

117TH CONGRESS
1ST SESSION

S. 1010

To provide funding for programs and activities under the SUPPORT for Patients and Communities Act.

IN THE SENATE OF THE UNITED STATES

MARCH 25, 2021

Mrs. SHAHEEN (for herself and Ms. HASSAN) introduced the following bill;
which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide funding for programs and activities under the
SUPPORT for Patients and Communities Act.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Turn the Tide Act”.

5 **SEC. 2. CONTROLLED SUBSTANCE PROVISIONS OF THE**
6 **SUPPORT FOR PATIENTS AND COMMUNITIES**
7 **ACT.**

8 (a) GRANTS TO ENHANCE ACCESS TO SUBSTANCE
9 USE DISORDER TREATMENT.—Section 3203(b) of the
10 Substance Use-Disorder Prevention that Promotes Opioid

1 Recovery and Treatment for Patients and Communities
 2 Act (Public Law 115–271) is amended to read as follows:

3 “(b) APPROPRIATIONS.—For grants under subsection
 4 (a), there is authorized to be appropriated, and there is
 5 appropriated, out of any monies in the Treasury not other-
 6 wise appropriated, \$4,000,000 for each of fiscal years
 7 2021 through 2024.”.

8 (b) ACCESS TO INCREASED DRUG DISPOSAL.—Sec-
 9 tion 3260 of the Substance Use-Disorder Prevention that
 10 Promotes Opioid Recovery and Treatment for Patients
 11 and Communities Act (Public Law 115–271) is amended
 12 to read as follows:

13 **“SEC. 3260. APPROPRIATIONS.**

14 “To carry out this chapter, there is authorized to be
 15 appropriated, and there is appropriated, out of any monies
 16 in the Treasury not otherwise appropriated, \$10,000,000
 17 for each of fiscal years 2021 through 2024.”.

18 **SEC. 3. PUBLIC HEALTH PROVISIONS OF THE SUPPORT**
 19 **FOR PATIENTS AND COMMUNITIES ACT.**

20 (a) FIRST RESPONDER TRAINING.—Section 546(h)
 21 of the Public Health Service Act (42 U.S.C. 290ee–1(h))
 22 is amended to read as follows:

23 “(h) APPROPRIATIONS.—To carry out this section,
 24 there is authorized to be appropriated, and there is appro-
 25 priated, out of any monies in the Treasury not otherwise

1 appropriated, \$36,000,000 for each of fiscal years 2021
2 through 2024.”.

3 (b) PUBLIC HEALTH LABORATORIES PILOT PRO-
4 GRAM.—Section 7011(d) of the Substance Use-Disorder
5 Prevention that Promotes Opioid Recovery and Treatment
6 for Patients and Communities Act (Public Law 115–271)
7 is amended to read as follows:

8 “(d) APPROPRIATIONS.—To carry out this section,
9 there is authorized to be appropriated, and there is appro-
10 priated, out of any monies in the Treasury not otherwise
11 appropriated, \$15,000,000 for each of fiscal years 2021
12 through 2024.”.

13 (c) NATIONAL RECOVERY HOUSING BEST PRAC-
14 TICES.—Section 550(g) of the Public Health Service Act
15 (42 U.S.C. 290ee–5(g)) is amended to read as follows:

16 “(g) APPROPRIATIONS.—To carry out this section,
17 there is authorized to be appropriated, and there is appro-
18 priated, out of any monies in the Treasury not otherwise
19 appropriated, \$3,000,000 for the period of fiscal years
20 2021 through 2022.”.

21 (d) MODEL TRAINING PROGRAMS FOR SUBSTANCE
22 USE DISORDER PATIENT RECORDS.—Section 7053(e) of
23 the Substance Use-Disorder Prevention that Promotes
24 Opioid Recovery and Treatment for Patients and Commu-

1 nities Act (Public Law 115–271) is amended to read as
 2 follows:

3 “(e) APPROPRIATIONS.—To carry out this section,
 4 there is authorized to be appropriated, and there is appro-
 5 priated, out of any monies in the Treasury not otherwise
 6 appropriated—

7 “(1) \$4,000,000 for fiscal years 2021;

8 “(2) \$2,000,000 for each of fiscal year 2022;

9 and

10 “(3) \$1,000,000 for each of fiscal years 2023
 11 and 2024.”.

12 (e) RESIDENTIAL TREATMENT PROGRAMS FOR
 13 PREGNANT AND POSTPARTUM WOMEN.—Section 508(s)
 14 of the Public Health Service Act (42 U.S.C. 290bb–1(s))
 15 is amended by striking the first sentence and inserting the
 16 following: “To carry out this section, there is authorized
 17 to be appropriated, and there is appropriated, out of any
 18 monies in the Treasury not otherwise appropriated,
 19 \$29,931,000 for each of fiscal years 2021 through 2024.”.

20 (f) MENTAL AND BEHAVIORAL HEALTH EDUCATION
 21 AND TRAINING GRANTS.—Section 756(f) of the Public
 22 Health Service Act (42 U.S.C. 294e–1(f)) is amended to
 23 read as follows:

24 “(f) APPROPRIATIONS.—To carry out this section,
 25 there is authorized to be appropriated, and there is appro-

1 priated, out of any monies in the Treasury not otherwise
2 appropriated, \$50,000,000 for each of fiscal years 2021
3 through 2024.”.

4 (g) COORDINATION AND CONTINUATION OF CARE
5 FOR DRUG OVERDOSE PATIENTS.—Section 7081(f) of the
6 Substance Use-Disorder Prevention that Promotes Opioid
7 Recovery and Treatment for Patients and Communities
8 Act (Public Law 115–271) is amended to read as follows:

9 “(f) APPROPRIATIONS.—To carry out this section,
10 there is authorized to be appropriated, and there is appro-
11 priated, out of any monies in the Treasury not otherwise
12 appropriated, \$10,000,000 for each of fiscal years 2021
13 through 2024.”.

14 (h) EMERGENCY DEPARTMENT ALTERNATIVES TO
15 OPIOIDS DEMONSTRATION PROGRAM.—Section 7091(g)
16 of the Substance Use-Disorder Prevention that Promotes
17 Opioid Recovery and Treatment for Patients and Commu-
18 nities Act (Public Law 115–271) is amended to read as
19 follows:

20 “(g) APPROPRIATIONS.—To carry out this section,
21 there is authorized to be appropriated, and there is appro-
22 priated, out of any monies in the Treasury not otherwise
23 appropriated, \$10,000,000 for each of fiscal years 2021
24 through 2024.”.

1 (i) REGIONAL CENTERS OF EXCELLENCE IN SUB-
 2 STANCE USE DISORDER EDUCATION.—Section 551(f) of
 3 the Public Health Service Act (42 U.S.C. 290ee–6(f)) is
 4 amended to read as follows:

5 “(f) APPROPRIATIONS.—To carry out this section,
 6 there is authorized to be appropriated, and there is appro-
 7 priated, out of any monies in the Treasury not otherwise
 8 appropriated, \$4,000,000 for each of fiscal years 2021
 9 through 2024.”.

10 (j) YOUTH PREVENTION AND RECOVERY.—Section
 11 7102(c)(9) of the Substance Use-Disorder Prevention that
 12 Promotes Opioid Recovery and Treatment for Patients
 13 and Communities Act (Public Law 115–271) is amended
 14 to read as follows:

15 “(9) APPROPRIATIONS.—To carry out this sub-
 16 section, there is authorized to be appropriated, and
 17 there is appropriated, out of any monies in the
 18 Treasury not otherwise appropriated, \$10,000,000
 19 for each of fiscal years 2021 through 2024.”.

20 (k) COMPREHENSIVE OPIOID RECOVERY CEN-
 21 TERS.—Section 552(j) of the Public Health Service Act
 22 (42 U.S.C. 290ee–7(j)) is amended to read as follows:

23 “(j) APPROPRIATIONS.—To carry out this section,
 24 there is authorized to be appropriated, and there is appro-
 25 priated, out of any monies in the Treasury not otherwise

1 appropriated, \$10,000,000 for each of fiscal years 2021
2 through 2024.”.

3 (l) CDC SURVEILLANCE AND DATA COLLECTION.—
4 Section 7131(e) of the Substance Use-Disorder Prevention
5 that Promotes Opioid Recovery and Treatment for Pa-
6 tients and Communities Act (Public Law 115–271) is
7 amended to read as follows:

8 “(e) APPROPRIATIONS.—To carry out this section,
9 there is authorized to be appropriated, and there is appro-
10 priated, out of any monies in the Treasury not otherwise
11 appropriated, \$2,000,000 for each of fiscal years 2021
12 through 2024.”.

13 (m) NATIONAL CHILD TRAUMATIC STRESS INITIA-
14 TIVE.—Section 582(j) of the Public Health Service Act
15 (42 U.S.C. 290hh–1(j)) is amended to read as follows:

16 “(j) APPROPRIATIONS.—To carry out this section,
17 there is authorized to be appropriated, and there is appro-
18 priated, out of any monies in the Treasury not otherwise
19 appropriated, \$63,887,000 for each of fiscal years 2021
20 through 2024.”.

21 (n) TRAUMA SUPPORT SERVICES AND MENTAL
22 HEALTH CARE.—Section 7134(l) of the Substance Use-
23 Disorder Prevention that Promotes Opioid Recovery and
24 Treatment for Patients and Communities Act (Public Law
25 115–271) is amended to read as follows:

1 “(l) APPROPRIATIONS.—To carry out this section,
 2 there is authorized to be appropriated, and there is appro-
 3 priated, out of any monies in the Treasury not otherwise
 4 appropriated, \$50,000,000 for each of fiscal years 2021
 5 through 2024.”.

6 (o) SURVEILLANCE AND EDUCATION REGARDING IN-
 7 FECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND
 8 OTHER RISK FACTORS.—Section 317N(d) of the Public
 9 Health Service Act (42 U.S.C. 247b–15(d)) is amended
 10 to read as follows:

11 “(d) APPROPRIATIONS.—To carry out this section,
 12 there is authorized to be appropriated, and there is appro-
 13 priated, out of any monies in the Treasury not otherwise
 14 appropriated, \$40,000,000 for each of fiscal years 2021
 15 through 2024.”.

16 (p) BUILDING COMMUNITIES OF RECOVERY.—Sec-
 17 tion 547(f) of the Public Health Service Act (42 U.S.C.
 18 290ee–2(f)) is amended to read as follows:

19 “(f) APPROPRIATIONS.—To carry out this section,
 20 there is authorized to be appropriated, and there is appro-
 21 priated, out of any monies in the Treasury not otherwise
 22 appropriated, \$5,000,000 for each of fiscal years 2021
 23 through 2024.”.

1 (q) PEER SUPPORT TECHNICAL ASSISTANCE CEN-
2 TER.—Section 547A(e) of the Public Health Service Act
3 (42 U.S.C. 290ee–2a(e)) is amended to read as follows:

4 “(e) APPROPRIATIONS.—To carry out this section,
5 there is authorized to be appropriated, and there is appro-
6 priated, out of any monies in the Treasury not otherwise
7 appropriated, \$1,000,000 for each of fiscal years 2021
8 through 2024.”.

9 (r) PREVENTING OVERDOSES OF CONTROLLED SUB-
10 STANCES.—Section 392A(d) of the Public Health Service
11 Act (42 U.S.C. 280b–1(d)) is amended to read as follows:

12 “(d) APPROPRIATIONS.—To carry out this section,
13 there is authorized to be appropriated, and there is appro-
14 priated, out of any monies in the Treasury not otherwise
15 appropriated, \$496,000,000 for each of fiscal years 2021
16 through 2024.”.

17 (s) CAREER ACT.—Section 7183(k) of the Substance
18 Use-Disorder Prevention that Promotes Opioid Recovery
19 and Treatment for Patients and Communities Act (Public
20 Law 115–271) is amended to read as follows:

21 “(k) APPROPRIATIONS.—To carry out this section,
22 there is authorized to be appropriated, and there is appro-
23 priated, out of any monies in the Treasury not otherwise
24 appropriated, \$5,000,000 for each of fiscal years 2021
25 through 2024.”.

1 **SEC. 4. HOUSING AND DEPARTMENT OF JUSTICE PROVI-**
2 **SIONS OF THE SUPPORT FOR PATIENTS AND**
3 **COMMUNITIES ACT.**

4 (a) ASSISTANCE TO HELP INDIVIDUALS IN RECOV-
5 ERY FROM SUBSTANCE USE DISORDER BECOME STABLY
6 HOUSED.—Section 8071(a) of the Substance Use-Dis-
7 order Prevention that Promotes Opioid Recovery and
8 Treatment for Patients and Communities Act (42 U.S.C.
9 5301 note; Public Law 115–271) is amended by striking
10 “such sums as may be necessary for each of fiscal years
11 2019 through 2023” and inserting “, and there are appro-
12 priated, out of any monies in the Treasury not otherwise
13 appropriated, \$25,000,000 for each of fiscal years 2021
14 through 2024”.

15 (b) BUILDING CAPACITY FOR FAMILY-FOCUSED RES-
16 IDENTIAL TREATMENT.—Section 8083(c) of the Sub-
17 stance Use-Disorder Prevention that Promotes Opioid Re-
18 covery and Treatment for Patients and Communities Act
19 (Public Law 115–271) is amended to read as follows:

20 “(c) APPROPRIATIONS.—To carry out this section,
21 there is authorized to be appropriated, and there is appro-
22 priated, out of any monies in the Treasury not otherwise
23 appropriated, \$20,000,000 for fiscal years 2020, which
24 shall remain available through fiscal year 2023.”.

25 (c) COMPREHENSIVE OPIOID ABUSE GRANT PRO-
26 GRAM.—Section 1001(a)(27) of title I of the Omnibus

1 Crime Control and Safe Streets Act of 1968 (34 U.S.C.
2 10261(a)(27)) is amended to read as follows:

3 “(27) To carry out part LL, there is authorized to
4 be appropriated, and there is appropriated, out of any
5 monies in the Treasury not otherwise appropriated,
6 \$500,000,000 for each of fiscal years 2021 through
7 2024.”.

8 (d) OFFICE OF NATIONAL DRUG CONTROL POL-
9 ICY.—Section 714 of the Office of National Drug Control
10 Policy Reauthorization Act of 1998 (21 U.S.C. 1711) is
11 amended to read as follows:

12 **“SEC. 714. AUTHORIZATION OF APPROPRIATIONS; APPRO-**
13 **PRIATIONS.**

14 “To carry out this title, except activities otherwise
15 specified, there is authorized to be appropriated, and there
16 is appropriated, out of any monies in the Treasury not
17 otherwise appropriated, \$50,000,000 for each of fiscal
18 years 2021 through 2024, to remain available until ex-
19 pended.”.

20 (e) DRUG-FREE COMMUNITIES PROGRAM.—Section
21 1024 of the Anti-Drug Abuse Act of 1988 (21 U.S.C.
22 1524) is amended—

23 (1) in the heading, by inserting “**; APPRO-**
24 **PRIATIONS**” after “**AUTHORIZATION OF APPRO-**
25 **PRIATIONS**”; and

1 (2) by striking subsection (a) and inserting the
2 following:

3 “(a) IN GENERAL.—To carry out this chapter, there
4 is authorized to be appropriated to the Office of National
5 Drug Control Policy, and there is appropriated, out of any
6 monies in the Treasury not otherwise appropriated,
7 \$150,000,000 for each of fiscal years 2021 through
8 2024.”.

9 (f) HIGH-INTENSITY DRUG TRAFFICKING AREA PRO-
10 GRAM.—Section 707(p) of the Office of National Drug
11 Control Policy Reauthorization Act of 1988 (21 U.S.C.
12 1706(p)) is amended—

13 (1) by redesignating paragraphs (1) through
14 (6) as subparagraphs (A) through (F), respectively,
15 and adjusting the margins accordingly;

16 (2) by striking “There is authorized” and in-
17 serting the following:

18 “(1) IN GENERAL.—There is authorized”;

19 (3) in paragraph (1), as so designated—

20 (A) in subparagraph (E), as so redesign-
21 ated, by striking “each of”; and

22 (B) in subparagraph (F), as so redesign-
23 ated, by striking “2018 through 2023” and in-
24 serting “2018, 2019, and 2020”; and

25 (4) by adding at the end the following:

1 “(2) APPROPRIATIONS.—To carry out this sec-
 2 tion, there is authorized to be appropriated to the
 3 Office of National Drug Control Policy, and there is
 4 appropriated, out of any monies in the Treasury not
 5 otherwise appropriated, \$290,000,000 for each of
 6 fiscal years 2021 through 2024.”.

7 (g) DRUG COURT PROGRAM.—Section
 8 1001(a)(25)(A) of title I of the Omnibus Crime Control
 9 and Safe Streets Act of 1968 (34 U.S.C.
 10 10261(a)(25)(A)) is amended to read as follows:

11 “(25)(A) Except as provided in subparagraph (C), to
 12 carry out part EE, there is authorized to be appropriated,
 13 and there is appropriated, out of any monies in the Treas-
 14 ury not otherwise appropriated, \$75,000,000 for each of
 15 fiscal years 2021 through 2024.”.

16 (h) DRUG COURT TRAINING AND TECHNICAL AS-
 17 SISTANCE.—Section 705(e)(2) of the Office of National
 18 Drug Control Policy Reauthorization Act of 1988 (21
 19 U.S.C. 1704(e)(2)) is amended to read as follows:

20 “(2) AUTHORIZATION OF APPROPRIATIONS; AP-
 21 PROPRIATIONS.—To carry out this subsection, there
 22 is authorized to be appropriated, and there is appro-
 23 priated, out of any monies in the Treasury not oth-
 24 erwise appropriated, \$2,000,000 for each of fiscal
 25 years 2021 through 2024.”.

1 (i) ADMINISTRATION OF THE OFFICE OF NATIONAL
 2 DRUG CONTROL POLICY.—Section 704(i)(2) of the Office
 3 of National Drug Control Policy Reauthorization Act of
 4 1998 (21 U.S.C. 1703(i)(2)) is amended to read as fol-
 5 lows:

6 “(2) AUTHORIZATION OF APPROPRIATIONS; AP-
 7 PROPRIATIONS.—To carry out this subsection, there
 8 is authorized to be appropriated, and there is appro-
 9 priated, out of any monies in the Treasury not oth-
 10 erwise appropriated, \$1,250,000 for each of fiscal
 11 years 2021 through 2024.”.

12 (j) EMERGING THREATS COMMITTEE, PLAN, AND
 13 MEDIA CAMPAIGN.—Section 709(g) of the Office of Na-
 14 tional Drug Control Policy Reauthorization Act of 1998
 15 (21 U.S.C. 1708(g)) is amended to read as follows:

16 “(g) AUTHORIZATION OF APPROPRIATIONS; APPRO-
 17 PRIATIONS.—To carry out this section, there is authorized
 18 to be appropriated to the Office, and there is appropriated,
 19 out of any monies in the Treasury not otherwise appro-
 20 priated, \$25,000,000 for each of fiscal years 2021 through
 21 2024.”.

22 **SEC. 5. BOLSTERING COMMITMENTS TO STATE GRANTS**
 23 **FOR SUBSTANCE USE DISORDER TREATMENT**
 24 **AND PREVENTION.**

25 (a) STATE OPIOID RESPONSE GRANTS.—

1 (1) IN GENERAL.—To carry out activities under
2 section 1003 of the 21st Century Cures Act (42
3 U.S.C. 290ee–3 note) relating to opioids by the
4 State agency responsible for administering the sub-
5 stance abuse prevention and treatment block grant
6 under subpart II of part B of title XIX of the Public
7 Health Service Act (42 U.S.C. 300x–21 et seq.),
8 there is authorized to be appropriated, and there is
9 appropriated, \$5,500,000,000 for each of fiscal
10 years 2021 through 2025.

11 (2) FLEXIBILITY IN USE OF FUNDS.—Section
12 1003(b) of the 21st Century Cures Act (42 U.S.C.
13 290ee–3 note) is amended by adding at the end the
14 following:

15 “(3) FLEXIBILITY.—States and Indian tribes
16 may use amounts provided under grants under this
17 subsection to support substance use disorder treat-
18 ment care and related services regardless of whether
19 the patient involved has a primary diagnosis of
20 opioid use disorder, so long as the individual has a
21 substance use disorder diagnosis.

22 “(4) RULE OF CONSTRUCTION.—Nothing in
23 this subsection shall be construed to prohibit States
24 from using grant funds under this subsection to allo-

1 cate amounts to local governments to establish sub-
2 grantee awards in such localities.”.

3 (3) SUBSTANCE ABUSE PREVENTION AND
4 TREATMENT BLOCK GRANTS.—Section 1935(a) of
5 the Public Health Service Act (42 U.S.C. 300x–
6 35(a)) is amended to read as follows:

7 “(a) APPROPRIATIONS.—To carry out this subpart,
8 subpart III, and section 505(d), there is authorized to be
9 appropriated, and there is appropriated, out of any monies
10 in the Treasury not otherwise appropriated,
11 \$3,000,000,000 for each of fiscal years 2021 through
12 2025, and \$2,500,000,000 for each of fiscal years 2026
13 through 2030.”.

14 (b) REQUIREMENTS.—For the purposes of carrying
15 out activities with amounts appropriated under this sec-
16 tion (and the amendment made by this section), the Sec-
17 retary of Health and Human Services shall ensure that
18 the following requirements are complied with:

19 (1) Of the amount appropriated for each fiscal
20 year under subsection (a) (and the amendment made
21 by such subsection), \$50,000,000 shall be made
22 available to Indian Tribes or tribal organizations.

23 (2) Of such remaining amounts for each such
24 fiscal year, 15 percent shall be made available to the

1 States with the highest mortality rate related to
2 opioid use disorders.

3 (3) Of the amount made available for each fis-
4 cal year under subsections (a)(1) for State Opioid
5 Response Grants, not more than 2 percent of such
6 amount shall be available for Federal administrative
7 expenses, training, technical assistance, and evalua-
8 tion.

9 (4) Of the amounts not reserved under para-
10 graphs (1) through (3), the Secretary shall make al-
11 locations to States, territories, and the District of
12 Columbia according to a formula using national sur-
13 vey results that the Secretary determines are the
14 most objective and reliable measure of drug use and
15 drug-related deaths.

16 (5) The formula methodology under paragraph
17 (4) shall be submitted to the Committees on Appro-
18 priations of the House of Representatives and the
19 Committee on Appropriations of the Senate not less
20 than 15 days prior to publishing a Funding Oppor-
21 tunity Announcement.

22 (6) The prevention and treatment activities
23 funded through grants under this section may in-
24 clude education, treatment (including the provision
25 of medication), behavioral health services for individ-

1 uals in treatment programs, referral to treatment
2 services, recovery support, and medical screening as-
3 sociated with such treatment.

4 (7) Each State, including the District of Co-
5 lumbia, shall receive not less than \$4,000,000 under
6 grants under this section.

7 (8) In addition to amounts appropriated under
8 this section (and the amendment made by this sec-
9 tion), the following amounts shall be available under
10 section 241 of the Public Health Service Act (42
11 U.S.C. 238j):

12 (A) \$79,200,000 to carry out subpart II of
13 part B of title XIX of the Public Health Service
14 Act to fund section 1935(b) (42 U.S.C. 300x-
15 35) (relating to technical assistance, national
16 data, data collection and evaluation activities)
17 and the total available under this Act for activi-
18 ties under such section 1935(b) shall not exceed
19 5 percent of the amounts appropriated for such
20 subpart II of part B of title XIX.

21 (B) \$2,000,000 to evaluate substance
22 abuse treatment programs.

23 (9) None of the funds provided for under sec-
24 tion 1921 of the Public Health Service Act (42
25 U.S.C. 300x-21) or State Opioid Response Grants

1 under section 1003 of the 21st Century Cures Act
 2 (42 U.S.C. 290ee–3 note) shall be subject to section
 3 241 of such Act (42 U.S.C. 238j).

4 **SEC. 6. ELIMINATING INSURANCE BARRIERS TO MEDICA-**
 5 **TION-ASSISTED TREATMENT.**

6 (a) LIMITATION ON USE OF UTILIZATION CONTROL
 7 POLICIES OR PROCEDURES FOR MEDICATION-ASSISTED
 8 TREATMENTS.—Subpart II of part A of title XXVII of
 9 the Public Health Service Act (42 U.S.C. 300gg–11 et
 10 seq.) is amended by adding at the end the following:

11 **“SEC. 2729A. ELIMINATING BARRIERS TO MEDICATION-AS-**
 12 **SISTED TREATMENT.**

13 “A group health plan (other than a self-insured plan)
 14 or a health insurance issuer offering group or individual
 15 health insurance coverage shall not impose any utilization
 16 control policies or procedures (as defined by the Sec-
 17 retary), including prior authorization requirements, with
 18 respect to medication-assisted treatment covered under
 19 the plan or coverage.”.

20 (b) NO PRIOR AUTHORIZATION OR OTHER UTILIZA-
 21 TION RESTRICTIONS UNDER MEDICAID.—

22 (1) PROHIBITION.—Section 1903(i) of the So-
 23 cial Security Act (42 U.S.C. 1396b(i)) is amended—

24 (A) in paragraph (26), by striking “; or”
 25 and inserting a semicolon;

1 (B) in paragraph (27), by striking the pe-
 2 riod at the end and inserting “; or”; and

3 (C) by inserting after paragraph (27) the
 4 following new paragraph:

5 “(28) with respect to any amount expended for
 6 medical assistance for medication-assisted treatment
 7 (as defined in section 1905(ee)) if the State imposes
 8 any utilization control policies or procedures (as de-
 9 fined by the Secretary), including any prior author-
 10 ization requirements, with respect to the provision of
 11 such assistance; or”.

12 (2) CONFORMING AMENDMENT.—Section
 13 1905(a)(29) of the Social Security Act (42 U.S.C.
 14 1396d(a)(29)) is amended by inserting “and section
 15 1903(i)(28)” after “subsection (ee)”.

16 (3) EFFECTIVE DATE.—The amendments made
 17 by this subsection take effect on October 1, 2021.

18 **SEC. 7. LIMITATIONS ON COST-SHARING FOR OPIOID OVER-**

19 **DOSE REVERSAL MEDICATIONS.**

20 (a) LIMITATIONS ON COST-SHARING.—Subpart II of
 21 part A of title XXVII of the Public Health Service Act
 22 (42 U.S.C. 300gg–11 et seq.), as amended by section 6,
 23 is further amended by adding at the end the following:

1 **“SEC. 2729B. LIMITATIONS ON COST-SHARING FOR OPIOID**
 2 **OVERDOSE REVERSAL MEDICATIONS.**

3 “(a) IN GENERAL.—A group health plan (other than
 4 a self-insured plan) or a health insurance issuer offering
 5 group or individual health insurance coverage shall not im-
 6 pose any cost-sharing requirement under the plan or cov-
 7 erage with respect to at least one brand or generic version
 8 of opioid overdose reversal drug.

9 “(b) DEFINITION.—In this section, the term ‘opioid
 10 overdose reversal drug’ means a drug or biological product
 11 approved by the Food and Drug Administration for—

12 “(1) complete or partial reversal of opioid de-
 13 pression, including respiratory depression, induced
 14 by opioids; or

15 “(2) emergency treatment of a known or sus-
 16 pected opioid overdose, as manifested by respiratory
 17 or central nervous system depression.”.

18 (b) LIMITATIONS ON COST-SHARING UNDER MEDI-
 19 CARE PART D.—

20 (1) IN GENERAL.—Section 1860D–2(b) of the
 21 Social Security Act (42 U.S.C. 1395w–102(b)) is
 22 amended—

23 (A) in paragraph (1)(A), by striking “The
 24 coverage” and inserting “Subject to paragraph
 25 (8), the coverage”;

1 (B) in paragraph (2)(A), by striking “and
 2 (D)” and inserting “and (D) and paragraph
 3 (8)”;

4 (C) in paragraph (3)(A), by striking “and
 5 (4)” and inserting “(4), and (8)”;

6 (D) in paragraph (4)(A)(i), by striking
 7 “The coverage” and inserting “Subject to para-
 8 graph (8), the coverage”; and

9 (E) by adding at the end the following new
 10 paragraph:

11 “(8) LIMITATIONS ON COST-SHARING FOR
 12 OPIOID OVERDOSE REVERSAL DRUGS.—

13 “(A) IN GENERAL.—For plan year 2023
 14 and each subsequent plan year, each prescrip-
 15 tion drug plan and MA–PD plan shall not im-
 16 pose any cost-sharing requirement under the
 17 plan with respect to at least one brand or ge-
 18 neric version of an opioid overdose reversal
 19 drug (as defined in section 2729B of the Public
 20 Health Service Act). The requirement under the
 21 preceding sentence shall also apply to cost-shar-
 22 ing applicable to subsidy eligible individuals
 23 under section 1814D–14.

“(B) COST-SHARING.—For purposes of subparagraph (A), the elimination of cost-sharing shall include the following:

“(i) NO APPLICATION OF DEDUCTIBLE.—The waiver of the deductible under paragraph (1).

“(ii) NO APPLICATION OF COINSURANCE.—The waiver of coinsurance under paragraph (2).

“(iii) NO APPLICATION OF INITIAL COVERAGE LIMIT.—The initial coverage limit under paragraph (3) shall not apply.

“(iv) NO COST-SHARING ABOVE ANNUAL OUT-OF-POCKET THRESHOLD.—The waiver of cost-sharing under paragraph (4).”.

(2) CONFORMING AMENDMENTS TO COST-SHARING FOR LOW-INCOME INDIVIDUALS.—Section 1860D–14(a) of the Social Security Act (42 U.S.C. 1395w–114(a)) is amended—

(A) in paragraph (1), in the matter preceding subparagraph (A), by striking “In the case” and inserting “Subject to section 1860D–2(b)(8), in the case”; and

1 (B) in paragraph (2), in the matter pre-
 2 ceding subparagraph (A), by striking “In the
 3 case” and inserting “Subject to section 1860D–
 4 2(b)(8), in the case”.

5 **SEC. 8. TARGETING HEALTH WORKFORCE LOAN REPAY-**
 6 **MENT ASSISTANCE TO HARDEST-HIT STATES.**

7 (a) LOAN REPAYMENT PROGRAM FOR SUBSTANCE
 8 USE DISORDER TREATMENT WORKFORCE.—Section
 9 781(j) of the Public Health Service Act (42 U.S.C.
 10 295h(j)) is amended to read as follows:

11 “(j) APPROPRIATIONS.—

12 “(1) IN GENERAL.—To carry out this section
 13 (other than paragraph (2)), there is authorized to be
 14 appropriated, and there is appropriated, out of any
 15 monies in the Treasury not otherwise appropriated,
 16 \$25,000,000 for each of fiscal years 2021 through
 17 2024.

18 “(2) STATES WITH HIGHEST DRUG OVERDOSE
 19 DEATH RATES.—

20 “(A) IN GENERAL.—To carry out the pro-
 21 gram under this section with respect to individ-
 22 uals who agree to provide obligated service in
 23 States described in subparagraph (B), there is
 24 authorized to be appropriated, and there is ap-
 25 propriated, out of any monies in the Treasury

1 not otherwise appropriated, \$25,000,000 for
2 each of fiscal years 2021 through 2025.

3 “(B) STATES DESCRIBED.—A State de-
4 scribed in this subparagraph is a State that is
5 in the top quintile of all States in terms of the
6 highest mean drug overdose death rate per
7 100,000 residents for the 3-year period imme-
8 diately preceding the year for which the deter-
9 mination is being made, as determined by the
10 Secretary.

11 “(C) APPLICATION OF SECTION.—Except
12 as provided in this paragraph, the requirements
13 of this section otherwise applicable to individ-
14 uals under this section shall apply to individuals
15 receiving assistance under this paragraph.”.

16 (b) TRAINING DEMONSTRATION PROGRAM.—Section
17 760(g) of the Public Health Service Act (42 U.S.C.
18 294k(g)) is amended to read as follows:

19 “(g) APPROPRIATIONS.—

20 “(1) IN GENERAL.—To carry out this section
21 (other than paragraph (2)), there is authorized to be
22 appropriated, and there is appropriated, out of any
23 monies in the Treasury not otherwise appropriated,
24 \$10,000,000 for each of fiscal years 2021 through
25 2024.

1 “(2) STATES WITH HIGHEST DRUG OVERDOSE
2 DEATH RATES.—

3 “(A) IN GENERAL.—To carry out the pro-
4 gram under this section with respect to grant-
5 ees located in States described in subparagraph
6 (B), there is authorized to be appropriated, and
7 there is appropriated, out of any monies in the
8 Treasury not otherwise appropriated,
9 \$20,000,000 for each of fiscal years 2021
10 through 2025.

11 “(B) STATES DESCRIBED.—A State de-
12 scribed in this subparagraph is a State that is
13 in the top quintile of all States in terms of the
14 highest mean drug overdose death rate per
15 100,000 residents for the 3-year period imme-
16 diately preceding the year for which the deter-
17 mination is being made, as determined by the
18 Secretary.

19 “(C) APPLICATION OF SECTION.—Except
20 as provided in this paragraph, the requirements
21 of this section otherwise applicable to grantees
22 under this section shall apply to grantees re-
23 ceiving assistance under this paragraph.”.

1 **SEC. 9. MEDICAID PAYMENTS FOR BEHAVIORAL HEALTH**
 2 **AND MENTAL HEALTH PROVIDERS.**

3 (a) IN GENERAL.—

4 (1) FEE-FOR-SERVICE.—Section 1902 of the
 5 Social Security Act (42 U.S.C. 1396a) is amended—

6 (A) in subsection (a)(13)—

7 (i) by striking “and” at the end of
 8 subparagraph (B);

9 (ii) by adding “and” at the end of
 10 subparagraph (C); and

11 (iii) by adding at the end the fol-
 12 lowing new subparagraph:

13 “(D) payment for mental health and be-
 14 havioral health services (as defined in sub-
 15 section (tt)(1)) furnished on or after October 1,
 16 2021, and before October 1, 2025, by a physi-
 17 cian or applicable professional (as defined in
 18 subsection (tt)(2)) at a rate not less than 100
 19 percent of the payment rate that applies to
 20 such services and physician or applicable profes-
 21 sional under part B of title XVIII (or, if great-
 22 er, the payment rate that would be applicable
 23 under such part if the conversion factor under
 24 section 1848(d) for the year involved were the
 25 conversion factor under such section for 2021,
 26 and, if such services are not covered under such

part, the reasonable and customary rate the Secretary determines would apply to such services and physician or applicable professional);”;
and

(B) by adding at the end the following new subsection:

“(tt) MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES.—For purposes of subsection (a)(13)(D):

“(1) MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES.—

“(A) IN GENERAL.—The term ‘mental health and behavioral health services’ means the following services, when provided to a patient with a diagnosis of substance use disorder (as defined in subparagraph (B)) as a part of the management or treatment of the patient’s substance use disorder (as determined in accordance with regulations promulgated by the Secretary under subparagraph (C)):

“(i) Evaluation and management services that are procedure codes (for services covered under title XVIII) for services in the category designated Evaluation and Management in the Healthcare Common Procedure Coding System (established by

1 the Secretary under section 1848(c)(5) as
2 of December 31, 2020, and as subse-
3 quently modified).

4 “(ii) Counseling services, as defined
5 by the Secretary.

6 “(iii) Payment codes established by
7 the Secretary for opioid use disorder treat-
8 ment services under section 1866F.

9 “(iv) Any other services the Secretary
10 determines are necessary for the manage-
11 ment or treatment of a patient with a di-
12 agnosis of substance use disorder.

13 “(B) PATIENT WITH A DIAGNOSIS OF SUB-
14 STANCE USE DISORDER.—For purposes of sub-
15 paragraph (A), the term ‘patient with a diag-
16 nosis of substance use disorder’ means an indi-
17 vidual who has been diagnosed with 1 or more
18 diagnosis codes within the code set entitled the
19 ‘Mental health and behavioral disorders due to
20 psychoactive substance use’ under the 10th re-
21 vision of the International Statistical Classifica-
22 tion of Diseases and Related Health Problems.

23 “(C) REGULATIONS.—Not later than 90
24 days after the enactment of this subsection, the
25 Secretary shall promulgate regulations regard-

1 ing when services are sufficiently related to part
 2 of the management or treatment of a patient’s
 3 substance use disorder.

4 “(2) APPLICABLE PROFESSIONAL.—The term
 5 ‘applicable professional’ means—

6 “(A) a clinical psychologist (as defined for
 7 purposes of section 1861(ii));

8 “(B) a clinical social worker (as defined in
 9 section 1861(hh)(1));

10 “(C) a medical professional approved to
 11 furnish medication-assisted treatment under
 12 section 303(g)(2) of the Controlled Substances
 13 Act; or

14 “(D) a medical professional that is author-
 15 ized under the State plan to furnish mental and
 16 behavioral health services (as defined in para-
 17 graph (1)).”.

18 (2) MANAGED CARE.—Section 1932(f) of such
 19 Act (42 U.S.C. 1396u–2(f)) is amended—

20 (A) in the subsection heading, by inserting
 21 “AND MENTAL HEALTH AND BEHAVIORAL
 22 HEALTH SERVICES” after “CARE SERVICES”;
 23 and

24 (B) by inserting before the period at the
 25 end the following: “, and, in the case of mental

1 health and behavioral health services described
 2 in section 1902(a)(13)(D), consistent with the
 3 minimum payment rates specified in such sec-
 4 tion (regardless of the manner in which such
 5 payments are made, including in the form of
 6 capitation or partial capitation)”.
 7

8 (b) INCREASED FMAP FOR ADDITIONAL COSTS.—
 9 Section 1905 of the Social Security Act (42 U.S.C. 1396d)
 10 is amended—

11 (1) in subsection (b), by striking “and (ii)” and
 12 inserting “(ii), and (jj)”; and

13 (2) by adding at the end the following new sub-
 14 section:

15 “(jj) INCREASED FMAP FOR ADDITIONAL EXPENDI-
 16 TURES FOR MENTAL HEALTH AND BEHAVIORAL HEALTH
 17 SERVICES.—

18 “(1) IN GENERAL.—Notwithstanding subsection
 19 (b), with respect to the portion of the amounts ex-
 20 pended for medical assistance for services described
 21 in section 1902(a)(13)(D) furnished on or after Oc-
 22 tober 1, 2021, and before October 1, 2025, that is
 23 attributable to the amount by which the minimum
 24 payment rate required under such section (or, by ap-
 25 plication, section 1932(f)) exceeds the payment rate
 applicable to such services under the State plan or

1 a waiver of such plan as of July 1, 2021, the Fed-
 2 eral medical assistance percentage for a State shall
 3 be equal to 100 percent. The preceding sentence
 4 shall not be construed as prohibiting the payment of
 5 Federal financial participation based on the Federal
 6 medical assistance percentage for the portion of the
 7 amounts expended for medical assistance for such
 8 services that is attributable to the amount (if any)
 9 by which the payment rate applicable to such serv-
 10 ices under the State plan or waiver exceeds such
 11 minimum payment rate.

12 “(2) DISREGARD OF ENHANCED PAYMENTS FOR
 13 PURPOSES OF TERRITORIAL LIMITS.—The amount of
 14 any payment made for expenditures on medical as-
 15 sistance that is attributable to the application of the
 16 Federal medical assistance percentage described in
 17 paragraph (1) shall not be taken into account for
 18 purposes of applying payment limits under sub-
 19 sections (f) and (g) of section 1108.”.

20 **SEC. 10. CMI DEMONSTRATION TO TEST THE PROVISION OF**
 21 **RECOVERY HOUSING FOR INDIVIDUALS WITH**
 22 **OPIOID USE DISORDER UNDER MEDICAID.**

23 Section 1115A of the Social Security Act (42 U.S.C.
 24 1315a) is amended—

1 (1) in subsection (b)(2)(A), by adding at the
 2 end the following new sentence: “The models se-
 3 lected under this subparagraph shall include the
 4 demonstration described in subsection (h) (which
 5 shall be implemented not later than 18 months after
 6 the date of enactment of such subsection).”; and

7 (2) by adding at the end the following new sub-
 8 section:

9 “(h) DEMONSTRATION TO TEST THE PROVISION OF
 10 RECOVERY HOUSING FOR INDIVIDUALS WITH OPIOID
 11 USE DISORDER UNDER MEDICAID.—

12 “(1) IN GENERAL.—The CMI, in consultation
 13 with the Department of Housing and Urban Devel-
 14 opment and other agencies, as the Secretary deter-
 15 mines appropriate, shall conduct a demonstration
 16 project (referred to in this subsection as the ‘dem-
 17 onstration’) to test whether providing Medicaid man-
 18 aged care entities with an elevated global capitated
 19 budget for eligible Medicaid beneficiaries, paired
 20 with flexibilities to allow States to provide medical
 21 assistance for recovery housing for such bene-
 22 ficiaries, would result in reduced emergency depart-
 23 ment visits, hospitalizations and program expendi-
 24 tures under per beneficiary, or improve quality of
 25 care for the such beneficiaries without increasing ex-

penditures under the Medicaid program under title
XIX.

“(2) DEMONSTRATION REQUIREMENTS.—

“(A) IN GENERAL.—Under the demonstration, each eligible State that is selected by the CMI to participate in the demonstration shall enter into an agreement with a Medicaid managed care entity under which the entity agrees to provide services (including recovery housing) to eligible Medicaid beneficiaries under a payment model that meets the requirements of subparagraph (B).

“(B) CAPITATED PAYMENTS.—

“(i) IN GENERAL.—The CMI shall establish a capitated payments system for Medicaid managed care entities under the demonstration that is based on the demonstration budget determined under clause (ii).

“(ii) DEMONSTRATION BUDGET.—

“(I) IN GENERAL.—For purposes of clause (i), the demonstration budget of a Medicaid managed care entity for each year of a demonstration period shall be determined by the CMI

1 based on the number of eligible Med-
 2 icaid beneficiaries enrolled with the
 3 entity and the average annual spend-
 4 ing under title XIX in the State in-
 5 volved on individuals who are enrolled
 6 in the State plan under such title (or
 7 a waiver of such plan) and who—

8 “(aa) have a diagnosis of
 9 opioid use disorder;

10 “(bb) are in the top quartile
 11 of per beneficiary spending for
 12 such plan or waiver for the most
 13 recent year; and

14 “(cc) have attained age 21
 15 but have not attained age 65.

16 “(II) RISK ADJUSTMENT.—The
 17 CMI may adjust the demonstration
 18 budget determined for a Medicaid
 19 managed care entity and a year under
 20 this clause using a risk adjustment
 21 model selected by the CMI to account
 22 for differences in age and clinical con-
 23 ditions of the eligible Medicaid bene-
 24 ficiaries enrolled with the entity com-
 25 pared to the overall population upon

1 which the demonstration budget is
2 based.

3 “(C) SELECTION OF ELIGIBLE STATES.—
4 Not later than 1 year after the date of enact-
5 ment of this subsection, the CMI shall select
6 not less than 2 eligible States to participate in
7 the demonstration.

8 “(3) ADDITIONAL WAIVER AUTHORITY.—In ad-
9 dition to the authority described in subsection
10 (d)(1), the Secretary may waive such requirements
11 of title XIX as necessary to carry out the dem-
12 onstration.

13 “(4) DEFINITIONS.—In this subsection:

14 “(A) ELIGIBLE MEDICAID BENEFICIARY.—
15 The term ‘eligible Medicaid beneficiary’ means
16 an individual who—

17 “(i) is eligible for medical assistance
18 under a State plan under title XIX or a
19 waiver of such a plan;

20 “(ii) has a diagnosis of opioid use dis-
21 order;

22 “(iii) does not have a permanent resi-
23 dence (as certified by the individual);

24 “(iv) is currently receiving medication-
25 assisted treatment or completed a course

1 of medication-assisted treatment during
 2 the 3-month period preceding the individ-
 3 ual’s participation in the demonstration;
 4 and

5 “(v) has attained age 21 but has not
 6 attained age 65.

7 “(B) ELIGIBLE STATE.—

8 “(i) IN GENERAL.—The term ‘eligible
 9 State’ means a State that—

10 “(I) makes medical assistance
 11 available to all individuals described in
 12 section 1902(a)(10)(A)(i)(VIII); and

13 “(II) agrees to participate in the
 14 demonstration.

15 “(ii) SELECTION OF ELIGIBLE
 16 STATES.—In selecting eligible States to
 17 participate in the demonstration, the CMI
 18 shall give priority to States that are—

19 “(I) among the top 10 States in
 20 terms of highest per capita drug poi-
 21 soning deaths in each of calendar
 22 years 2017, 2018, and 2019, based on
 23 the most recent data available from
 24 the Centers for Disease Control and
 25 Prevention; and

1 “(II) among the 10 States with
 2 the lowest physician reimbursement
 3 rates for services furnished under title
 4 XIX (as determined by the Secretary)
 5 in each of calendar years 2017, 2018,
 6 and 2019.

7 “(C) MANAGED CARE ENTITY.—The term
 8 ‘managed care entity’ means a medicaid man-
 9 aged care organization described in section
 10 1932(a)(1)(B)(i).

11 “(D) RECOVERY HOUSING.—The term ‘re-
 12 covery housing’ means a shared living environ-
 13 ment free from alcohol and illicit drug use and
 14 centered on peer support and connection to
 15 services that promote sustained recovery from
 16 substance use disorders.

17 “(E) STATE.—The term ‘State’ includes
 18 the 50 States and the District of Columbia.”.

19 **SEC. 11. EXTENSION OF MEDICAID DELIVERY SYSTEM RE-**
 20 **FORM AND INCENTIVE PAYMENT WAIVERS.**

21 (a) EXTENSION OF WAIVERS.—In the case of a Med-
 22 icaid section 1115 waiver described in subsection (b), not
 23 later than 60 days after the date of enactment of this Act,
 24 the Secretary of Health and Human Services shall—

1 (1) extend the termination date for the waiver
2 to December 31, 2026 (or such earlier date as the
3 State conducting the waiver may elect);

4 (2) apply the same annual dollar allotment for
5 the period for which the waiver is extended under
6 paragraph (1) as the annual dollar allotment that
7 applied to the waiver period in effect on the date of
8 enactment of this Act; and

9 (3) allow any State with such a waiver to use
10 funds provided during the period for which the waiv-
11 er is extended under paragraph (1) to support the
12 training of direct service workers that provide home
13 and community-based services.

14 (b) MEDICAID SECTION 1115 WAIVER DESCRIBED.—
15 The Medicaid section 1115 waiver described in this sub-
16 section is a waiver approved under section 1115 of the
17 Social Security Act (42 U.S.C. 1315) relating to delivery
18 system reform incentive payments that—

19 (1) as of the date of enactment of this Act, is
20 to terminate on or before December 31, 2021;

21 (2) was in effect as of January 1, 2019; and

22 (3) was approved for any State that ranks in
23 the top quintile of all States in terms of the highest
24 mean drug overdose death rate per 100,000 resi-
25 dents for the most recent 3-year period preceding

1 the date of enactment of this Act for which data is
 2 available.

3 **SEC. 12. SEPARATE AMBULATORY PAYMENT CLASSIFICA-**
 4 **TIONS (APC) CODES UNDER THE MEDICARE**
 5 **HOSPITAL OUTPATIENT DEPARTMENT PRO-**
 6 **SPECTIVE PAYMENT SYSTEM AND THE MEDI-**
 7 **CARE AMBULATORY SURGICAL CENTER PAY-**
 8 **MENT SYSTEM FOR SURGERIES UTILIZING**
 9 **NON-OPIOID PAIN MANAGEMENT DRUGS.**

10 (a) HOSPITAL OUTPATIENT DEPARTMENT PROSPEC-
 11 TIVE PAYMENT SYSTEM.—Section 1833(t) of the Social
 12 Security Act (42 U.S.C. 1395l(t)) is amended—

13 (1) in paragraph (2)(A), by striking “the Sec-
 14 retary” and inserting “subject to paragraph (23),
 15 the Secretary”; and

16 (2) by adding at the end the following new
 17 paragraph:

18 “(23) SEPARATE APCS FOR SURGERIES USING
 19 NON-OPIOID PAIN MANAGEMENT DRUGS.—

20 “(A) IN GENERAL.—In the case of covered
 21 OPD services furnished on or after January 1,
 22 2023, the classification system developed under
 23 paragraph (2)(A) shall provide for separate am-
 24 bulatory payment classification codes for—

1 “(i) surgeries that utilize non-opioid
2 drugs, including such drugs delivered using
3 an external infusion pump and the delivery
4 mechanisms necessary for the delivery of
5 such drugs, to treat pain after the surgery;
6 and

7 “(ii) surgeries that utilize opioid
8 drugs to treat pain after the surgery.

9 “(B) APPLICATION.—For purposes of this
10 paragraph, the Secretary shall—

11 “(i) treat any drug with a Food and
12 Drug Administration indication for pain
13 management during and after surgery that
14 is also non-opioid as a ‘non-opioid drug’;
15 and

16 “(ii) establish a clear definition for
17 non-opioid pain management drugs that do
18 not have a Food and Drug Administration
19 indication for pain management during or
20 after the surgery.”.

21 (b) AMBULATORY SURGICAL CENTER PAYMENT SYS-
22 TEM.—Section 1833(i)(2)(D) of the Social Security Act
23 (42 U.S.C. 1395l(i)(2)(D)) is amended—

24 (1) by aligning the margins of clause (v) with
25 the margins of clause (iv);

1 (2) by redesignating clause (vi) as clause (vii);
 2 and

3 (3) by inserting after clause (v) the following
 4 new clause:

5 “(vi) In the case of surgical services furnished on or
 6 after January 1, 2023, the payment system described in
 7 clause (i) shall provide for separate ambulatory payment
 8 classification codes for—

9 “(I) consistent with subsection (t)(23), sur-
 10 geries that utilize non-opioid drugs, including such
 11 drugs delivered using an external infusion pump and
 12 the delivery mechanisms necessary for the delivery of
 13 such drugs, to treat pain after the surgery; and

14 “(II) surgeries that utilize opioid drugs to treat
 15 pain after the surgery.”.

16 **SEC. 13. EXPANDING DRUG-FREE COMMUNITIES SUPPORT**
 17 **GRANTS.**

18 Section 1032 of the Anti-Drug Abuse Act of 1988
 19 (21 U.S.C. 1532) is amended—

20 (1) in subsection (b)—

21 (A) in paragraph (3)—

22 (i) in subparagraph (A), by striking
 23 “subparagraph (F)” and inserting “sub-
 24 paragraph (H)”;

1 (ii) by redesignating subparagraphs
2 (D), (E), and (F) as subparagraphs (F),
3 (G), and (H), respectively;

4 (iii) by inserting after subparagraph
5 (C) the following:

6 “(D) SUBSEQUENT ADDITIONAL
7 GRANTS.—Subject to subparagraph (H), the
8 Administrator may award a subsequent addi-
9 tional grant to a grant recipient under subpara-
10 graph (A), for each fiscal year during the 4-fis-
11 cal-year period following the fiscal year for
12 which the initial additional grant under sub-
13 paragraph (A) is awarded, in an amount not to
14 exceed the amount of non-Federal funds, in-
15 cluding in-kind contributions, raised by the
16 grant recipient for the fiscal year for which the
17 subsequent additional grant is awarded.

18 “(E) RENEWAL GRANTS.—Subject to sub-
19 paragraph (H), the Administrator may award a
20 renewal grant to a grant recipient under sub-
21 paragraph (D), for the first fiscal year following
22 the 4-fiscal-year period for which the subse-
23 quent additional grant under subparagraph (D)
24 is awarded, in an amount not to exceed the
25 amount of non-Federal funds, including in-kind

1 contributions, raised by the grant recipient for
2 the fiscal year for which the renewal grant is
3 awarded.”; and

4 (iv) in subparagraph (F), as so redes-
5 ignated—

6 (I) in the subparagraph heading,
7 by striking “RENEWAL” and inserting
8 “SUBSEQUENT RENEWAL”; and

9 (II) in the matter preceding
10 clause (i)—

11 (aa) by striking “clause
12 (iv)” and inserting “subpara-
13 graph (H)”;

14 (bb) by striking “renewal
15 grant to a grant recipient under
16 this subparagraph” and inserting
17 “subsequent renewal grant to a
18 grant recipient under subpara-
19 graph (E)”;

20 (cc) by striking “initial addi-
21 tional grant under subparagraph
22 (A)” and inserting “renewal
23 grant under subparagraph (E)”;
24 and

1 (B) in paragraph (4), by striking “(3)(E)”
 2 and inserting “(3)(G)”;
 3 (2) in subsection (d)—

4 (A) by striking “In awarding” and insert-
 5 ing the following:

6 “(1) PRIORITY FOR ECONOMICALLY DISADVAN-
 7 TAGED AREAS.—In awarding”; and

8 (B) by adding at the end the following:

9 “(2) PRIORITY FOR STATES DEMONSTRATING
 10 HIGH MORTALITY RATES RELATING TO OPIOID USE
 11 DISORDER.—

12 “(A) GRANTS TO MORE THAN 1 ELIGIBLE
 13 COALITION REPRESENTING A COMMUNITY.—In
 14 awarding grants under subsection (b)(1)(B)(ii),
 15 the Administrator shall give priority to eligible
 16 coalitions that serve 1 or more communities in
 17 a State that has a high mortality rate relating
 18 to opioid use disorder.

19 “(B) SUBSEQUENT ADDITIONAL
 20 GRANTS.—In awarding subsequent additional
 21 grants under subsection (b)(3)(D), the Admin-
 22 istrator shall give priority to an eligible coal-
 23 ition that serves 1 or more communities in a
 24 State that has a high mortality rate relating to
 25 opioid use disorder.”; and

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

2 “(e) LIMITATION ON SUBSEQUENT RENEWAL
3 GRANTS.—A recipient of a subsequent renewal grant
4 awarded under subsection (b)(3)(F) may not be awarded
5 any further grant under this section.”.

6 **SEC. 14. SUPPORT FOR LAW ENFORCEMENT MENTAL**
7 **HEALTH AND WELLNESS.**

8 There is authorized to be appropriated, and there is
9 appropriated, out of any monies in the Treasury not other-
10 wise appropriated, \$10,000,000 for each of fiscal years
11 2021 through 2024 for grants under section 1701(b)(23)
12 of title I of the Omnibus Crime Control and Safe Streets
13 Act of 1968 (34 U.S.C. 10381(b)(23)) to establish peer
14 mentoring mental health and wellness pilot programs
15 within State, tribal, and local law enforcement agencies.

○