117TH CONGRESS 1ST SESSION H.R. 2379

AN ACT

- To amend the 21st Century Cures Act to reauthorize and expand a grant program for State response to the opioid use disorders crisis, and for other purposes.
 - 1 Be it enacted by the Senate and House of Representa-
 - 2 tives of the United States of America in Congress assembled,

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the "State Opioid Response3 Grant Authorization Act of 2021".

4 SEC. 2. GRANT PROGRAM FOR STATE AND TRIBAL RE5 SPONSE TO OPIOID AND STIMULANT USE AND
6 MISUSE.

7 Section 1003 of the 21st Century Cures Act (42
8 U.S.C. 290ee–3 note) is amended to read as follows:

9 "SEC. 1003. GRANT PROGRAM FOR STATE AND TRIBAL RE10 SPONSE TO OPIOID AND STIMULANT USE AND
11 MISUSE.

12 "(a) IN GENERAL.—The Secretary of Health and 13 Human Services (referred to in this section as the 'Sec-14 retary') shall carry out the grant program described in 15 subsection (b) for purposes of addressing opioid and stim-16 ulant use and misuse, within States, Indian Tribes, and 17 populations served by Tribal organizations and Urban In-18 dian organizations.

19 "(b) Grants Program.—

"(1) IN GENERAL.—Subject to the availability
of appropriations, the Secretary shall award grants
to States, Indian Tribes, Tribal organizations, and
Urban Indian organizations for the purpose of addressing opioid and stimulant use and misuse, within
such States, such Indian Tribes, and populations
served by such Tribal organizations and Urban In-

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dian organizations, in accordance with paragraph
 (2).

3 "(2) MINIMUM ALLOCATIONS; PREFERENCE.—
4 In determining grant amounts for each recipient of
5 a grant under paragraph (1), the Secretary shall—
6 "(A) ensure that each State receives not
7 less than \$4,000,000; and

"(B) give preference to States, Indian 8 9 Tribes, Tribal organizations, and Urban Indian 10 organizations whose populations have an inci-11 dence or prevalence of opioid use disorders or 12 stimulant use or misuse that is substantially 13 higher relative to the populations of other 14 States, other Indian Tribes, Tribal organiza-15 tions, or Urban Indian organizations, as appli-16 cable.

17 "(3) FORMULA METHODOLOGY.—

18 "(A) IN GENERAL.—Before publishing a
19 funding opportunity announcement with respect
20 to grants under this section, the Secretary
21 shall—

22 "(i) develop a formula methodology to
23 be followed in allocating grant funds
24 awarded under this section among grant-

1	ees, which includes performance assess-
2	ments for continuation awards; and
3	"(ii) not later than 30 days after de-
4	veloping the formula methodology under
5	clause (i), submit the formula methodology
6	to—
7	"(I) the Committee on Energy
8	and Commerce and the Committee on
9	Appropriations of the House of Rep-
10	resentatives; and
11	"(II) the Committee on Health,
12	Education, Labor, and Pensions and
13	the Committee on Appropriations of
14	the Senate.
15	"(B) REPORT.—Not later than two years
16	after the date of the enactment of the State
17	Opioid Response Grant Authorization Act of
18	2021, the Comptroller General of the United
19	States shall submit to the Committee on
20	Health, Education, Labor, and Pensions of the
21	Senate and the Committee on Energy and Com-
22	merce of the House of Representatives a report
23	that—
24	"(i) assesses how grant funding is al-
25	located to States under this section and

how such allocations have changed over
time;
"(ii) assesses how any changes in
funding under this section have affected
the efforts of States to address opioid or
stimulant use or misuse; and
"(iii) assesses the use of funding pro-
vided through the grant program under
this section and other similar grant pro-
grams administered by the Substance
Abuse and Mental Health Services Admin-
istration.
"(4) USE OF FUNDS.—Grants awarded under
this subsection shall be used for carrying out activi-
ties that supplement activities pertaining to opioid
and stimulant use and misuse, undertaken by the
State agency responsible for administering the sub-
stance abuse prevention and treatment block grant
under subpart II of part B of title XIX of the Public
Health Service Act (42 U.S.C. 300x–21 et seq.),
which may include public health-related activities
such as the following:
"(A) Implementing prevention activities,

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and evaluating such activities to identify effec-

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1	tive strategies to prevent substance use dis-
2	orders.
3	"(B) Establishing or improving prescrip-
4	tion drug monitoring programs.
5	"(C) Training for health care practitioners,
6	such as best practices for prescribing opioids,
7	pain management, recognizing potential cases
8	of substance use disorders, referral of patients
9	to treatment programs, preventing diversion of
10	controlled substances, and overdose prevention.
11	"(D) Supporting access to health care
12	services, including—
13	"(i) services provided by federally cer-
14	tified opioid treatment programs;
15	"(ii) outpatient and residential sub-
16	stance use disorder treatment services that
17	utilize medication-assisted treatment, as
18	appropriate; or
19	"(iii) other appropriate health care
20	providers to treat substance use disorders.
21	"(E) Recovery support services, includ-
22	ing—
23	"(i) community-based services that in-
24	clude peer supports;

1	"(ii) mutual aid recovery programs
2	that support medication-assisted treat-
3	ment; or
4	"(iii) services to address housing
5	needs and family issues.
6	"(F) Other public health-related activities,
7	as the State, Indian Tribe, Tribal organization,
8	or Urban Indian organization determines appro-
9	priate, related to addressing substance use dis-
10	orders within the State, Indian Tribe, Tribal or-
11	ganization, or Urban Indian organization, in-
12	cluding directing resources in accordance with
13	local needs related to substance use disorders.
14	"(c) Accountability and Oversight.—A State re-
15	ceiving a grant under subsection (b) shall include in re-
16	porting related to substance use disorders submitted to the
17	Secretary pursuant to section 1942 of the Public Health
18	Service Act (42 U.S.C. 300x–52), a description of—
19	((1) the purposes for which the grant funds re-
20	ceived by the State under such subsection for the
21	preceding fiscal year were expended and a descrip-
22	tion of the activities of the State under the grant;
23	((2) the ultimate recipients of amounts pro-
24	vided to the State; and

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"(3) the number of individuals served through
 the grant.

3 "(d) LIMITATIONS.—Any funds made available pur4 suant to subsection (i)—

5 "(1) shall not be used for any purpose other6 than the grant program under subsection (b); and

"(2) shall be subject to the same requirements
as substance use disorders prevention and treatment
programs under titles V and XIX of the Public
Health Service Act (42 U.S.C. 290aa et seq., 300w
et seq.).

12 "(e) Indian Tribes, Tribal Organizations, and URBAN INDIAN ORGANIZATIONS.—The Secretary, in con-13 14 sultation with Indian Tribes, Tribal organizations, and 15 Urban Indian organizations, shall identify and establish appropriate mechanisms for Indian Tribes, Tribal organi-16 17 zations, and Urban Indian organizations to demonstrate or report the information as required under subsections 18 19 (b), (c), and (d).

"(f) REPORT TO CONGRESS.—Not later than September 30, 2024, and biennially thereafter, the Secretary
shall submit to the Committee on Health, Education,
Labor, and Pensions of the Senate and the Committee on
Energy and Commerce of the House of Representatives,
and the Committees on Appropriations of the House of

Representatives and the Senate, a report that includes a
 summary of the information provided to the Secretary in
 reports made pursuant to subsections (c) and (e), includ ing—

5 "(1) the purposes for which grant funds are6 awarded under this section;

"(2) the activities of the grant recipients; and
"(3) for each State, Indian Tribe, Tribal organization, and Urban Indian organization that receives a grant under this section, the funding level
provided to such recipient.

12 "(g) TECHNICAL ASSISTANCE.—The Secretary, in-13 cluding through the Tribal Training and Technical Assistance Center of the Substance Abuse and Mental Health 14 15 Services Administration, shall provide States, Indian Tribes, Tribal organizations, and Urban Indian organiza-16 tions, as applicable, with technical assistance concerning 17 18 grant application and submission procedures under this section, award management activities, and enhancing out-19 20 reach and direct support to rural and underserved commu-21 nities and providers in addressing substance use disorders. 22 "(h) DEFINITIONS.—In this section:

23 "(1) INDIAN TRIBE.—The term 'Indian Tribe'
24 has the meaning given the term 'Indian tribe' in sec-

1	tion 4 of the Indian Self-Determination and Edu-
2	cation Assistance Act (25 U.S.C. 5304).
3	"(2) TRIBAL ORGANIZATION.—The term 'Tribal
4	organization' has the meaning given the term 'tribal
5	organization' in such section 4.
6	"(3) STATE.—The term 'State' has the mean-
7	ing given such term in section 1954(b) of the Public
8	Health Service Act (42 U.S.C. 300x-64(b)).
9	"(4) URBAN INDIAN ORGANIZATION.—The term
10	'Urban Indian organization' has the meaning given
11	such term in section 4 of the Indian Health Care
12	Improvement Act.
13	"(i) Authorization of Appropriations.—
14	"(1) IN GENERAL.—For purposes of carrying
15	out the grant program under subsection (b), there is
16	authorized to be appropriated \$1,750,000,000 for
17	each of fiscal years 2022 through 2027, to remain
18	available until expended.
19	"(2) Federal administrative expenses.—
20	Of the amounts made available for each fiscal year
21	to award grants under subsection (b), the Secretary
22	shall not use more than 20 percent for Federal ad-
23	ministrative expenses, training, technical assistance,

1	"(3) Set aside.—Of the amounts made avail-
2	able for each fiscal year to award grants under sub-
3	section (b) for a fiscal year, the Secretary shall—
4	"(A) award 5 percent to Indian Tribes,
5	Tribal organizations, and Urban Indian organi-
6	zations; and
7	"(B) of the amount remaining after appli-
8	cation of subparagraph (A), set aside up to 15
9	percent for awards to States with the highest
10	age-adjusted rate of drug overdose death based
11	on the ordinal ranking of States according to
12	the Director of the Centers for Disease Control
13	and Prevention.".

Passed the House of Representatives October 20, 2021.

Attest:

Clerk.

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