

115TH CONGRESS
2D SESSION

S. 2789

To prevent substance abuse and reduce demand for illicit narcotics.

IN THE SENATE OF THE UNITED STATES

APRIL 26, 2018

Mr. CORNYN (for himself and Mrs. FEINSTEIN) introduced the following bill;
which was read twice and referred to the Committee on the Judiciary

A BILL

To prevent substance abuse and reduce demand for illicit
narcotics.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Substance Abuse Pre-
5 vention Act of 2018”.

6 **SEC. 2. REAUTHORIZATION OF THE OFFICE OF NATIONAL**
7 **DRUG CONTROL POLICY.**

8 (a) OFFICE OF NATIONAL DRUG CONTROL POLICY
9 REAUTHORIZATION ACT OF 1998.—

10 (1) IN GENERAL.—The Office of National Drug
11 Control Policy Reauthorization Act of 1998 (21

1 U.S.C. 1701 et seq.), as in effect on September 29,
 2 2003, and as amended by the laws described in
 3 paragraph (2), is revived and restored.

4 (2) LAWS DESCRIBED.—The laws described in
 5 this paragraph are:

6 (A) The Office of National Drug Control
 7 Policy Reauthorization Act of 2006 (Public
 8 Law 109–469; 125 Stat. 3502).

9 (B) The Presidential Appointment Effi-
 10 ciency and Streamlining Act of 2011 (Public
 11 Law 112–166; 126 Stat. 1283).

12 (b) REAUTHORIZATION.—Section 715(a) of the Of-
 13 fice of National Drug Control Policy Reauthorization Act
 14 of 1998 (21 U.S.C. 1712(a)) is amended by striking
 15 “2010” and inserting “2022”.

16 **SEC. 3. REAUTHORIZATION OF THE DRUG-FREE COMMU-**
 17 **NITIES PROGRAM.**

18 Section 1024 of the National Narcotics Leadership
 19 Act of 1988 (21 U.S.C. 1524(a)) is amended by striking
 20 subsections (a) and (b) and inserting the following:

21 “(a) IN GENERAL.—There are authorized to be ap-
 22 propriated to the Office of National Drug Control Policy
 23 to carry out this chapter \$99,000,000 for each of fiscal
 24 years 2018 through 2022.

1 “(b) ADMINISTRATIVE COSTS.—Not more than 8
 2 percent of the funds appropriated to carry out this chapter
 3 may be used by the Office of National Drug Control Policy
 4 to pay administrative costs associated with the responsibil-
 5 ities of the Office under this chapter.”.

6 **SEC. 4. REAUTHORIZATION OF THE NATIONAL COMMUNITY**
 7 **ANTI-DRUG COALITION INSTITUTE.**

8 Section 4(c)(4) of Public Law 107–82 (21 U.S.C.
 9 1521 note) is amended by striking “2008 through 2012”
 10 and inserting “2018 through 2022”.

11 **SEC. 5. REAUTHORIZATION OF THE HIGH-INTENSITY DRUG**
 12 **TRAFFICKING AREA PROGRAM.**

13 Section 707(p) of the Office of National Drug Con-
 14 trol Policy Reauthorization Act of 1998 (21 U.S.C.
 15 1706(p)) is amended—

16 (1) in paragraph (4), by striking “and” at the
 17 end;

18 (2) in paragraph (5), by striking the period at
 19 the end and inserting “; and”; and

20 (3) by adding at the end the following:

21 “(6) \$280,000,000 for each of fiscal years 2018
 22 through 2022.”.

23 **SEC. 6. REAUTHORIZATION OF DRUG COURT PROGRAM.**

24 Section 1001(a)(25)(A) of title I of the Omnibus
 25 Crime Control and Safe Streets Act of 1968 (34 U.S.C.

1 10261(a)(25)(A)) is amended by striking “Except as pro-
 2 vided” and all that follows and inserting the following:
 3 “Except as provided in subparagraph (C), there are au-
 4 thorized to be appropriated to carry out part EE
 5 \$75,000,000 for each of fiscal years 2018 through 2022.”.

6 **SEC. 7. DRUG COURT TRAINING AND TECHNICAL ASSIST-**
 7 **ANCE.**

8 Section 1034 of the National Narcotics Leadership
 9 Act of 1988 (21 U.S.C. 1534) is amended by adding at
 10 the end the following—

11 “(c) DRUG COURT TRAINING AND TECHNICAL AS-
 12 SISTANCE PROGRAM.—Using funds appropriated to carry
 13 out this chapter, the Director may make grants to non-
 14 profit organizations for the purpose of providing training
 15 and technical assistance to drug courts.”.

16 **SEC. 8. DRUG OVERDOSE RESPONSE STRATEGY.**

17 Section 707 of the Office of National Drug Control
 18 Policy Reauthorization Act of 1998 (21 U.S.C. 1706) is
 19 amended by adding at the end the following:

20 “(r) DRUG OVERDOSE RESPONSE STRATEGY IMPE-
 21 MENTATION.—The Director may use funds appropriated
 22 to carry out this section to implement a drug overdose re-
 23 sponse strategy in high intensity drug trafficking areas on
 24 a nationwide basis by—

1 “(1) coordinating multi-disciplinary efforts to
 2 prevent, reduce, and respond to drug overdoses, in-
 3 cluding the uniform reporting of fatal and non-fatal
 4 overdoses to public health and safety officials;

5 “(2) increasing data sharing among public safe-
 6 ty and public health officials concerning drug-related
 7 abuse trends, including new psychoactive substances,
 8 and related crime; and

9 “(3) enabling collaborative deployment of pre-
 10 vention, intervention, and enforcement resources to
 11 address substance use addiction and narcotics traf-
 12 ficking.”.

13 **SEC. 9. PROTECTING LAW ENFORCEMENT OFFICERS FROM**
 14 **ACCIDENTAL EXPOSURE.**

15 Section 707 of the Office of National Drug Control
 16 Policy Reauthorization Act of 1998 (21 U.S.C. 1706) is
 17 amended by adding at the end the following:

18 “(s) SUPPLEMENTAL GRANTS.—The Director is au-
 19 thorized to use not more than \$10,000,000 of the amounts
 20 otherwise appropriated to carry out this section to provide
 21 supplemental competitive grants to high intensity drug
 22 trafficking areas that have experienced high seizures of
 23 fentanyl and new psychoactive substances for the purposes
 24 of—

1 “(1) purchasing portable equipment to test for
2 fentanyl and other substances;

3 “(2) training law enforcement officers and
4 other first responders on best practices for handling
5 fentanyl and other substances; and

6 “(3) purchasing protective equipment, including
7 overdose reversal drugs.”.

8 **SEC. 10. DEA 360 STRATEGY.**

9 (a) IN GENERAL.—For each of fiscal years 2018
10 through 2022, the Attorney General, acting through the
11 Director of the Drug Enforcement Administration, and in
12 coordination with the Director of the Office of National
13 Drug Control Policy and the Secretary of Health and
14 Human Services, may implement a DEA 360 Strategy in
15 pilot cities across the United States as a response to grow-
16 ing demand for heroin and opioids in the United States.

17 (b) PROGRAM GOALS.—The goals of the DEA 360
18 Strategy authorized under subsection (a) shall be—

19 (1) preventing the deadly cycle of drug abuse,
20 including heroin and opioid abuse, by targeting drug
21 trafficking organizations and street gangs respon-
22 sible for increasing the supply of narcotics in com-
23 munities;

1 (2) partnering with the healthcare community
2 to raise awareness of the dangers of heroin abuse
3 and prescription opioid abuse; and

4 (3) strengthening community organizations that
5 provide long-term assistance and support for the re-
6 duction of drug abuse in the community.

7 (c) PROGRAM SPECIFICATIONS.—In carrying out the
8 DEA 360 strategy authorized under subsection (a), the
9 Attorney General shall—

10 (1) issue an implementation strategy for each
11 pilot city that is tailored to the unique drug abuse
12 problems of the particular city, details specific meas-
13 ures that will be taken to address the problems,
14 identifies key community partners, and sets specific
15 objectives for success;

16 (2) provide dedicated funding for coordinated
17 law enforcement actions against drug trafficking or-
18 ganizations, involving Federal, State, and local law
19 enforcement officials, including the United States
20 Attorney’s office for the relevant district;

21 (3) conduct diversion control enforcement ac-
22 tions against registrants with the Drug Enforcement
23 Administration who are unlawfully distributing con-
24 trolled substances;

1 (4) create partnerships with pharmaceutical
2 drug manufacturers, wholesalers, pharmacies, and
3 medical practitioners to develop strategies that re-
4 duce heroin and opioid abuse, including specific ef-
5 forts to reduce demand for these substances;

6 (5) increase resources for community partner-
7 ships with nongovernmental organizations that spe-
8 cialize in drug abuse prevention, awareness, or treat-
9 ment; and

10 (6) conduct training and educational campaigns
11 on best practices for reducing heroin and opioid
12 abuse for governmental agencies and nongovern-
13 mental organizations in pilot cities.

14 (d) REPORTS.—For each fiscal year in which the At-
15 torney General carries out the DEA 360 Strategy author-
16 ized under subsection (a) in a pilot city, the Attorney Gen-
17 eral shall issue a public report that details the results of
18 the program in that particular city, including quantitative
19 measures to show whether or not the program succeeded
20 in achieving the objectives for success required under sub-
21 section (c)(1).

22 (e) ADDITIONAL RESOURCES.—The Director of the
23 Office of National Drug Control Policy and the Secretary
24 of Health and Human Services may use funds otherwise
25 appropriated for purposes consistent with this section to

1 assist in the implementation of the DEA 360 Strategy au-
 2 thorized under subsection (a) in pilot cities.

3 **SEC. 11. COPS ANTI-METH PROGRAM.**

4 Section 1701 of the title I of the Omnibus Crime
 5 Control and Safe Streets Act of 1968 (34 U.S.C. 10381)
 6 is amended—

7 (1) by redesignating subsection (k) as sub-
 8 section (l); and

9 (2) by inserting after subsection (j) the fol-
 10 lowing:

11 “(k) COPS ANTI-METH PROGRAM.—The Attorney
 12 General shall use amounts otherwise appropriated to carry
 13 out this section to make competitive grants, in amounts
 14 of not less than \$1,000,000 for a fiscal year, to State law
 15 enforcement agencies with high seizures of precursor
 16 chemicals, finished methamphetamine, laboratories, and
 17 laboratory dump seizures for the purpose of locating or
 18 investigating illicit activities, such as precursor diversion,
 19 laboratories, or methamphetamine traffickers.”.

20 **SEC. 12. COMPREHENSIVE ADDICTION AND RECOVERY ACT**
 21 **EDUCATION AND AWARENESS.**

22 (a) AMENDMENT TO CARA.—Section 102(a) of the
 23 Comprehensive Addiction and Recovery Act of 2016 (Pub-
 24 lic Law 114–198; 130 Stat. 698) is amended by inserting

1 “including the Office of National Drug Control Policy,”
 2 after “agencies,”.

3 (b) USE OF FUNDS.—Subchapter I of chapter 2 of
 4 the National Narcotics Leadership Act of 1988 (21 U.S.C.
 5 1531 et seq.) is amended by adding at the end the fol-
 6 lowing:

7 **“SEC. 1036. COMPREHENSIVE ADDICTION AND RECOVERY**
 8 **ACT EDUCATION AND AWARENESS.**

9 “The Director may use funds made available to carry
 10 out this chapter for the purpose of administering, partici-
 11 pating in, or expanding awareness campaigns and preven-
 12 tion efforts authorized under section 102 of the Com-
 13 prehensive Addiction and Recovery Act of 2016 (Public
 14 Law 114–198; 130 Stat. 698).”.

15 **SEC. 13. PROTECTING CHILDREN WITH ADDICTED PAR-**
 16 **ENTS.**

17 Part D of title V of the Public Health Service Act
 18 (42 U.S.C. 290dd et seq.) is amended by adding at the
 19 end the following:

20 **“SEC. 550. PROTECTING CHILDREN WITH ADDICTED PAR-**
 21 **ENTS.**

22 “(a) BEST PRACTICES.—The Secretary, acting
 23 through the Assistant Secretary for Mental Health and
 24 Substance Use and in cooperation with the Commissioner
 25 of the Administration on Children, Youth and Families,

1 shall collect and disseminate best practices for States re-
2 garding interventions and strategies to keep families af-
3 fected by substance use disorder together, when it can be
4 done safely. Such best practices shall—

5 “(1) utilize comprehensive family-centered ap-
6 proaches;

7 “(2) ensure that families have access to drug
8 screening, substance use treatment, medication-as-
9 sisted treatment approved by the Food and Drug
10 Administration, and parental support; and

11 “(3) build upon lessons learned from programs
12 such as the Maternal, Infant, and Early Childhood
13 Home Visiting programs under section 511 of the
14 Social Security Act.

15 “(b) GRANT PROGRAM.—The Secretary, acting
16 through the Assistant Secretary for Mental Health and
17 Substance Use, shall award grants for the development of
18 programs and models designed to keep pregnant and post-
19 partum women who have a substance use disorder to-
20 gether with their newborns, including programs and mod-
21 els that provide for screenings of pregnant and post-
22 partum women for substance use disorders, treatment
23 interventions, supportive housing, nonpharmacological
24 interventions for children born with neonatal abstinence

1 syndrome, medication assisted treatment, and other recov-
2 ery supports.”.

3 **SEC. 14. REIMBURSEMENT OF SUBSTANCE USE DISORDER**
4 **TREATMENT PROFESSIONALS.**

5 (a) GAO REPORT.—Not later than January 1, 2020,
6 the Comptroller General of the United States shall submit
7 to Congress a report examining how substance use dis-
8 order services are reimbursed.

9 (b) CMS RECOMMENDATIONS.—Not later than Janu-
10 ary 1, 2019, the Administrator of the Centers for Medi-
11 care & Medicaid Services shall examine how substance use
12 disorder services are reimbursed and shall make rec-
13 ommendations to Congress (taking into consideration the
14 findings made by the Comptroller General of the United
15 States in the report required under subsection (a)) as to
16 how to reimburse the treatment of substance use disorders
17 at a higher rate in order to attract a more talented work
18 force.

19 (c) GRANTS TO STATES TO EXPLORE WAYS TO IN-
20 CREASE MEDICAID REIMBURSEMENT.—The Secretary of
21 Health and Human Services is authorized to make grants
22 to States for the purpose of exploring ways to increase
23 reimbursement of substance use disorder services under
24 the Medicaid program under title XIX of the Social Secu-
25 rity Act (42 U.S.C. 1396 et seq.).

1 (d) GRANTS TO STATES TO SUPPLEMENT MEDICAID
 2 REIMBURSEMENT TO CREDENTIALLED SUBSTANCE USE
 3 DISORDER PROFESSIONALS.—The Secretary of Health
 4 and Human Services is authorized to make grants to
 5 States for the purpose of supplementing the reimburse-
 6 ment paid to credentialed substance use disorder profes-
 7 sionals (as defined by the Secretary) under the Medicaid
 8 program under title XIX of the Social Security Act (42
 9 U.S.C. 1396 et seq.).

10 **SEC. 15. TESTING EVIDENCE-BASED MOBILE APPLICATIONS**
 11 **FOR THE TREATMENT OF SUBSTANCE USE**
 12 **DISORDERS.**

13 Section 1115A(b)(2) of the Social Security Act (42
 14 U.S.C. 1315a(b)(2)) is amended—

15 (1) in subparagraph (A), by adding at the end
 16 the following new sentence: “The models selected
 17 under this subparagraph shall include the model de-
 18 scribed in subparagraph (D), which shall be imple-
 19 mented by not later than January 1, 2020.”; and

20 (2) by adding at the end the following new sub-
 21 paragraph:

22 “(D) EVIDENCE-BASED MOBILE APPLICA-
 23 TIONS FOR TREATMENT OF SUBSTANCE USE
 24 DISORDERS.—The model described in this sub-
 25 paragraph is a model to test the use of evi-

1 dence-based mobile applications for the treat-
 2 ment of substance use disorders.”.

3 **SEC. 16. MEDICARE HOSPITAL REQUIREMENT TO PROVIDE**
 4 **NALOXONE AS PART OF THE DISCHARGE**
 5 **PROTOCOL TO INDIVIDUALS BEING DIS-**
 6 **CHARGED AFTER SUFFERING AN OPIOID**
 7 **OVERDOSE.**

8 (a) IN GENERAL.—Section 1866(a)(1) of the Social
 9 Security Act (42 U.S.C. 1395cc(a)(1)) is amended—

10 (1) in subparagraph (X), by striking “and” at
 11 the end;

12 (2) in subparagraph (Y), by striking the period
 13 at the end and inserting “, and”; and

14 (3) by inserting after subparagraph (Y), the fol-
 15 lowing new subparagraph:

16 “(Z) in the case of a hospital or critical access
 17 hospital, to provide naloxone and treatment referral
 18 options as part of the discharge protocol to individ-
 19 uals being discharged after suffering an opioid over-
 20 dose.”.

21 (b) EFFECTIVE DATE.—The amendments made by
 22 subsection (a) shall apply to contracts entered into or re-
 23 newed on or after the date of the enactment of this Act.

1 **SEC. 17. EDUCATIONAL OUTREACH AND ACCESS TO ABUSE-**
 2 **DETERRENT OPIOIDS.**

3 (a) ACCESS TO ABUSE-DETERRENT OPIOIDS.—

4 (1) ACCESS UNDER MEDICARE PART D.—Sec-
 5 tion 1860D–4(c) of the Social Security Act (42
 6 U.S.C. 1395w–104(c)) is amended by adding at the
 7 end the following new paragraph:

8 “(7) ACCESS TO ABUSE-DETERRENT OPIOIDS.—

9 “(A) IN GENERAL.—The Secretary shall
 10 work with PDP sponsors of prescription drug
 11 plans to—

12 “(i) ensure appropriate access to
 13 abuse-deterrent opioids on plan formu-
 14 laries;

15 “(ii) provide advanced abuse-deterrent
 16 opioid targeting (as determined by the Sec-
 17 retary) for beneficiaries identified as at-
 18 risk for opioid abuse under the drug man-
 19 agement program under paragraph (5) or
 20 any other opioid risk management program
 21 established by the sponsor; and

22 “(iii) encourage access to non-opioid
 23 alternatives when medically appropriate.

24 “(B) PROHIBITION ON REQUIRING FAIL
 25 FIRST SCHEMES.—The Secretary shall prohibit
 26 PDP sponsors from requiring fail first schemes,

1 also known as step therapy, with respect to
2 abuse-deterrent opioids.

3 “(C) ENCOURAGING EQUAL ACCESS.—The
4 Secretary shall encourage plans to provide equal
5 access to abuse-deterrent opioids on formulary
6 tiers and patient cost-sharing.

7 “(D) ABUSE-DETERRENT OPIOID DE-
8 FINED.—In this paragraph, the term ‘abuse-de-
9 terrent opioid’ means an abuse-deterrent formu-
10 lation of an opioid, as determined by the Sec-
11 retary.”.

12 (2) ACCESS UNDER PRIVATE HEALTH PLANS.—
13 Subpart II of title XXVII of the Public Health Serv-
14 ice Act (42 U.S.C. 300gg–11 et seq.) is amended by
15 adding at the end the following:

16 **“SEC. 2729. ACCESS TO ABUSE-DETERRENT OPIOIDS.**

17 “(a) IN GENERAL.—A group health plan and a health
18 insurance issuer offering group or individual health insur-
19 ance coverage shall—

20 “(1) ensure appropriate access to abuse-deter-
21 rent opioids as a prescription drug health benefit
22 under such plan or coverage;

23 “(2) provide advanced abuse-deterrent opioid
24 targeting (as determined by the Secretary) for en-

1 rollees in the plan or coverage who are identified as
 2 at-risk for opioid abuse; and

3 “(3) encourage access to non-opioid alternatives
 4 when medically appropriate.

5 “(b) PROHIBITION ON REQUIRING FAIL FIRST
 6 SCHEMES.—The Secretary shall prohibit a group health
 7 plan and a health insurance issuer offering group or indi-
 8 vidual health insurance coverage from requiring fail first
 9 schemes, also known as step therapy, with respect to
 10 abuse-deterrent opioids.

11 “(c) ABUSE-DETERRENT OPIOID DEFINED.—In this
 12 section, the term ‘abuse-deterrent opioid’ means an abuse-
 13 deterrent formulation of an opioid, as determined by the
 14 Secretary.”.

15 (3) EFFECTIVE DATE.—The amendments made
 16 by this subsection shall apply with respect to plan
 17 years beginning on or after January 1, 2019.

18 (b) EDUCATIONAL OUTREACH.—The Secretary of
 19 Health and Human Services shall educate health insur-
 20 ance issuers, Medicare Advantage plans under part C of
 21 title XVIII of the Social Security Act (42 U.S.C. 1395w–
 22 21 et seq.), and prescription drug plans under part D of
 23 such title (42 U.S.C. 1395w–101 et seq.) on opioid abuse
 24 prevention, including the use of abuse-deterrent opioids

1 (as such term is defined in section 2729 of the Public
2 Health Service Act, as added by subsection (a)(2)).

3 **SEC. 18. GRANT PROGRAM TO PROVIDE SUPPORT FOR**
4 **MEDICATION ASSISTED TREATMENT.**

5 (a) TRAINING GRANTS.—The Secretary of Health
6 and Human Services shall award grants to States for the
7 purpose of training non-physician health care profes-
8 sionals in the use of medication-assisted treatment ap-
9 proved by the Food and Drug Administration and related
10 best practices.

11 (b) REFERRAL SYSTEM GRANTS.—The Secretary of
12 Health and Human Services shall award grants to States
13 for the purpose of improving referral systems and ensur-
14 ing that such systems are current and accurate, in order
15 to better enable practitioners to refer patients who are
16 prescribed medication assisted treatment to cognitive ther-
17 apy.

18 **SEC. 19. SOBRIETY TREATMENT AND RECOVERY TEAMS**
19 **(START).**

20 Title III of the Comprehensive Addiction and Recov-
21 ery Act of 2016 (Public Law 114–198; 130 Stat. 717)
22 is amended by adding at the end the following:

23 **“SEC. 304. SOBRIETY TREATMENT AND RECOVERY TEAMS.**

24 “(a) IN GENERAL.—The Director of the Office of
25 National Drug Control Policy, in coordination with the

1 Secretary of Health and Human Services, may make
 2 grants to States, units of local government, or tribal gov-
 3 ernments to establish or expand Sobriety Treatment And
 4 Recovery Team (referred to in this section as ‘START’)
 5 programs to determine the effectiveness of pairing social
 6 workers and mentors with families that are struggling
 7 with substance abuse and child abuse or neglect in order
 8 to help provide peer support, intensive treatment, and
 9 child welfare services.

10 “(b) ALLOWABLE USES.—A grant awarded under
 11 this section may be used for one or more of the following
 12 activities:

13 “(1) Training eligible staff, including social
 14 workers, social services coordinators, child welfare
 15 specialists, substance use disorder treatment profes-
 16 sionals, and mentors.

17 “(2) Expanding access to substance use dis-
 18 order treatment services and drug testing.

19 “(3) Enhancing data sharing with law enforce-
 20 ment agencies and child welfare agencies.

21 “(4) Program evaluation.

22 “(c) PROGRAM REQUIREMENTS.—A family may be
 23 eligible to participate in a START program that receives
 24 funding under this section only if—

1 “(1) there is a substantiated record or finding
2 of child abuse or neglect within the family; and

3 “(2) substance abuse was the primary reason
4 for the record or finding described in paragraph (1).

5 “(d) AUTHORIZATION OF APPROPRIATIONS.—For
6 each of fiscal years 2018 through 2022, the Director of
7 the Office of National Drug Control Policy, in consultation
8 with the Secretary of Health and Human Services, is au-
9 thorized to award not more than \$10,000,000 of amounts
10 otherwise appropriated for comprehensive opioid abuse re-
11 duction activities for purposes of carrying out this sec-
12 tion.”.

13 **SEC. 20. PROVIDER EDUCATION.**

14 Not later than 90 days after the date of enactment
15 of this Act, the Attorney General, in consultation with the
16 Secretary of Health and Human Services, shall complete
17 the plan related to medical registration coordination re-
18 quired by Senate Report 114–239, which accompanied the
19 Veterans Care Financial Protection Act of 2017 (Public
20 Law 115–131; 132 Stat. 334), including through the
21 issuance of necessary rules or regulations.

○