing, or having reasonable cause to believe that such

substance or chemical will be unlawfully imported into the United States or into waters within a distance of 12 miles of the coast of the United States.

"(b) It shall be unlawful for any person to manufacture or distribute a listed chemical—

"(1) intending or knowing that the listed chemical will be used to manufacture a controlled substance; and

"(2) intending, knowing, or having reasonable cause to believe that the controlled substance will be unlawfully imported into the United States.".

SEC. 803. TRAFFICKING IN COUNTERFEIT GOODS OR SERVICES.

Chapter 113 of title 18, United States Code, is amended—

(1) in section 2318(b)(2), by striking "section 2320(e)" and inserting "section 2320(f)"; and

(2) in section 2320—

(A) in subsection (a), by striking paragraph (4) and inserting the following:

"(4) traffics in a drug and knowingly uses a counterfeit mark on or in connection with such drug,";

(B) in subsection (b)(3), in the matter preceding subparagraph (A), by striking "counter-

1 feit drug'' and inserting ''drug that uses a
2 counterfeit mark on or in connection with the
3 drug''; and
4 (C) in subsection (f), by striking para-
5 graph (6) and inserting the following:
6 ''(6) the term 'drug' means a drug, as defined
7 in section 201 of the Federal Food, Drug, and Cos-
8 metic Act (21 U.S.C. 321).''.

Passed the Senate March 10, 2016.

Attest:

Secretary.

114TH CONGRESS
2D SESSION

S. 524

AN ACT

To authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.