

116TH CONGRESS  
1ST SESSION

# S. 1365

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

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IN THE SENATE OF THE UNITED STATES

MAY 8, 2019

Ms. WARREN (for herself, Ms. BALDWIN, Mr. BLUMENTHAL, Mr. BOOKER, Ms. HARRIS, Mr. MARKEY, Mr. SANDERS, Mr. UDALL, and Mr. VAN HOLLEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

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

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

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

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

Sec. 1. Short title; table of contents.

Sec. 2. Purpose.

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

“TITLE XXXIV—SUBSTANCE USE AND OPIOID HEALTH  
 RESOURCES

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

“Sec. 3401. Establishment of program of grants.

“Sec. 3402. Planning council.

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

“Sec. 3404. Application.

“Sec. 3405. Technical assistance.

“Sec. 3406. Authorization of appropriations.

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

“Sec. 3411. Establishment of program of grants.

“Sec. 3412. Amount of grant, use of amounts, and funding agreement.

“Sec. 3413. Application.

“Sec. 3414. Technical assistance.

“Sec. 3415. Authorization of appropriations.

“Subtitle C—Other Grant Program

“Sec. 3421. Establishment of grant program.

“Sec. 3422. Use of amounts.

“Sec. 3423. Technical assistance.

“Sec. 3424. Planning and development grants.

“Sec. 3425. Authorization of appropriations.

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

“Sec. 3431. Special projects of national significance.

“Sec. 3432. Education and training centers.

“Sec. 3433. Substance use disorder treatment provider capacity under the  
 Medicaid program.

“Sec. 3434. Programs to support employees.

“Sec. 3435. Improving and expanding care.

“Sec. 3436. Naloxone distribution program.

“Sec. 3437. Additional funding for the National Institutes of Health.

“Sec. 3438. Additional funding for the Centers for Disease Control and Prevention.

“Sec. 3439. Definitions.

Sec. 4. Amendments to the Controlled Substances Act.

1 **SEC. 2. PURPOSE.**

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

13 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**  
 14 **ACT.**

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

1 **“TITLE XXXIV—SUBSTANCE USE**  
2 **AND OPIOID HEALTH RE-**  
3 **SOURCES**

4 **“Subtitle A—Local Substance Use**  
5 **and Opioid Emergency Relief**  
6 **Grant Program**

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

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

11 “(b) ELIGIBILITY.—

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

14 “(A) be—

15 “(i) a county that can demonstrate  
16 that the rate of drug overdose deaths per  
17 100,000 population in the county during  
18 the most recent 3-year period for which  
19 such data are available was not less than  
20 the rate of such deaths for the county that  
21 ranked at the 67th percentile of all coun-  
22 ties, as determined by the Secretary;

23 “(ii) a county that can demonstrate  
24 that the number of drug overdose deaths  
25 during the most recent 3-year period for

1           which such data are available was not less  
2           than the number of such deaths for the  
3           county that ranked at the 90th percentile  
4           of all counties, as determined by the Sec-  
5           retary; or

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

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

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

16           “(A) be considered as a single eligible  
17           county for purposes of a grant under this sec-  
18           tion;

19           “(B) submit a single application under sec-  
20           tion 3404;

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

23           “(D) establish, through intergovernmental  
24           agreements, an administrative mechanism to al-

1 locate funds and substance use disorder treat-  
 2 ment services under the grant based on—

3 “(i) the number and rate of drug  
 4 overdose deaths and nonfatal drug  
 5 overdoses in each of the counties that com-  
 6 pose the eligible county;

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

9 “(iii) the health and support per-  
 10 sonnel needs of each such county.

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

13 “(A) IN GENERAL.—A city that is within  
 14 an eligible county described in paragraph (1),  
 15 or a county or group of counties that is within  
 16 a group of counties determined to be an eligible  
 17 county under paragraph (2), shall be eligible to  
 18 receive a grant under section 3401 if such city  
 19 or county or group of counties meets the re-  
 20 quirements of subparagraph (B).

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

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

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

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

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

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

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

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

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

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

1           requirement. Such application shall dem-  
2           onstrate—

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

21 “(c) ADMINISTRATION.—

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

1           “(2) MULTIPLE CONTIGUOUS COUNTIES.—

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

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

17   **“SEC. 3402. PLANNING COUNCIL.**

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

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

1 “(2) include representatives of—

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

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

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

19 “(D) mental health care providers;

20 “(E) local public health agencies;

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

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

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

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

6           “(J) local governments;

7           “(K) non-elected community leaders;

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

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

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

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

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

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

22          “(R) Federal agencies;

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

1           “(T) medical examiners or coroners;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

1 of substance use disorder prevention and treatment  
2 services;

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

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

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

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

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

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

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

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

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

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

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

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

24 “(f) CONFLICTS OF INTEREST.—

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

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

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

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

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

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

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

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

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

19           “(a) AMOUNT OF GRANT.—

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

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

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

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

12 “(C) AMOUNT.—

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

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

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

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

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

8 “(I) an amount equal to—

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

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

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

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

1                   able, an amount determined by the  
2                   Secretary—

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

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

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

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



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

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

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

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

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

16           “(2) SUPPLEMENTAL GRANTS.—

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

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

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

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

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

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

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

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

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

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

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

17          “(B) AMOUNT.—

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

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

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

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

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

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

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

1 within new or emerging subpopula-  
2 tions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22          “(b) USE OF AMOUNTS.—

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



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

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

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

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

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

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

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

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

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

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

23 “(2) DIRECT FINANCIAL ASSISTANCE.—

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

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

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

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

20 “(3) PREVENTION SERVICES.—

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

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

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

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

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

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

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

13 “(C) Hospice services.

14 “(D) Mental health services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7           “(c) REQUIRED TERMS.—

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

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

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

24           “(ii) the eligible local area involved—



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

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

14          “(B) WAIVER.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 **“SEC. 3404. APPLICATION.**

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

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

1       penditures and a demonstration that funds received  
2       from a grant under this subtitle in the prior year  
3       were expended in accordance with local priorities de-  
4       veloped by the local planning council established  
5       under section 3402, except that the planning council  
6       requirement shall not apply with respect to areas re-  
7       ceiving supplemental grant funds under section  
8       3403(a)(2);

9               “(2) establishment of goals and objectives to be  
10       achieved with grant funds provided under this sub-  
11       title, including targets and milestones that are in-  
12       tended to be met, the activities that will be under-  
13       taken to achieve those targets, the number of indi-  
14       viduals likely to be served by the funds sought, in-  
15       cluding demographic data on the populations to be  
16       served, and an explanation of how these goals and  
17       objectives advance the State plan approved by the  
18       Secretary pursuant to section 1932(b);

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

22                 “(A) assess the amount of the charge in  
23                 the discretion of the area, including imposing  
24                 only a nominal charge for the provision of sub-  
25                 stance use disorder treatment services, subject

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

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

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

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

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

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

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

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

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

15 “(1) \$2,700,000,000 for fiscal year 2020;

16 “(2) \$2,700,000,000 for fiscal year 2021;

17 “(3) \$2,700,000,000 for fiscal year 2022;

18 “(4) \$2,700,000,000 for fiscal year 2023;

19 “(5) \$2,700,000,000 for fiscal year 2024;

20 “(6) \$2,700,000,000 for fiscal year 2025;

21 “(7) \$2,700,000,000 for fiscal year 2026;

22 “(8) \$2,700,000,000 for fiscal year 2027;

23 “(9) \$2,700,000,000 for fiscal year 2028; and

24 “(10) \$2,700,000,000 for fiscal year 2029.

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

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

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

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

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

13 “(1) IN GENERAL.—

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

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

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

4                   “(I) \$2,000,000; or

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

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

10                   “(I) \$500,000; or

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

13           “(C) DETERMINATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

3 “(I) the number of drug overdose  
4 deaths in the State involved, as deter-  
5 mined under clause (iii), or the num-  
6 ber of non-fatal drug overdoses in the  
7 State, based on the criteria used by  
8 the State under clause (ii); less

9 “(II) the total number of drug  
10 overdose deaths or non-fatal drug  
11 overdoses that are within areas in  
12 such State or territory that are eligi-  
13 ble counties under section 3401.

14 “(vi) STUDY.—Not later than 3 years  
15 after the date of enactment of this title,  
16 the Comptroller General shall conduct a  
17 study to determine whether the data uti-  
18 lized for purposes of clause (ii) provide the  
19 most precise measure of State need related  
20 to substance use and addiction prevalence  
21 and whether additional data would provide  
22 more precise measures the levels of sub-  
23 stance use and addiction prevalent in  
24 States. Such study shall identify barriers  
25 to collecting or analyzing such data, and



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

7           “(2) SUPPLEMENTAL GRANTS.—

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

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

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

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

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

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

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

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

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

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

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

5           “(B) AMOUNT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22          “(C) MODEL STANDARDS.—

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

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

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

16 “(D) CONTINUUM OF CARE.—

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

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

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

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

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

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

3                   “(I) PRIOR AUTHORIZATION.—

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

17                   “(II) STEP THERAPY.—The term

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



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

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

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

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

23          “(b) USE OF AMOUNTS.—

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

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

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

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

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

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

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

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

18          “(2) DIRECT FINANCIAL ASSISTANCE.—

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

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

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

14          “(3) PREVENTION SERVICES.—

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

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

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

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

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

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

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

7 “(C) Hospice services.

8 “(D) Mental health services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19          “(c) REQUIRED TERMS.—

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

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



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

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

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

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

25                  “(B) WAIVER.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 **“SEC. 3413. APPLICATION.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 “(b) ELIGIBILITY.—

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

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

7           “(B) family planning clinics;

8           “(C) rural health clinics;

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

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

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

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

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

3           “(B) ex-offenders;

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

7           “(D) low-income populations;

8           “(E) inner city populations; and

9           “(F) rural populations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23           **“SEC. 3422. USE OF AMOUNTS.**

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

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

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

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

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

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

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

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

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

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

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

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

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

23           “(3) Hospice services.

24           “(4) Mental health services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 “(d) GRANTS TO TRIBAL GOVERNMENTS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17           “(1) tribal colleges and universities;

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

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

1       stance use disorder treatment services in Native  
2       communities.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 “(a) GRANT PROGRAM FOR WORKERS.—

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



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

7 “(2) GRANTS FOR WORKERS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1           imum, the extent to which the activities sup-  
2           ported by the funding met the goals, objectives,  
3           targets, and milestones specified in the applica-  
4           tion for the funding, and the number of individ-  
5           uals with and without substance use disorder  
6           who received services supported by the funding,  
7           including the services provided to these individ-  
8           uals, the industries in which the individuals  
9           were employed when they received services, and  
10          whether the individuals were still employed in  
11          that same industry or in any industry when the  
12          individuals ceased receiving services supported  
13          by the funding; and

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

16                 “(4) DATA REPORTING AND OVERSIGHT.—An  
17                 entity awarded a grant under this subsection shall  
18                 submit to the Secretary an annual report at such  
19                 time and in such manner as the Secretary shall re-  
20                 quire. Such report shall include, at a minimum, a  
21                 description of—

22                         “(A) the activities funded by the grant;

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

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

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

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

15 “(5) AUTHORIZATION OF APPROPRIATIONS.—  
16 There is authorized to be appropriated to carry out  
17 this subsection—

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9           “(3) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3           “(B) recovery residences.

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

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

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

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

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

23          “(3) RECOVERY RESIDENCES.—

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 “(a) ESTABLISHMENT OF PROGRAM.—

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

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

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

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

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

1           “(2) AUTHORITY TO DECLINE CONTRACTS.—  
2           The Secretary may decline to enter into contracts  
3           under this subsection and may modify or extend  
4           such contracts.

5           “(3) CONTRACT PRICE.—

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

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

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

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

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

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

11          Under contracts under this subsection—

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

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



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

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

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

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

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

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

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

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

10 “(1) First responders, including—

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

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

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

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

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

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

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

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

10                  “(B) other areas of high need; and

11                  “(C) the general public.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19               “(8) \$500,000,000 for fiscal year 2027;

20               “(9) \$500,000,000 for fiscal year 2028; and

21               “(10) \$500,000,000 for fiscal year 2029.

22       **“SEC. 3439. DEFINITIONS.**

23       “In this title:

1           “(1) PLANNING COUNCIL.—The term ‘planning  
2 council’ means the substance use planning council  
3 established under section 3402.

4           “(2) RECOVERY RESIDENCE.—The term ‘recov-  
5 ery residence’ means a residential dwelling unit, or  
6 other form of group housing, that is offered or ad-  
7 vertised through any means, including oral, written,  
8 electronic, or printed means, by any individual or en-  
9 tity as a residence that provides an evidence-based,  
10 peer-supported living environment for individuals un-  
11 dergoing any type of substance use disorder treat-  
12 ment or who have received any type of substance use  
13 disorder treatment in the past 3 years, including  
14 medication assisted treatment.

15           “(3) STATE.—

16           “(A) IN GENERAL.—The term ‘State’  
17 means each of the 50 States, the District of Co-  
18 lumbia, and each of the territories.

19           “(B) TERRITORIES.—The term ‘territory’  
20 means each of American Samoa, Guam, the  
21 Commonwealth of Puerto Rico, the Common-  
22 wealth of the Northern Mariana Islands, the  
23 Virgin Islands, the Republic of the Marshall Is-  
24 lands, the Federated States of Micronesia, and  
25 Palau.

1           “(4) SUBSTANCE USE DISORDER TREAT-  
2           MENT.—

3           “(A) IN GENERAL.—The term ‘substance  
4           use disorder treatment’ means an evidence-  
5           based, professionally directed, deliberate, and  
6           planned regimen including evaluation, observa-  
7           tion, medical monitoring, and rehabilitative  
8           services and interventions such as  
9           pharmacotherapy, mental health services, and  
10          individual and group counseling, on an inpa-  
11          tient or outpatient basis, to help patients with  
12          substance use disorder reach remission and  
13          maintain recovery.

14          “(B) TYPES OF TREATMENT.—Substance  
15          use disorder treatments shall include the fol-  
16          lowing:

17                 “(i) Clinical stabilization services,  
18                 which are evidence-based services provided  
19                 in secure, acute care facilities (which may  
20                 be referred to as ‘addictions receiving fa-  
21                 cilities’) that, at a minimum—

22                         “(I) provide intoxication manage-  
23                         ment and stabilization services;

24                         “(II) are operated 24 hours per  
25                         day, 7 days per week; and

1                   “(III) that serve individuals  
2                   found to be substance use impaired.  
3                   These can also be referred to as ‘Ad-  
4                   dictions receiving facilities’.

5                   “(ii) Withdrawal management and de-  
6                   toxification, which is a medical service that  
7                   is provided on an inpatient or an out-  
8                   patient basis to assist an individual in  
9                   managing the process of withdrawal from  
10                  the physiological and psychological effects  
11                  of substance use disorder.

12                  “(iii) All outpatient, residential, and  
13                  inpatient services described in section  
14                  1915(l)(4)(c) of the Social Security Act.

15                  “(C) LIMITATION.—Substance use disorder  
16                  treatment providers shall not include—

17                          “(i) prevention only providers; and

18                          “(ii) a private practitioner who is li-  
19                          censed by a State licensing board and  
20                          whose practice is limited to non-intensive  
21                          outpatient care.

22                  “(5) SUBSTANCE USE DISORDER TREATMENT  
23                  SERVICES.—The term ‘substance use disorder treat-  
24                  ment services’ means any prevention services, core  
25                  medical services, recovery and support services, early

1 intervention services, and harm reduction services  
2 authorized under this title.”.

3 **SEC. 4. AMENDMENTS TO THE CONTROLLED SUBSTANCES**

4 **ACT.**

5 (a) CERTIFICATIONS.—Part C of the Controlled Sub-  
6 stances Act (21 U.S.C. 821 et seq.) is amended by adding  
7 at the end the following:

8 “CERTIFICATIONS RELATING TO DIVERSION CONTROLS  
9 AND MISBRANDING

10 “SEC. 313. (a) DEFINITIONS.—In this section—

11 “(1) the term ‘covered dispenser’—

12 “(A) means a dispenser—

13 “(i) that is required to register under  
14 section 302(a)(2); and

15 “(ii) dispenses a controlled substance  
16 in schedule II; and

17 “(B) does not include a dispenser that is—

18 “(i) registered to dispense opioid  
19 agonist treatment medication under section  
20 303(g)(1); and

21 “(ii) operating in that capacity;

22 “(2) the term ‘covered distributor’ means a dis-  
23 tributor—

24 “(A) that is required to register under sec-  
25 tion 302(a)(1); and



1           “(B) distributes a controlled substance in  
2           schedule II;

3           “(3) the term ‘covered manufacturer’ means a  
4           manufacturer—

5           “(A) that is required to register under sec-  
6           tion 302(a)(1); and

7           “(B) manufactures a controlled substance  
8           in schedule II;

9           “(4) the term ‘covered officer’, with respect to  
10          a covered person means—

11          “(A) in the case of a covered person that  
12          is not an individual—

13               “(i) the chief executive officer of the  
14               covered person;

15               “(ii) the president of the covered per-  
16               son;

17               “(iii) the chief medical officer of the  
18               covered person; or

19               “(iv) the chief counsel of the covered  
20               person; and

21          “(B) in the case of a covered person that  
22          is an individual, that individual; and

23          “(5) the term ‘covered person’ means—

24               “(A) a covered dispenser;

25               “(B) a covered distributor; or

1                   “(C) a covered manufacturer.

2           “(b) CERTIFICATIONS RELATING TO DIVERSION  
3 CONTROLS.—Not later than 180 days after the date of  
4 enactment of this section, and each year thereafter, each  
5 covered officer of a covered person shall submit to the At-  
6 torney General, for each controlled substance in schedule  
7 II dispensed, distributed, or manufactured by the covered  
8 person, a certification—

9                   “(1) signed by the covered officer; and

10                   “(2) certifying that—

11                   “(A) the covered person maintains effective  
12 controls against diversion of the controlled sub-  
13 stance into channels other than legitimate med-  
14 ical, scientific, research, or industrial channels;

15                   “(B) all information contained in any  
16 record, inventory, or report required to be kept  
17 or submitted to the Attorney General by the  
18 covered person under section 307, or under any  
19 regulation issued under that section, is accu-  
20 rate; and

21                   “(C) the covered person is in compliance  
22 with all applicable requirements under Federal  
23 law relating to reporting suspicious orders for  
24 controlled substances.

1       “(c) CERTIFICATIONS RELATING TO MIS-  
2 BRANDING.—

3           “(1) IN GENERAL.—Not later than 180 days  
4 after the date of enactment of this section, and each  
5 year thereafter, each covered officer of a covered  
6 manufacturer shall submit to the Secretary, for each  
7 controlled substance in schedule II manufactured by  
8 the covered manufacturer, a certification—

9           “(A) signed by the covered officer; and

10           “(B) certifying that the controlled sub-  
11 stance is not misbranded, as described in sec-  
12 tion 502 of the Federal Food, Drug, and Cos-  
13 metic Act (21 U.S.C. 352).

14           “(2) NOTIFICATION TO THE ATTORNEY GEN-  
15 ERAL.—

16           “(A) FAILURE TO SUBMIT CERTIFI-  
17 CATIONS.—Not later than 30 days after the  
18 date on which a covered officer of a covered  
19 manufacturer is required to submit a certifi-  
20 cation under paragraph (1) and fails to do so,  
21 the Secretary shall notify the Attorney General  
22 of the failure by the covered officer to submit  
23 the certification.

24           “(B) FALSE CERTIFICATIONS RELATING  
25 TO MISBRANDING.—Not later than 30 days

1 after the date on which the Secretary becomes  
2 aware that a certification submitted under  
3 paragraph (1) contains a materially false state-  
4 ment or representation relating to the mis-  
5 branding of a controlled substance with respect  
6 to the year for which the certification is sub-  
7 mitted, the Secretary shall notify the Attorney  
8 General that the certification contains the ma-  
9 terially false statement or representation.”.

10 (b) OFFENSES.—Part D of title II of the Controlled  
11 Substances Act (21 U.S.C. 841 et seq.) is amended by  
12 adding at the end the following:

13 “CERTIFICATIONS BY COVERED OFFICERS

14 “SEC. 424. (a) DEFINITIONS.—In this section, the  
15 terms ‘covered dispenser’, ‘covered distributor’, ‘covered  
16 manufacturer’, ‘covered officer’, and ‘covered person’ have  
17 the meanings given those terms in section 313.

18 “(b) OFFENSES.—

19 “(1) FAILURE TO SUBMIT CERTIFICATIONS.—

20 “(A) CERTIFICATIONS RELATING TO DI-  
21 VERSION CONTROLS.—It shall be unlawful for a  
22 covered officer of a covered person to fail to  
23 submit a certification required under section  
24 313(b), without regard to the state of mind of  
25 the covered officer.

1           “(B) CERTIFICATIONS RELATING TO MIS-  
2           BRANDING.—It shall be unlawful for a covered  
3           officer of a covered manufacturer to fail to sub-  
4           mit a certification required under section  
5           313(c)(1), without regard to the state of mind  
6           of the covered officer.

7           “(2) SUBMISSION OF FALSE CERTIFICATIONS.—

8           “(A) FALSE CERTIFICATIONS RELATING TO  
9           DIVERSION CONTROLS.—It shall be unlawful for  
10          a covered officer of a covered person to submit  
11          a certification required under section 313(b),  
12          without regard to the state of mind of the cov-  
13          ered officer, that contains a materially false  
14          statement or representation relating to the in-  
15          formation required to be certified under that  
16          section for the year for which the certification  
17          is submitted.

18          “(B) FALSE CERTIFICATIONS RELATING  
19          TO MISBRANDING.—It shall be unlawful for a  
20          covered officer of a covered manufacturer to  
21          submit a certification required under section  
22          313(c)(1), without regard to the state of mind  
23          of the covered officer, that contains a materially  
24          false statement or representation relating to the  
25          misbranding of a controlled substance with re-

1           spect to the year for which the certification is  
2           submitted.

3           “(c) PENALTIES.—

4           “(1) CIVIL PENALTIES.—Except as provided in  
5           paragraph (2), a covered officer who violates sub-  
6           section (b) shall be subject to a civil penalty of not  
7           more than \$25,000.

8           “(2) CRIMINAL PENALTIES.—A covered officer  
9           who knowingly violates subsection (b)(2) shall be  
10          subject to criminal penalties under section 403(d).

11          “(d) COMPREHENSIVE ADDICTION RESOURCES  
12          FUND.—

13          “(1) ESTABLISHMENT.—There is established in  
14          the Treasury a fund to be known as the ‘Com-  
15          prehensive Addiction Resources Fund’.

16          “(2) TRANSFER OF AMOUNTS.—There shall be  
17          transferred to the Comprehensive Addiction Re-  
18          sources Fund 100 percent of—

19                  “(A) any civil penalty paid to the United  
20                  States under this section; and

21                  “(B) any fine paid to the United States  
22                  under section 403(d) for a knowing violation of  
23                  subsection (b)(2) of this section.

1           “(3) AVAILABILITY AND USE OF FUNDS.—  
2           Amounts transferred to the Comprehensive Addic-  
3           tion Fund under paragraph (2) shall—

4                   “(A) remain available until expended; and

5                   “(B) be made available to supplement  
6           amounts appropriated to carry out title XXXIV  
7           of the Public Health Service Act.”.

8           (c) CRIMINAL PENALTIES.—Section 403 of the Con-  
9           trolled Substances Act (21 U.S.C. 843) is amended—

10           (1) in subsection (d)(1)—

11                   (A) by inserting “or knowingly violates sec-  
12           tion 424(b)(2)” after “any person who violates  
13           this section”; and

14                   (B) by striking “violation of this section”  
15           and inserting “such a violation”; and

16           (2) in subsection (f)—

17                   (A) in paragraph (1), by striking “or 416”  
18           and inserting “or section 416, or knowing viola-  
19           tions of section 424(b)(2)”; and

20                   (B) in paragraph (3), by inserting “or  
21           knowing violations of section 424(b)(2)” before  
22           the period at the end.

23           (d) TECHNICAL AND CONFORMING AMENDMENTS.—

24           The table of contents for the Comprehensive Drug Abuse

1 Prevention and Control Act of 1970 (Public Law 91–513;  
2 84 Stat. 1236) is amended—

3 (1) by inserting after the item relating to sec-  
4 tion 311 the following:

“Sec. 312. Suspicious orders.

“Sec. 313. Certifications relating to diversion controls and misbranding.”;

5 and

6 (2) by inserting after the item relating to sec-  
7 tion 423 the following:

“Sec. 424. Certifications by covered officers.”.

8 (e) EFFECTIVE DATE.—The amendments made by  
9 subsections (b) and (c) of this section shall take effect on  
10 the date that is 180 days after the date of enactment of  
11 this Act.

○