

117TH CONGRESS
1ST SESSION

S. 987

To provide support with respect to the prevention of, treatment for, and recovery from, substance use disorder.

IN THE SENATE OF THE UNITED STATES

MARCH 25, 2021

Mr. PORTMAN (for himself, Mr. WHITEHOUSE, Ms. KLOBUCHAR, Mrs. SHAHEEN, Ms. CANTWELL, and Mrs. CAPITO) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide support with respect to the prevention of, treatment for, and recovery from, substance use disorder.

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 “CARA 3.0 Act of 2021”.

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

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

TITLE I—EDUCATION, PREVENTION, AND RESEARCH

- Sec. 101. National Education Campaign.
- Sec. 102. Research into non-opioid pain management.
- Sec. 103. Long-term treatment and recovery support services outcomes research.
- Sec. 104. National Commission for Excellence on Post-Overdose Response.
- Sec. 105. Workforce for prevention, treatment, and recovery support services.
- Sec. 106. Reauthorization of community-based coalition enhancement grants to address local drug crises.
- Sec. 107. Access to non-opioid treatments for pain.

TITLE II—TREATMENT

- Sec. 201. Evidence-based substance use disorder treatment and intervention demonstrations.
- Sec. 202. Improving treatment for pregnant, postpartum, and parenting women.
- Sec. 203. Require the use of prescription drug monitoring programs.
- Sec. 204. Prescriber education.
- Sec. 205. Prohibition of utilization control policies or procedures for medication-assisted treatment under Medicaid.
- Sec. 206. Medication-assisted treatment for recovery from substance use disorder.
- Sec. 207. Telehealth response for e-prescribing addiction therapy services.
- Sec. 208. Pilot program on expanding access to treatment.
- Sec. 209. Reauthorization of PRAC Ed grant program.
- Sec. 210. GAO study on parity.
- Sec. 211. Improving substance use disorder prevention workforce act.

TITLE III—RECOVERY

Subtitle A—General Provisions

- Sec. 301. Building communities of recovery.
- Sec. 302. Recovery in the workplace.
- Sec. 303. National youth and young adult recovery initiative.

Subtitle B—Recovery Housing

- Sec. 311. Clarifying the role of SAMHSA in promoting the availability of high-quality recovery housing.
- Sec. 312. Developing guidelines for States to promote the availability of high-quality recovery housing.
- Sec. 313. Coordination of Federal activities to promote the availability of high-quality recovery housing.
- Sec. 314. NAS study.
- Sec. 315. Grants for States to promote the availability of high quality recovery housing.
- Sec. 316. Authorization of appropriations.
- Sec. 317. Reputable providers and analysts of recovery housing services definition.
- Sec. 318. Technical correction.

TITLE IV—CRIMINAL JUSTICE

- Sec. 401. Medication-Assisted Treatment Corrections and Community Reentry Program.
- Sec. 402. Deflection and pre-arrest diversion.

Sec. 403. Housing.

Sec. 404. Veterans treatment courts.

Sec. 405. Infrastructure for reentry.

1 **SEC. 2. FINDINGS.**

2 Congress finds as follows:

3 (1) In the 1980s and 1990s, pharmaceutical
4 companies began developing new drugs for pain
5 treatment, including extended release oxycodone.
6 These companies aggressively marketed these drugs
7 to the medical community as a way to address
8 “under-treatment” of physical pain. Drug companies
9 distributed 76,000,000,000 oxycodone and
10 hydrocodone pain pills nationwide from 2006 to
11 2012.

12 (2) The combination of a rising number of pre-
13 scriptions, misinformation about the addictive prop-
14 erties of prescription opioids, and the perception
15 that prescription drugs are less harmful than illicit
16 drugs has caused an increase in drug misuse.

17 (3) As legitimate production and illegal diver-
18 sion of opioids skyrocketed, so did the number of
19 opioid overdose deaths. From 1999 to 2017, almost
20 218,000 people died in the United States from
21 overdoses related to prescription opioids. More re-
22 cently, fentanyl, a powerful synthetic opioid, sur-
23 passed prescription opioids as the most lethal over-

1 dose substance and now is linked to nearly 3 times
2 as many deaths.

3 (4) The scale of the opioid crisis is staggering:

4 (A) In 2018, approximately 10,300,000
5 people in the United States age 12 and older
6 misused opioids.

7 (B) On average, 130 people in the United
8 States die every day from an opioid overdose.

9 (C) The opioid crisis has cost the United
10 States economy at least \$631,000,000,000.

11 (D) From 2013 to 2017, the number of
12 children in foster care nationwide increased 10
13 percent to nearly 442,995. Parental drug use
14 was cited as a factor in 36 percent of cases.

15 (5) The opioid crisis has also led to a cascade
16 of other negative health impacts. For example, sy-
17 ringe sharing among people who inject drugs has led
18 to increases in hepatitis C virus infections and infec-
19 tive endocarditis, as well as localized HIV outbreaks.

20 (6) The United States health care system has
21 struggled to catch up to the crisis:

22 (A) The majority of people in the United
23 States with an opioid use disorder do not re-
24 ceive substance use treatment, and many who
25 do receive such treatment do not receive evi-

1 dence-based treatment. Although medication-as-
2 sisted treatment has been endorsed by the Na-
3 tional Institutes of Health and the World
4 Health Organization, only one-third of treat-
5 ment programs offer any of the 3 drugs ap-
6 proved by the Food and Drug Administration
7 for the treatment of opioid use disorder, and
8 just 6 percent of medication-offering facilities
9 provide all 3.

10 (B) Facilities that provide medications for
11 the treatment of opioid disorder are con-
12 centrated in the Northeast and Southwest, leav-
13 ing many of the areas hit hardest by the opioid
14 crisis without access to evidence-based treat-
15 ment. The need is particularly acute in rural
16 areas, which often do not have enough providers
17 to meet the demand.

18 (C) Unlike other health care needs, sub-
19 stance use treatment is largely funded by State
20 and local revenues and Federal block grants,
21 rather than the Medicare program, the Med-
22 icaid program, and private insurance.

23 (D) While new substances, particularly
24 synthetic drugs, continue to make inroads into
25 communities in the United States, funding

1 streams are often dedicated to particular sub-
2 stances, limiting providers' ability to adapt to
3 changing needs.

4 (E) The stigma associated with substance
5 use disorder prevents people from seeking treat-
6 ment. Too often, people enter substance use
7 treatment only after committing a criminal of-
8 fense, whether through a court mandate, as a
9 condition of parole or probation supervision, or
10 as a condition of regaining employment after
11 conviction. In 2003, 36 percent of all substance
12 use treatment admissions, 40 percent of all al-
13cohol abuse treatment admissions, and 57 per-
14cent of all marijuana use treatment admissions
15were referrals from the criminal justice system.

16 (F) The stigma of substance use disorder
17also limits people's ability to find jobs and
18housing. These obstacles are exacerbated by the
19criminalization of substance use disorder—even
20convictions for drug possession for personal use
21can create lifelong collateral consequences. The
22absence of stable housing and employment
23make it even more difficult for people to live
24drug free.

1 (7) Not all people in the United States have
2 equal access to substance use treatment in the com-
3 munity. Current research has found that Black and
4 Latinx Americans are less likely to receive substance
5 use treatment when controlling for other relevant
6 factors, like socioeconomic status.

7 (8) Inadequate access to substance use treat-
8 ment can exacerbate other health disparities. Indi-
9 viduals with substance use disorders have higher
10 rates of suicide attempts than individuals in the gen-
11 eral population, high health care expenses, and sig-
12 nificant disability.

13 (9) A comprehensive public health approach
14 that tackles both the causes and the consequences of
15 substance use disorder is necessary to stem the tide.

16 **TITLE I—EDUCATION,**
17 **PREVENTION, AND RESEARCH**

18 **SEC. 101. NATIONAL EDUCATION CAMPAIGN.**

19 Section 102 of the Comprehensive Addiction and Re-
20 covery Act of 2016 (42 U.S.C. 290bb–25g) is amended—

21 (1) in subsection (a), by inserting “or other
22 controlled substances (as defined in section 102 of
23 the Controlled Substances Act (21 U.S.C. 802))”
24 after “opioids” each place such term appears;

1 (2) in subsection (b), by striking “opioid” each
2 place it appears and inserting “substance”;

3 (3) in subsection (c)—

4 (A) in paragraph (2), by striking “and” at
5 the end;

6 (B) in paragraph (3), by striking the pe-
7 riod and inserting a semicolon; and

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

9 “(4) use destigmatizing language promoting hu-
10 mane and culturally competent (as defined in section
11 102 of the Developmental Disabilities Assistance
12 and Bill of Rights Act of 2000 (42 U.S.C. 15002))
13 treatment of all individuals who face substance use
14 disorder, including such individuals who use medica-
15 tion-assisted treatment for recovery purposes;

16 “(5) educate stakeholders on the evidence base
17 and validation of harm reduction and where to ob-
18 tain harm reduction services;

19 “(6) include information about polysubstance
20 use; and

21 “(7) include information about prevention and
22 treatment using medication-assisted treatment and
23 recovery support.”; and

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

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section
3 such sums as may be necessary for each of fiscal years
4 2021 through 2026.”.

5 **SEC. 102. RESEARCH INTO NON-OPIOID PAIN MANAGE-**
6 **MENT.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services, acting through the Director of the Na-
9 tional Institutes of Health and the Director of the Centers
10 for Disease Control and Prevention, shall carry out re-
11 search with respect to non-opioid methods of pain manage-
12 ment, including non-pharmaceutical remedies for pain and
13 integrative medicine solutions.

14 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
15 out this section, there are authorized to be appropriated
16 such sums as may be necessary for each of fiscal years
17 2021 through 2026.

18 **SEC. 103. LONG-TERM TREATMENT AND RECOVERY SUP-**
19 **PORT SERVICES OUTCOMES RESEARCH.**

20 (a) IN GENERAL.—The Secretary of Health and
21 Human Services shall award grants to eligible entities to
22 carry out evidence-based, long-term outcomes research,
23 over 5-year periods, for different modalities of treatment
24 and recovery support for substance use disorder, including
25 culturally competent (as defined in section 102 of the De-

1 velopmental Disabilities Assistance and Bill of Rights Act
2 of 2001 (42 U.S.C. 15002)) treatment. Such research
3 shall measure mortality, morbidity, physical and emotional
4 health, employment, stable housing, criminal justice in-
5 volvement, family relationships, and other quality-of-life
6 measures. Such research shall distinguish outcomes based
7 on race, gender, and socioeconomic status, as well as any
8 other relevant characteristics.

9 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
10 out this section, there are authorized to be appropriated
11 such sums as may be necessary.

12 **SEC. 104. NATIONAL COMMISSION FOR EXCELLENCE ON**
13 **POST-OVERDOSE RESPONSE.**

14 (a) IN GENERAL.—The Assistant Secretary of Health
15 and Human Services for Mental Health and Substance
16 Use (referred to in this section as the “Assistant Sec-
17 retary”), in consultation with the Director of the Office
18 of National Drug Control Policy, and the President of the
19 National Academy of Medicine, shall establish an advisory
20 commission, to be known as the “National Commission for
21 Excellence on Post-Overdose Response”, that—

22 (1) provides evidence, practical tools, and other
23 resources for researchers and evaluators, clinicians
24 and clinical teams, quality improvement experts, and
25 healthcare decision makers to improve the quality

1 and safety of care for drug overdoses and substance
2 use disorder;

3 (2) advises the individuals described in para-
4 graph (1) on—

5 (A) how to achieve equitable outcomes
6 across race and socioeconomic status; and

7 (B) how to effectively and appropriately
8 control avoidable hospital admissions, emer-
9 gency department admissions, and other ad-
10 verse events related to substance use disorder
11 care; and

12 (3) develops culturally competent (as defined in
13 section 102 of the Developmental Disabilities Assist-
14 ance and Bill of Rights Act of 2000 (42 U.S.C.
15 15002)) best practices and clinical practice guide-
16 lines.

17 (b) MEMBERSHIP.—The members of the commission
18 established under subsection (a) shall include—

19 (1) a representative of the Substance Abuse
20 and Mental Health Services Administration;

21 (2) a representative of the Office of National
22 Drug Control Policy;

23 (3) a representative of the National Academy of
24 Medicine;

1 (4) a representative of the National Institute on
2 Drug Abuse;

3 (5) a substance use disorder specialist ap-
4 pointed by the Assistant Secretary;

5 (6) a peer recovery specialist appointed by the
6 Assistant Secretary;

7 (7) an individual with experience in harm re-
8 duction; and

9 (8) any other individual that the Assistant Sec-
10 retary determines appropriate.

11 (c) SUNSET.—The commission established under sub-
12 section (a) shall terminate on the date that is 10 years
13 after the date of enactment of this Act.

14 **SEC. 105. WORKFORCE FOR PREVENTION, TREATMENT,**
15 **AND RECOVERY SUPPORT SERVICES.**

16 (a) EMPLOYMENT AND TRAINING SERVICES.—Sub-
17 part 2 of part B of title V of the Public Health Service
18 Act (42 U.S.C. 290bb–21 et seq.) is amended by adding
19 at the end the following:

20 **“SEC. 519E. EMPLOYMENT AND TRAINING SERVICES.**

21 **“(a) IN GENERAL.—**The Director of the Prevention
22 Center shall—

23 **“(1)** not later than 30 days after the date of
24 enactment of this Act, announce an opportunity to

1 apply for grants or contracts awarded to support the
2 activities described in subsection (b); and

3 “(2) from the funds appropriated under sub-
4 section (c), not later than 45 days after the date on
5 which an entity submits an application that meets
6 the requirements of the Secretary under this section,
7 award funds under this section to such entity.

8 “(b) USE OF FUNDS.—An entity that receives funds
9 under this section shall use the funds to support employ-
10 ment and training services for substance use treatment
11 professionals, including peer recovery specialists. Not less
12 than 15 percent of the amount received by an entity under
13 this section shall be allocated to activities related to reten-
14 tion of substance use disorder professionals.

15 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section
17 such sums as may be necessary for each of fiscal years
18 2021 through 2026.”.

19 (b) FUNDING FOR MENTAL AND BEHAVIORAL
20 HEALTH EDUCATION AND TRAINING GRANTS.—Section
21 756(f) of the Public Health Service Act (42 U.S.C. 294e–
22 1(f)) is amended—

23 (1) in the matter preceding paragraph (1), by
24 striking “\$50,000,000” and inserting
25 “\$55,000,000”; and

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

2 “(5) For continuing education and other activi-
3 ties to increase retention and to strengthen the sub-
4 stance use disorder workforce, \$5,000,000.”.

5 **SEC. 106. REAUTHORIZATION OF COMMUNITY-BASED COA-
6 LITION ENHANCEMENT GRANTS TO ADDRESS
7 LOCAL DRUG CRISES.**

8 Section 103(i) of the Comprehensive Addiction and
9 Recovery Act of 2016 (21 U.S.C. 1536(i)) is amended by
10 striking “there are authorized to be appropriated
11 \$5,000,000 for each of fiscal years 2017 through 2021.”
12 and inserting the following: “there are authorized to be
13 appropriated—

14 “(1) \$5,000,000 for each of fiscal years 2017
15 through 2020; and

16 “(2) \$10,000,000 for each of fiscal years 2021
17 through 2026.”.

18 **SEC. 107. ACCESS TO NON-OPIOID TREATMENTS FOR PAIN.**

19 (a) IN GENERAL.—Section 1833(t) of the Social Se-
20 curity Act (42 U.S.C. 1395l(t)) is amended—

21 (1) in paragraph (2)(E), by inserting “and sep-
22 arate payments for non-opioid treatments under
23 paragraph (16)(G),” after “payments under para-
24 graph (6)”; and

1 (2) in paragraph (16), by adding at the end the
2 following new subparagraph:

3 “(G) ACCESS TO NON-OPIOID TREATMENTS
4 FOR PAIN.—

5 “(i) IN GENERAL.—Notwithstanding
6 any other provision of this subsection, with
7 respect to a covered OPD service (or group
8 of services) furnished on or after January
9 1, 2022, and before January 1, 2027, the
10 Secretary shall not package, and shall
11 make a separate payment as specified in
12 clause (ii) for, a non-opioid treatment (as
13 defined in clause (iii)) furnished as part of
14 such service (or group of services).

15 “(ii) AMOUNT OF PAYMENT.—The
16 amount of the payment specified in this
17 clause is, with respect to a non-opioid
18 treatment that is—

19 “(I) a drug or biological product,
20 the amount of payment for such drug
21 or biological determined under section
22 1847A; or

23 “(II) a medical device, the
24 amount of the hospital’s charges for
25 the device, adjusted to cost.

1 “(iii) DEFINITION OF NON-OPIOID
2 TREATMENT.—A ‘non-opioid treatment’
3 means—

4 “(I) a drug or biological product
5 that is indicated to produce analgesia
6 without acting upon the body’s opioid
7 receptors; or

8 “(II) an implantable, reusable, or
9 disposable medical device cleared or
10 approved by the Administrator for
11 Food and Drugs for the intended use
12 of managing or treating pain;

13 that has demonstrated the ability to re-
14 place, reduce, or avoid opioid use or the
15 quantity of opioids prescribed in a clinical
16 trial or through data published in a peer-
17 reviewed journal.”.

18 (b) AMBULATORY SURGICAL CENTER PAYMENT SYS-
19 TEM.—Section 1833(i)(2)(D) of the Social Security Act
20 (42 U.S.C. 1395l(i)(2)(D)) is amended—

21 (1) by aligning the margins of clause (v) with
22 the margins of clause (iv);

23 (2) by redesignating clause (vi) as clause (vii);

24 and

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

3 “(vi) In the case of surgical services
4 furnished on or after January 1, 2022, and
5 before January 1, 2027, the payment sys-
6 tem described in clause (i) shall provide, in
7 a budget-neutral manner, for a separate
8 payment for a non-opioid treatment (as de-
9 fined in clause (iii) of subsection
10 (t)(16)(G)) furnished as part of such serv-
11 ices in the amount specified in clause (ii)
12 of such subsection.”.

13 (c) EVALUATION OF THERAPEUTIC SERVICES FOR
14 PAIN MANAGEMENT.—

15 (1) REPORT TO CONGRESS.—Not later than 1
16 year after the date of the enactment of this Act, the
17 Secretary of Health and Human Services (in this
18 subsection referred to as the “Secretary”), acting
19 through the Administrator of the Centers for Medi-
20 care & Medicaid Services, shall submit to Congress
21 a report identifying—

22 (A) limitations, gaps, barriers to access, or
23 deficits in Medicare coverage or reimbursement
24 for restorative therapies, behavioral approaches,
25 and complementary and integrative health serv-

1 ices that are identified in the Pain Management
2 Best Practices Inter-Agency Task Force Report
3 and that have demonstrated the ability to re-
4 place or reduce opioid consumption; and

5 (B) recommendations to address the limi-
6 tations, gaps, barriers to access, or deficits
7 identified under subparagraph (A) to improve
8 Medicare coverage and reimbursement for such
9 therapies, approaches, and services.

10 (2) PUBLIC CONSULTATION.—In developing the
11 report described in paragraph (1), the Secretary
12 shall consult with relevant stakeholders as deter-
13 mined appropriate by the Secretary.

14 (3) EXCLUSIVE TREATMENT.—Any drug, bio-
15 logical product, or medical device that is a non-
16 opioid treatment (as defined in section
17 1833(t)(16)(G)(iii) of the Social Security Act, as
18 added by subsection (a)) shall not be considered a
19 therapeutic service for the purpose of the report de-
20 scribed in paragraph (1).

TITLE II—TREATMENT**SEC. 201. EVIDENCE-BASED SUBSTANCE USE DISORDER
TREATMENT AND INTERVENTION DEMONSTRATIONS.**

Section 514B of the Public Health Service Act (42 U.S.C. 290bb–10) is amended—

(1) in subsection (a), by adding at the end the following:

“(3) USE OF FUNDS FOR TRAINING.—Funds awarded under paragraph (1) may be used by a recipient for training emergency room technicians, physicians, nurses, or other health care professionals on identifying the presence of substance use disorders; how effectively to engage with, intervene with respect to, and refer patients for assessment and specialized substance use disorder care, including medication-assisted treatment and care for co-occurring disorders; and offering peer-based interventions in the emergency room and other health care environments to connect people to clinical and community-based supports for substance use disorder.”;

(2) in subsection (d), by inserting “, and Indian tribes and tribal organizations (as defined in section 4 of the Indian Self-Determination and Education

1 Assistance Act)” before the period of the first sen-
 2 tence; and

3 (3) in subsection (f), by inserting before the pe-
 4 riod the following: “, and \$300,000,000 for each of
 5 fiscal years 2021 through 2026”.

6 **SEC. 202. IMPROVING TREATMENT FOR PREGNANT,**
 7 **POSTPARTUM, AND PARENTING WOMEN.**

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

10 (1) in subsection (m)—

11 (A) by striking “that agrees to use” and
 12 inserting “that agrees—
 13 “(1) to use”;

14 (B) by striking the period at the end and
 15 inserting “; or”; and

16 (C) by adding at the end the following:

17 “(2) to—

18 “(A) allow participation in the program
 19 supported by the award by individuals taking a
 20 drug or combination of drugs approved by the
 21 Food and Drug Administration as a medication
 22 for addiction treatment, including such individ-
 23 uals taking an opioid agonist;

24 “(B) provide culturally competent services
 25 (as defined in section 102 of the Developmental

1 Disabilities Assistance and Bill of Rights Act of
2 2000);

3 “(C) ensure flexible lengths of stay in the
4 treatment program; and

5 “(D) use peer recovery advocates in the
6 program supported by the award.”;

7 (2) in subsection (p), by inserting “, and demo-
8 graphic data on the individuals served by programs
9 funded under this section and case outcomes, as re-
10 ported to the Director by award recipients” before
11 the period at the end of the third sentence; and

12 (3) in subsection (s), by striking “\$29,931,000
13 for each of fiscal years 2019 through 2023” and in-
14 serting “100,000,000 for each of fiscal years 2021
15 through 2026”.

16 **SEC. 203. REQUIRE THE USE OF PRESCRIPTION DRUG MON-**
17 **ITORING PROGRAMS.**

18 (a) **DEFINITIONS.**—In this section:

19 (1) **CONTROLLED SUBSTANCE.**—The term
20 “controlled substance” has the meaning given the
21 term in section 102 of the Controlled Substances
22 Act (21 U.S.C. 802).

23 (2) **COVERED STATE.**—The term “covered
24 State” means a State that receives funding under
25 the Harold Rogers Prescription Drug Monitoring

1 Program established under the Departments of
2 Commerce, Justice, and State, the Judiciary, and
3 Related Agencies Appropriations Act, 2002 (Public
4 Law 107–77; 115 Stat. 748), under this Act (or an
5 amendment made by this Act), or under the con-
6 trolled substance monitoring program under section
7 3990 of the Public Health Service Act (42 U.S.C.
8 280g–3).

9 (3) DISPENSER.—The term “dispenser”—

10 (A) means a person licensed or otherwise
11 authorized by a State to deliver a prescription
12 drug product to a patient or an agent of the pa-
13 tient; and

14 (B) does not include a person involved in
15 oversight or payment for prescription drugs.

16 (4) PDMP.—The term “PDMP” means a pre-
17 scription drug monitoring program.

18 (5) PRACTITIONER.—The term “practitioner”
19 means a practitioner registered under section 303(f)
20 of the Controlled Substances Act (21 U.S.C. 823(f))
21 to prescribe, administer, or dispense controlled sub-
22 stances.

23 (6) STATE.—The term “State” means each of
24 the several States and the District of Columbia.

1 (b) IN GENERAL.—Beginning 1 year after the date
2 of enactment of this Act, each covered State shall re-
3 quire—

4 (1) each prescribing practitioner within the cov-
5 ered State or their designee, who shall be licensed or
6 registered healthcare professionals or other employ-
7 ees who report directly to the practitioner, to consult
8 the PDMP of the covered State before initiating
9 treatment with a prescription for a controlled sub-
10 stance listed in schedule II, III, or IV of section
11 202(c) of the Controlled Substances Act (21 U.S.C.
12 812(c)), and every 3 months thereafter as long as
13 the treatment continues;

14 (2) the PDMP of the covered State to provide
15 proactive notification to a practitioner when patterns
16 indicative of controlled substance misuse, including
17 opioid misuse, are detected;

18 (3) each dispenser within the covered State to
19 report each prescription for a controlled substance
20 dispensed by the dispenser to the PDMP not later
21 than 24 hours after the controlled substance is dis-
22 pensed to the patient;

23 (4) that the PDMP make available a quarterly
24 de-identified data set and an annual report for pub-
25 lic and private use, including use by healthcare pro-

1 viders, health plans and health benefits administra-
2 tors, State agencies, and researchers, which shall, at
3 a minimum, meet requirements established by the
4 Attorney General, in coordination with the Secretary
5 of Health and Human Services;

6 (5) each State agency that administers the
7 PDMP to—

8 (A) proactively analyze data available
9 through the PDMP; and

10 (B) provide reports to prescriber licensing
11 boards describing any prescribing practitioner
12 that repeatedly fall outside of expected norms
13 or standard practices for the prescribing practi-
14 tioner’s field; and

15 (6) that the data contained in the PDMP of the
16 covered State be made available to other States.

17 (c) NONCOMPLIANCE.—If a covered State fails to
18 comply with subsection (a), the Attorney General or the
19 Secretary of Health and Human Services may withhold
20 grant funds from being awarded to the covered State
21 under the Harold Rogers Prescription Drug Monitoring
22 Program established under the Departments of Com-
23 merce, Justice, and State, the Judiciary, and Related
24 Agencies Appropriations Act, 2002 (Public Law 107–77;
25 115 Stat. 748), under this Act (or an amendment made

1 by this Act), or under the controlled substance monitoring
2 program under section 3990 of the Public Health Service
3 Act (42 U.S.C. 280g-3).

4 **SEC. 204. PRESCRIBER EDUCATION.**

5 (a) IN GENERAL.—Section 303 of the Controlled
6 Substances Act (21 U.S.C. 823), as amended by section
7 201, is amended—

8 (1) in subsection (f), in the matter preceding
9 paragraph (1), by striking “The Attorney General
10 shall register” and inserting “Subject to subsection
11 (m), the Attorney General shall register”; and

12 (2) by adding at the end the following:

13 “(m) PRESCRIBER EDUCATION.—

14 “(1) DEFINITIONS.—In this subsection—

15 “(A) the term ‘covered agent or employee’
16 means an agent or employee of a covered facil-
17 ity who—

18 “(i) prescribes controlled substances
19 for humans under the registration of the
20 facility under this part; and

21 “(ii) is a medical resident;

22 “(B) the term ‘covered facility’ means a
23 practitioner—

24 “(i) that is a hospital or other institu-
25 tion;

1 “(ii) that is licensed under State law
2 to prescribe controlled substances; and

3 “(iii) under whose registration under
4 this part agents or employees of the practi-
5 tioner prescribe controlled substances;

6 “(C) the term ‘covered individual practi-
7 tioner’ means a practitioner who—

8 “(i) is an individual;

9 “(ii) is not a veterinarian; and

10 “(iii) is licensed under State law to
11 prescribe controlled substances; and

12 “(D) the term ‘specified continuing edu-
13 cation topics’ means—

14 “(i) alternatives to opioids for pain
15 management;

16 “(ii) palliative care;

17 “(iii) substance use disorder;

18 “(iv) adverse events;

19 “(v) potential for dependence;

20 “(vi) tolerance;

21 “(vii) prescribing contraindicated sub-
22 stances;

23 “(viii) medication-assisted treatment;

1 “(ix) overdose prevention and re-
2 sponse, including the administration of
3 naloxone;

4 “(x) culturally competent (as defined
5 in section 102 of the Developmental Dis-
6 abilities Assistance and Bill of Rights Act
7 of 2000 (42 U.S.C. 15002)) services;

8 “(xi) bias and stigma in prescribing
9 trends; and

10 “(xii) any other topic that the Attor-
11 ney General determines appropriate.

12 “(2) CERTIFICATION OF CONTINUING EDU-
13 CATION.—

14 “(A) INDIVIDUAL PRACTITIONERS.—As a
15 condition of granting or renewing the registra-
16 tion of a covered individual practitioner under
17 this part to dispense controlled substances in
18 schedule II, III, IV, or V, the Attorney General
19 shall require the practitioner to certify that,
20 during the 3-year period preceding the date of
21 the grant or renewal of registration, the practi-
22 tioner completed course work or training from
23 an organization accredited by the Accreditation
24 Council for Continuing Medical Education
25 (commonly known as the ‘ACCME’), or by a

1 State medical society accreditor recognized by
2 the ACCME, that included not fewer than 3
3 hours of content on the specified continuing
4 education topics.

5 “(B) FACILITIES.—As a condition of
6 granting or renewing the registration of a cov-
7 ered facility under this part to dispense con-
8 trolled substances in schedule II, III, IV, or V,
9 the Attorney General shall require the covered
10 facility to certify that the facility does not allow
11 a covered agent or employee to prescribe con-
12 trolled substances for humans under the reg-
13 istration of the facility unless, during the pre-
14 ceding 3-year period, the covered agent or em-
15 ployee completed course work or training from
16 an organization accredited by the Accreditation
17 Council for Continuing Medical Education
18 (commonly known as the ‘ACCME’), or a State
19 medical society accreditor recognized by the
20 ACCME, that included not fewer than 3 hours
21 of content on the specified continuing education
22 topics.”.

23 (b) EFFECTIVE DATE.—Subsection (m) of section
24 303 of the Controlled Substances Act (21 U.S.C. 823),
25 as added by subsection (a), shall apply to any grant or

1 renewal of registration described in such subsection (m)
 2 that occurs on or after the date that is 2 years after the
 3 date of enactment of this Act.

4 **SEC. 205. PROHIBITION OF UTILIZATION CONTROL POLI-**
 5 **CIES OR PROCEDURES FOR MEDICATION-AS-**
 6 **SISTED TREATMENT UNDER MEDICAID.**

7 Section 1905 of the Social Security Act (42 U.S.C.
 8 1396d) is amended—

9 (1) in subsection (a)—

10 (A) in the matter preceding paragraph (1),
 11 by moving the margin of clause (xvi) 4 ems to
 12 the left; and

13 (B) in paragraph (29), by inserting “and
 14 to the extent allowed in paragraph (3) of such
 15 subsection” after “paragraph (1) of such sub-
 16 section”; and

17 (2) in subsection (ee), by adding at the end the
 18 following new paragraph:

19 “(3) PROHIBITION OF UTILIZATION CONTROL
 20 POLICIES OR PROCEDURES FOR MEDICATION-AS-
 21 SISTED TREATMENT.—As a condition for a State re-
 22 ceiving payments under section 1903(a) for medical
 23 assistance for medication-assisted treatment, a State
 24 may not impose any utilization control policies or
 25 procedures (as defined by the Secretary), including

1 prior authorization requirements, with respect to
2 such treatment.”.

3 **SEC. 206. MEDICATION-ASSISTED TREATMENT FOR RECOV-**
4 **ERY FROM SUBSTANCE USE DISORDER.**

5 (a) IN GENERAL.—Section 303(g) of the Controlled
6 Substances Act (21 U.S.C. 823(g)) is amended—

7 (1) by striking paragraph (2);

8 (2) by striking “(g)(1) Except as provided in
9 paragraph (2), practitioners who dispense narcotic
10 drugs to individuals for maintenance treatment or
11 detoxification treatment” and inserting “(g) Practi-
12 tioners who dispense narcotic drugs (other than nar-
13 cotic drugs in schedule III, IV, or V) to individuals
14 for maintenance treatment or detoxification treat-
15 ment”;

16 (3) by redesignating subparagraphs (A), (B),
17 and (C) as paragraphs (1), (2), and (3), respectively;
18 and

19 (4) in paragraph (2), as redesignated, by redesi-
20 gnating clauses (i) and (ii) as subparagraphs (A)
21 and (B), respectively.

22 (b) TECHNICAL AND CONFORMING EDITS.—

23 (1) IN GENERAL.—

24 (A) Section 304 of the Controlled Sub-
25 stances Act (21 U.S.C. 824) is amended—

1 (i) in subsection (a), by striking
2 “303(g)(1)” each place it appears and in-
3 serting “303(g)”; and

4 (ii) in subsection (d)(1), by striking
5 “303(g)(1)” and inserting “303(g)”.

6 (B) Section 309A(a) of the Controlled
7 Substances Act (21 U.S.C. 829a(a)) is amended
8 by striking paragraph (2) and inserting the fol-
9 lowing:

10 “(2) the controlled substance—

11 “(A) is a narcotic drug in schedule III, IV,
12 or V to be administered for the purpose of
13 maintenance or detoxification treatment; and

14 “(B) is to be administered by injection or
15 implantation;”.

16 (C) Section 520E-4(c) of the Public
17 Health Service Act (42 U.S.C. 290bb-36d(c)) is
18 amended, in the matter preceding paragraph
19 (1), by striking “information on any qualified
20 practitioner that is certified to prescribe medi-
21 cation for opioid dependency under section
22 303(g)(2)(B) of the Controlled Substances Act”
23 and inserting “information on any practitioner
24 who prescribes narcotic drugs in schedule III,
25 IV, or V of section 202 of the Controlled Sub-

1 stances Act for the purpose of maintenance or
2 detoxification treatment”.

3 (D) Section 544(a)(3) of the Public Health
4 Service Act (42 U.S.C. 290dd–3) is amended by
5 striking “any practitioner dispensing narcotic
6 drugs pursuant to section 303(g) of the Con-
7 trolled Substances Act” and inserting “any
8 practitioner dispensing narcotic drugs for the
9 purpose of maintenance or detoxification treat-
10 ment”.

11 (E) Section 1833 of the Social Security
12 Act (42 U.S.C. 1395l) is amended by striking
13 subsection (bb).

14 (F) Section 1834(o) of the Social Security
15 Act (42 U.S.C. 1395m(o)) is amended by strik-
16 ing paragraph (3).

17 (G) Section 1866F(c)(3) of the Social Se-
18 curity Act (42 U.S.C. 1395ee–6(c)(3)) is
19 amended—

20 (i) in subparagraph (A), by inserting
21 “and” at the end;

22 (ii) in subparagraph (B), by striking
23 “; and” and inserting a period; and

24 (iii) by striking subparagraph (C).

1 (H) Section 1903(aa)(2)(C) of the Social
2 Security Act (42 U.S.C. 1396b(aa)(2)(C)) is
3 amended—

4 (i) in clause (i), by inserting “and” at
5 the end;

6 (ii) by striking clause (ii); and

7 (iii) by redesignating clause (iii) as
8 clause (ii).

9 (2) EFFECTIVE DATE OF MEDICARE AMEND-
10 MENTS.—The amendments made by subparagraphs
11 (E) and (F) of paragraph (1) shall take effect one
12 year after the date of enactment of this Act.

13 **SEC. 207. TELEHEALTH RESPONSE FOR E-PRESCRIBING AD-**
14 **DICTION THERAPY SERVICES.**

15 (a) FUNDING FOR THE TESTING OF INCENTIVE PAY-
16 MENTS FOR BEHAVIORAL HEALTH PROVIDERS FOR
17 ADOPTION AND USE OF CERTIFIED ELECTRONIC
18 HEALTH RECORD TECHNOLOGY.—In addition to amounts
19 appropriated under subsection (f) of section 1135A of the
20 Social Security Act (42 U.S.C. 13951315a), there are au-
21 thorized to be appropriated to the Center for Medicare and
22 Medicaid Innovation such sums as may be necessary for
23 fiscal year 2021 to design, implement, and evaluate the
24 model under subsection (b)(2)(B)(xxv) of such section.

1 Amounts appropriated under the preceding sentence shall
2 remain available until expended.

3 (b) TELEHEALTH FOR SUBSTANCE USE DISORDER
4 TREATMENT.—

5 (1) SUBSTANCE USE DISORDER SERVICES FUR-
6 NISHED THROUGH TELEHEALTH UNDER MEDI-
7 CARE.—Section 1834(m)(7) of the Social Security
8 Act (42 U.S.C. 1395m(m)(7)) is amended by adding
9 at the end the following: “With respect to telehealth
10 services described in the preceding sentence that are
11 furnished on or after January 1, 2020, nothing shall
12 preclude the furnishing of such services through
13 audio or telephone only technologies in the case
14 where a physician or practitioner has already con-
15 ducted an in-person medical evaluation or a tele-
16 health evaluation that utilizes both audio and visual
17 capabilities with the eligible telehealth individual.”.

18 (2) CONTROLLED SUBSTANCES DISPENSED BY
19 MEANS OF THE INTERNET.—Section 309(e)(2) of
20 the Controlled Substances Act (21 U.S.C. 829(e)(2))
21 is amended—

22 (A) in subparagraph (A)(i)—

23 (i) by striking “at least 1 in-person
24 medical evaluation” and inserting the fol-
25 lowing: “at least—

1 “(I) 1 in-person medical evalua-
2 tion”;

3 (ii) by adding at the end the fol-
4 lowing:

5 “(II) for purposes of prescribing
6 a controlled substance in schedule III
7 or IV, 1 telehealth evaluation; or”;
8 and

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

10 “(D)(i) The term ‘telehealth evaluation’
11 means a medical evaluation that is conducted in
12 accordance with applicable Federal and State
13 laws by a practitioner (other than a phar-
14 macist) who is at a location remote from the
15 patient and is communicating with the patient
16 using a telecommunications system referred to
17 in section 1834(m) of the Social Security Act
18 (42 U.S.C. 1395m(m)) that includes, at a min-
19 imum, audio and video equipment permitting
20 two-way, real-time interactive communication
21 between the patient and distant site practi-
22 tioner.

23 “(ii) Nothing in clause (i) shall be con-
24 strued to imply that 1 telehealth evaluation
25 demonstrates that a prescription has been

1 issued for a legitimate medical purpose within
2 the usual course of professional practice.

3 “(iii) A practitioner who prescribes the
4 drugs or combination of drugs that are covered
5 under section 303(g)(2)(C) using the authority
6 under subparagraph (A)(i)(II) of this para-
7 graph shall adhere to nationally recognized evi-
8 dence-based guidelines for the treatment of pa-
9 tients with opioid use disorders and a diversion
10 control plan, as those terms are defined in sec-
11 tion 8.2 of title 42, Code of Federal Regula-
12 tions, as in effect on the date of enactment of
13 this subparagraph.”.

14 **SEC. 208. PILOT PROGRAM ON EXPANDING ACCESS TO**
15 **TREATMENT.**

16 The Secretary of Health and Human Services (re-
17 ferred to in this section as the “Secretary”) shall establish
18 a 5-year pilot program in not less than 5 diverse regions
19 to study the use of mobile methadone clinics in rural and
20 underserved environments. At the end of the pilot pro-
21 gram, the Secretary shall report to Congress on the pro-
22 gram outcomes, including the number of people served and
23 the demographics of people served, including race and in-
24 come.

1 **SEC. 209. REAUTHORIZATION OF PRAC ED GRANT PRO-**
2 **GRAM.**

3 To carry out the Practitioner Education grant pro-
4 gram established by the Substance Abuse and Mental
5 Health Services Administration, there is authorized to be
6 appropriated such sums as may be necessary for each of
7 fiscal years 2021 through 2026.

8 **SEC. 210. GAO STUDY ON PARITY.**

9 The Comptroller General of the United States shall
10 conduct a study examining the reimbursement parity be-
11 tween substance use disorder services and other health
12 care services, and the effect of any inequity in reimburse-
13 ment with respect to substance use disorder services on
14 the substance use disorder workforce, and not later than
15 December 31, 2023, submit a report to Congress on the
16 findings of such study.

17 **SEC. 211. IMPROVING SUBSTANCE USE DISORDER PREVEN-**
18 **TION WORKFORCE ACT.**

19 Subpart 2 of part B of title V of the Public Health
20 Service Act (42 U.S.C. 290bb–21 et seq), as amended by
21 section 105, is further amended by adding at the end the
22 following:

1 **“SEC. 519F. PILOT PROGRAM TO HELP ENHANCE SUB-**
2 **STANCE USE DISORDER PREVENTION WORK-**
3 **FORCE.**

4 “(a) IN GENERAL.—The Director of the Prevention
5 Center (referred to in this section as the ‘Director’) shall
6 develop a pilot program to assist State alcohol and drug
7 agencies in addressing the substance use disorder preven-
8 tion workforce needs in the States.

9 “(b) DEFINITIONS.—In this section, the term ‘State
10 alcohol and drug agency’ means the State agency respon-
11 sible for administering the substance abuse prevention and
12 treatment block grant under subpart II of part B of title
13 XIX.

14 “(c) APPLICATION.—A State alcohol and drug agency
15 may apply to the Director for approval of a grant author-
16 ized in this section. Such application shall include a de-
17 scription of the proposed workforce activities that will be
18 carried out using grant funds, which may include, with
19 respect to substance use disorder prevention—

20 “(1) enhancing or developing training curricula;

21 “(2) supporting or coordinating with institutes
22 of higher education regarding curricula development;

23 “(3) partnering with elementary schools, middle
24 schools, high schools or institutions of higher edu-
25 cation to generate early student interest in avoiding
26 misuse of substances;

1 “(4) enhancing or establishing initiatives re-
2 lated to credentialing or other certification processes
3 recognized by the State alcohol and drug agency, in-
4 cluding scholarships or support for certification costs
5 and testing;

6 “(5) establishing or enhancing initiatives that
7 promote recruitment, professional development, and
8 access to education and training that increase the
9 State’s ability to address diversity, equity, and inclu-
10 sion in the workforce, including communication ini-
11 tiatives or campaigns designed to draw interest in a
12 career in substance use disorder prevention;

13 “(6) supporting loan repayment programs for
14 individuals in the substance use disorder prevention
15 workforce;

16 “(7) establishing or enhancing internships, fel-
17 lowships and other career opportunities; and

18 “(8) retention initiatives that may include
19 training, leadership development or other edu-
20 cational opportunities.

21 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
22 carry out this section, there are authorized to be appro-
23 priated such sums as may be necessary.

1 **“SEC. 519G. NATIONAL STUDY ON SUBSTANCE USE DIS-**
2 **ORDER WORKFORCE.**

3 “(a) IN GENERAL.—The Director shall conduct a
4 comprehensive national study regarding the substance use
5 disorder prevention workforce. Such study shall include—

6 “(1) an environmental assessment regarding the
7 existing workforce, including demographics, salaries,
8 settings, current or anticipated workforce shortages
9 and other relevant information;

10 “(2) challenges in maintaining support for an
11 adequate substance use disorder prevention work-
12 force and a plan to address such challenges; and

13 “(3) potential programming to help implement
14 the plan.

15 “(b) CONSULTATION.—The Director shall ensure the
16 study under this section is developed in consultation with
17 key substance use disorder prevention workforce stake-
18 holders, including organizations representing State alcohol
19 and drug agencies, community anti-drug coalitions, work-
20 force credentialing bodies, researchers, and others.

21 “(c) AUTHORIZATION OF APPROPRIATION.—To carry
22 out this section, there are authorized to be appropriated
23 such sums as may be necessary.”

1 **TITLE III—RECOVERY**
2 **Subtitle A—General Provisions**

3 **SEC. 301. BUILDING COMMUNITIES OF RECOVERY.**

4 (a) **IN GENERAL.**—Section 547 of the Public Health
5 Service Act (42 U.S.C. 290ee–2) is amended—

6 (1) by striking subsection (c);

7 (2) by redesignating subsection (d) as sub-
8 section (c);

9 (3) in subsection (c) (as so redesignated)—

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

12 (B) in paragraph (2)(C)(iv), by striking
13 the period and inserting “; and”; and

14 (C) by adding at the and the following:

15 “(3) may be used as provided for in subsection
16 (d).”;

17 (4) by inserting after subsection (c) (as so re-
18 designated), the following:

19 “(d) **ESTABLISHMENT OF REGIONAL TECHNICAL AS-**
20 **SISTANCE CENTERS.**—

21 “(1) **IN GENERAL.**—Grants awarded under sub-
22 section (b) may be used to provide for the establish-
23 ment of regional technical assistance centers to pro-
24 vide regional technical assistance for the following:

1 “(A) Implementation of regionally driven
2 peer delivered substance use disorder recovery
3 support services before, during, after, or in lieu
4 of substance use disorder treatment.

5 “(B) Establishment of recovery community
6 organizations.

7 “(C) Establishment of recovery community
8 centers.

9 “(D) Naloxone training and dissemination.

10 “(E) Development of connections between
11 recovery support services, community organiza-
12 tions, and community centers and the broader
13 medical community.

14 “(F) Establishment of online recovery sup-
15 port services, with parity to physical health
16 services.

17 “(G) Development of recovery wellness
18 plans to address perceived barriers to recovery,
19 including social determinants of health.

20 “(H) Collect and maintain accurate and
21 reliable data to inform service delivery and
22 monitor and evaluate the impact of culturally
23 competent (as defined in section 102 of the De-
24 velopmental Disabilities Assistance and Bill of

1 Rights Act of 2000) services on health equity
2 outcomes.

3 “(I) Building capacity for recovery commu-
4 nity organizations to meet national accredita-
5 tion standards for the delivery of peer recover
6 support services.

7 “(J) Expanding or enhancing recovery
8 support service programs.

9 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
10 ceive a grant under paragraph (1), an entity shall
11 be—

12 “(A) a national nonprofit entity with a net-
13 work of local affiliates and partners that are
14 geographically and organizationally diverse; or

15 “(B) a national nonprofit organization led
16 by individuals in personal and family recovery
17 with established networks of recovery commu-
18 nity organizations providing peer recovery sup-
19 port services.

20 “(3) PREFERENCE.—In awarding grants under
21 subsection (b), the Secretary shall give preference to
22 organizations that—

23 “(A) provide culturally competent (as de-
24 fined in section 102 of the Developmental Dis-
25 abilities Assistance and Bill of Rights Act of

1 2000) services, promote racial equity, and are
2 responsive to diverse cultural health beliefs and
3 practices, preferred languages, health literacy,
4 and other communication needs;

5 “(B) allow participation by individuals re-
6 ceiving medication-assisted treatment that in-
7 volves prescription drugs approved by the Food
8 and Drug Administration (at least one of which
9 is an opioid agonist);

10 “(C) use peer recovery advocates; and

11 “(D) meet national best practice and ac-
12 creditation standards.”; and

13 (5) in subsection (f), by striking “ 2023” and
14 inserting “2020, and \$200,000,000 for each of fiscal
15 years 2021 through 2026”.

16 (b) CONTINUING CARE AND COMMUNITY SUPPORT
17 TO MAINTAIN RECOVERY.—

18 (1) IN GENERAL.—The Secretary shall award
19 grants to peer recovery support services, for the pur-
20 poses of providing continuing care and ongoing com-
21 munity support for individuals to maintain recovery
22 from substance use disorders.

23 (2) DEFINITION.—For purposes of this sub-
24 section, the term “peer recovery support services”
25 means an independent nonprofit organization that

1 provides peer recovery support services, through
2 credentialed peer support professionals.

3 (3) AUTHORIZATION OF APPROPRIATIONS.—

4 There are authorized to be appropriated, for each of
5 fiscal years 2021 through 2026, \$50,000,000 for
6 purposes of awarding grants under paragraph (1).

7 **SEC. 302. RECOVERY IN THE WORKPLACE.**

8 It is the sense of Congress that an employee who is
9 taking opioid antagonist, opioid agonist, or partial agonist
10 drugs as part of a medication-assisted treatment program
11 shall not be in violation of a drug-free workplace require-
12 ment.

13 **SEC. 303. NATIONAL YOUTH AND YOUNG ADULT RECOVERY**
14 **INITIATIVE.**

15 (a) DEFINITIONS.—In this section:

16 (1) ELIGIBLE ENTITY.—The term “eligible enti-
17 ty” means—

18 (A) a high school that has been accredited
19 as a substance use recovery high school or that
20 is seeking to establish or expand substance use
21 recovery support services;

22 (B) an institution of higher education;

23 (C) a recovery program at an institution of
24 higher education;

25 (D) a nonprofit organization; or

1 (E) a technical assistance center that can
2 help grantees install recovery support service
3 programs aimed at youth and young adults
4 which include recovery coaching, job training,
5 transportation, linkages to community-based
6 services and supports, regularly scheduled alter-
7 native peer group activities, life-skills education,
8 mentoring, and leadership development.

9 (2) HIGH SCHOOL.—The term “high school”
10 has the meaning given the term in section 8101 of
11 the Elementary and Secondary Education Act of
12 1965 (20 U.S.C. 7801).

13 (3) INSTITUTION OF HIGHER EDUCATION.—The
14 term “institution of higher education” has the
15 meaning given the term in section 101 of the Higher
16 Education Act of 1965 (20 U.S.C. 1001).

17 (4) RECOVERY PROGRAM.—The term “recovery
18 program” means a program—

19 (A) to help youth or young adults who are
20 recovering from substance use disorders to ini-
21 tiate, stabilize, and maintain healthy and pro-
22 ductive lives in the community; and

23 (B) that includes peer-to-peer support de-
24 livered by individuals with lived experience in

1 recovery, and communal activities to build re-
2 covery skills and supportive social networks.

3 (b) GRANTS AUTHORIZED.—The Assistant Secretary
4 for Mental Health and Substance Use, in consultation
5 with the Secretary of Education, shall award grants, on
6 a competitive basis, to eligible entities to enable the eligi-
7 ble entities to—

8 (1) provide culturally competent (as defined in
9 section 102 of the Developmental Disabilities Assist-
10 ance and Bill of Rights Act of 2000 (42 U.S.C.
11 15002)) substance use recovery support services to
12 youth and young adults enrolled in high school or an
13 institution of higher education;

14 (2) help build communities of support for youth
15 and young adults in substance use recovery through
16 a spectrum of activities such as counseling, job
17 training, recovery coaching, alternative peer groups,
18 life-skills workshops, family support groups, and
19 health and wellness-oriented social activities; and

20 (3) encourage initiatives designed to help youth
21 and young adults achieve and sustain recovery from
22 substance use disorders.

23 (c) APPLICATION.—An eligible entity desiring a grant
24 under this section shall submit to the Assistant Secretary
25 for Mental Health and Substance Use an application at

1 such time, in such manner, and containing such informa-
2 tion as the Assistant Secretary may require.

3 (d) PREFERENCE.—In awarding grants under sub-
4 section (b), the Assistant Secretary for Mental Health and
5 Substance Use shall give preference to eligible entities that
6 propose to serve students from areas with schools serving
7 a high percentage of children who are counted under sec-
8 tion 1124(c) of the Elementary and Secondary Education
9 Act of 1965 (20 U.S.C. 6333(c)).

10 (e) USE OF FUNDS.—Grants awarded under sub-
11 section (b) may be used for activities to develop, support,
12 or maintain substance use recovery support services for
13 youth or young adults, including—

14 (1) the development and maintenance of a dedi-
15 cated physical space for recovery programs;

16 (2) hiring dedicated staff for the provision of
17 recovery programs;

18 (3) providing health and wellness-oriented social
19 activities and community engagement;

20 (4) the establishment of a substance use recov-
21 ery high school;

22 (5) the coordination of a peer delivered sub-
23 stance use recovery program with—

24 (A) substance use disorder treatment pro-
25 grams and systems that utilize culturally com-

1 petent (as defined in section 102 of the Devel-
2 opmental Disabilities Assistance and Bill of
3 Rights Act of 2000 (42 U.S.C. 15002)) services
4 that reflect the communities they serve;

5 (B) providers of mental health services;

6 (C) primary care providers;

7 (D) the criminal justice system, including
8 the juvenile justice system;

9 (E) employers;

10 (F) recovery housing services;

11 (G) child welfare services;

12 (H) high schools; and

13 (I) institutions of higher education;

14 (6) the development of peer-to-peer support
15 programs or services delivered by individuals with
16 lived experience in substance use disorder recovery;
17 and

18 (7) any additional activity that helps youth or
19 young adults achieve recovery from substance use
20 disorders.

21 (f) RESOURCE CENTER.—The Assistant Secretary
22 for Mental Health and Substance Use shall establish a re-
23 source center to provide technical support to recipients of
24 grants under this section.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated \$10,000,000 for each
3 of fiscal years 2021 through 2026.

4 **Subtitle B—Recovery Housing**

5 **SEC. 311. CLARIFYING THE ROLE OF SAMHSA IN PRO-** 6 **MOTING THE AVAILABILITY OF HIGH-QUAL-** 7 **ITY RECOVERY HOUSING.**

8 Section 501(d) of the Public Health Service Act (42
9 U.S.C. 290aa) is amended—

10 (1) in paragraph (24)(E), by striking “and” at
11 the end;

12 (2) in paragraph (25), by striking the period at
13 the end and inserting “; and”; and

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

15 “(26) collaborate with national accrediting enti-
16 ties and reputable providers and analysts of recovery
17 housing services and all relevant Federal agencies,
18 including the Centers for Medicare & Medicaid Serv-
19 ices, the Health Resources and Services Administra-
20 tion, other offices and agencies within the Depart-
21 ment of Health and Human Services, the Office of
22 National Drug Control Policy, the Department of
23 Justice, the Department of Housing and Urban De-
24 velopment, and the Department of Agriculture, to
25 promote the availability of high-quality recovery

1 housing for individuals with a substance use dis-
2 order.”.

3 **SEC. 312. DEVELOPING GUIDELINES FOR STATES TO PRO-**
4 **MOTE THE AVAILABILITY OF HIGH-QUALITY**
5 **RECOVERY HOUSING.**

6 (a) IN GENERAL.—Not later than 1 year after the
7 date of the enactment of this Act, the Secretary of Health
8 and Human Services, acting through the Assistant Sec-
9 retary for Mental Health and Substance Use, shall de-
10 velop, and publish on the internet website of the Substance
11 Abuse and Mental Health Services Administration, con-
12 sensus-based guidelines and nationally recognized stand-
13 ards for States to promote the availability of high-quality
14 recovery housing for individuals with a substance use dis-
15 order. Such guidelines shall—

16 (1) be developed in consultation with national
17 accrediting entities and reputable providers and ana-
18 lysts of recovery housing services and be consistent
19 with the best practices developed under section 550
20 of the Public Health Service Act (42 U.S.C. 290ee–
21 5); and

22 (2) to the extent practicable, build on existing
23 best practices and suggested guidelines developed
24 previously by the Substance Abuse and Mental
25 Health Services Administration.

1 (b) PUBLIC COMMENT PERIOD.—Before finalizing
2 guidelines under subsection (a), the Secretary of Health
3 and Human Services shall provide for a public comment
4 period.

5 (c) EXCLUSION OF GUIDELINE ON TREATMENT
6 SERVICES.—In developing the guidelines under subsection
7 (a), the Secretary may not include any guideline or stand-
8 ard with respect to substance use disorder treatment serv-
9 ices.

10 (d) SUBSTANCE USE DISORDER TREATMENT SERV-
11 ICES.—In this section, the term “substance use disorder
12 treatment services” means items or services furnished for
13 the treatment of a substance use disorder, including—

14 (1) medications approved by the Food and
15 Drug Administration for use in such treatment, ex-
16 cluding each such medication used to prevent or
17 treat a drug overdose;

18 (2) the administering of such medications;

19 (3) recommendations for such treatment;

20 (4) clinical assessments and referrals;

21 (5) counseling with a physician, psychologist, or
22 mental health professional (including individual and
23 group therapy); and

24 (6) toxicology testing.

1 **SEC. 313. COORDINATION OF FEDERAL ACTIVITIES TO PRO-**
2 **MOTE THE AVAILABILITY OF HIGH-QUALITY**
3 **RECOVERY HOUSING.**

4 Section 550 of the Public Health Service Act (42
5 U.S.C. 290ee-5) is amended—

6 (1) by redesignating subsections (e), (f), and
7 (g) as subsections (h), (i), and (j), respectively; and

8 (2) by inserting after subsection (d) the fol-
9 lowing:

10 “(e) COORDINATION OF FEDERAL ACTIVITIES TO
11 PROMOTE THE AVAILABILITY OF HIGH-QUALITY RECOV-
12 ERY HOUSING FOR INDIVIDUALS WITH A SUBSTANCE
13 USE DISORDER.—

14 “(1) IN GENERAL.—The Secretary, acting
15 through the Assistant Secretary, and the Secretary
16 of the Department of Housing and Urban Develop-
17 ment, shall convene and serve as the co-chairs of an
18 interagency working group composed of representa-
19 tives of each of the Federal agencies described in
20 paragraph (2) (referred to in this section as the
21 ‘working group’) for the following purposes:

22 “(A) To increase collaboration, coopera-
23 tion, and consultation among such Federal
24 agencies, with respect to promoting the avail-
25 ability of high-quality recovery housing.

1 “(B) To align the efforts of such agencies
2 and avoid duplication of such efforts by such
3 agencies.

4 “(C) To develop objectives, priorities, and
5 a long-term plan for supporting State, Tribal,
6 and local efforts with respect to the operation
7 of high-quality recovery housing that is con-
8 sistent with the best practices developed under
9 this section.

10 “(D) To coordinate inspection and enforce-
11 ment among Federal and State agencies.

12 “(E) To coordinate data collection on the
13 quality of recovery housing.

14 “(2) FEDERAL AGENCIES DESCRIBED.—The
15 Federal agencies described in this paragraph are the
16 following:

17 “(A) The Department of Health and
18 Human Services.

19 “(B) The Centers for Medicare & Medicaid
20 Services.

21 “(C) The Substance Abuse and Mental
22 Health Services Administration.

23 “(D) The Health Resources and Services
24 Administration.

25 “(E) The Indian Health Service.

1 “(F) The Department of Housing and
2 Urban Development.

3 “(G) The Department of Agriculture.

4 “(H) The Department of Justice.

5 “(I) The Office of National Drug Control
6 Policy.

7 “(J) The Bureau of Indian Affairs.

8 “(K) Any other such agency or subagency
9 as the chair determines necessary and appro-
10 priate.

11 “(3) MEETINGS.—The working group shall
12 meet on a quarterly basis.

13 “(4) REPORTS TO CONGRESS.—Beginning not
14 later than 1 year after the date of the enactment of
15 this section and annually thereafter, the working
16 group shall submit to the Committee on Health,
17 Education, Labor, and Pensions, the Committee on
18 Agriculture, Nutrition, and Forestry, and the Com-
19 mittee on Finance of the Senate and the Committee
20 on Energy and Commerce, the Committee on Ways
21 and Means, the Committee on Agriculture, and the
22 Committee on Financial Services of the House of
23 Representatives a report describing the work of the
24 working group and any recommendations of the

1 working group to improve Federal, State, or local
2 policy with respect to recovery housing operations.”.

3 **SEC. 314. NAS STUDY.**

4 Section 550 of the Public Health Service Act (42
5 U.S.C. 290ee–5), as amended by section 313, is further
6 amended by inserting after subsection (e) (as inserted by
7 such section 313) the following:

8 “(f) NAS STUDY AND REPORT.—

9 “(1) IN GENERAL.—The Secretary, acting
10 through the Assistant Secretary, shall enter into an
11 arrangement with the National Academy of Sciences
12 under which the National Academy agrees to con-
13 duct a study on—

14 “(A) the availability in the United States
15 of high-quality recovery housing and whether
16 that availability meets the demand for such
17 housing in the United States; and

18 “(B) State, Tribal, and local regulation
19 and oversight of recovery housing.

20 “(2) REPORT.—The arrangement under para-
21 graph (1) shall provide for the National Academy of
22 Sciences to submit, not later than 1 year after the
23 date of the enactment of this subsection, a report
24 that contains—

1 “(A) the results of the study under such
2 paragraph;

3 “(B) the National Academy’s recommenda-
4 tions for Federal, State, and local policies to
5 promote the availability of high-quality recovery
6 housing in the United States;

7 “(C) recommendations for Federal, State,
8 and local policies to improve data collection on
9 the quality of recovery housing;

10 “(D) recommendations for recovery hous-
11 ing quality metrics;

12 “(E) recommendations to eliminate restric-
13 tions by recovery residences that exclude indi-
14 viduals who take prescribed medications for
15 opioid use disorder; and

16 “(F) a summary of allegations, assertions,
17 or formal legal actions on the State and local
18 levels by governments and non-governmental or-
19 ganizations with respect to the opening and op-
20 eration of recovery residences.

21 “(3) CONSULTATION.—In conducting the study
22 under this subsection, the National Academy of
23 Sciences shall consult with national accrediting enti-
24 ties and reputable providers and analysts of recovery
25 housing services.”.

1 **SEC. 315. GRANTS FOR STATES TO PROMOTE THE AVAIL-**
 2 **ABILITY OF HIGH QUALITY RECOVERY HOUS-**
 3 **ING.**

4 Section 550 of the Public Health Service Act (42
 5 U.S.C. 290ee-5), as amended by sections 313 and 314
 6 is further amended by inserting after subsection (f) (as
 7 added by such section 314) the following:

8 “(g) GRANTS FOR IMPLEMENTING NATIONAL RE-
 9 COVERY HOUSING BEST PRACTICES.—

10 “(1) IN GENERAL.—The Secretary shall award
 11 grants to States (and political subdivisions thereof),
 12 Tribes, and territories—

13 “(A) for the provision of technical assist-
 14 ance by national accrediting entities and rep-
 15 utable providers and analysts of recovery hous-
 16 ing services to implement the guidelines, nation-
 17 ally recognized standards, and recommendations
 18 developed under section 312 of the CARA 3.0
 19 Act of 2021 and this section; and

20 “(B) to promote the availability of high-
 21 quality recovery housing for individuals with a
 22 substance use disorder and practices to main-
 23 tain housing quality long term.

24 “(2) ACCREDITING, STANDARDS, AND TECH-
 25 NICAL ASSISTANCE GRANTS.—

1 “(A) IN GENERAL.—The Secretary shall
2 award grants to one or more national accred-
3 iting, standards, and technical assistance orga-
4 nizations with specific recovery housing exper-
5 tise—

6 “(i) for development of technical as-
7 sistance and educational programs that are
8 national or multi-State in scope, targeted
9 to the needs of grantees under paragraph
10 (1), and to statewide recovery housing ac-
11 creditation, standards and support organi-
12 zations;

13 “(ii) for the development and mainte-
14 nance of a summary information resource
15 describing State-level regulation, funding,
16 recognition, support, and system expansion
17 programs for recovery housing;

18 “(iii) for the development and mainte-
19 nance of a consultant workforce dedicated
20 to serving the needs of the Department of
21 Health and Human Services and the De-
22 partment of Housing and Urban Develop-
23 ment, with respect to the programs under
24 subtitle B of title III of the CARA 3.0 Act

1 of 2021 (including the amendments made
2 by such subtitle); and

3 “(iv) for development of training and
4 educational resources for recovery housing
5 providers and staff focusing on best prac-
6 tices for operating recovery housing in a
7 manner consistent with best practices de-
8 veloped or identified through the programs
9 under subtitle B of title III of the CARA
10 3.0 Act of 2021 (including the amend-
11 ments made by such subtitle).

12 “(B) ELIGIBLE ENTITIES.—To be eligible
13 for a grant under this paragraph, an entity
14 shall—

15 “(i) be a nonprofit entity, or a consor-
16 tium of nonprofit entities; and

17 “(ii) demonstrate—

18 “(I) expertise in developing re-
19 covery housing standards, including
20 widespread adoption of its standards;

21 “(II) an existing network of na-
22 tional affiliate organizations respon-
23 sible for implementation of standards
24 and accreditation of providers; and

1 “(III) the ability to manage rela-
2 tionships with Federal agencies, agen-
3 cies receiving grants under paragraph
4 (1), statewide recovery housing ac-
5 crediting organizations, and national
6 behavioral health and housing organi-
7 zations.

8 “(3) STATE ENFORCEMENT PLANS.—Beginning
9 not later than 90 days after the date of the enact-
10 ment of this paragraph and every 2 years thereafter,
11 as a condition on the receipt of a grant under para-
12 graph (1), each State (or political subdivisions there-
13 of), Tribe, or territory receiving such a grant shall
14 submit to the Secretary, and make publicly available
15 on a publicly accessible internet website of the State
16 (or political subdivisions thereof), Tribe, or territory,
17 the plan of the State (or political subdivisions there-
18 of), Tribe, or territory, with respect to the promotion
19 of high-quality recovery housing for individuals with
20 a substance use disorder located within the jurisdic-
21 tion of such State (or political subdivisions thereof),
22 Tribe, or territory, and how such plan is consistent
23 with the best practices developed under this section
24 and guidelines developed under section 312 of the
25 CARA 3.0 Act of 2021.

1 “(4) REVIEW OF ACCREDITING ENTITIES.—The
2 Secretary shall periodically review the accrediting
3 entities providing technical assistance pursuant to
4 paragraph (1)(A).”.

5 **SEC. 316. AUTHORIZATION OF APPROPRIATIONS.**

6 Section 550 of the Public Health Service Act (42
7 U.S.C. 290ee–5), as amended by sections 313, 314, and
8 315, is further amended by amending subsection (j) (as
9 redesignated by such section 313) to read as follows:

10 “(j) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—To carry out this section,
12 there is authorized to be appropriated—

13 “(A) \$2,000,000 for fiscal year 2021; and

14 “(B) \$11,000,000 for each of fiscal years
15 2022 through 2026.

16 “(2) RESERVATIONS OF FUNDS.—For each of
17 fiscal years 2021 through 2026, of the amounts ap-
18 propriated under paragraph (1) for such fiscal year,
19 the Secretary shall reserve—

20 “(A) not less than \$1,000,000 to carry out
21 subsection (e);

22 “(B) not less than \$1,000,000 to carry out
23 subsection (f); and

1 “(C) not less than \$10,000,000 to award
2 grants under paragraphs (1) and (2) of sub-
3 section (g).”.

4 **SEC. 317. REPUTABLE PROVIDERS AND ANALYSTS OF RE-**
5 **COVERY HOUSING SERVICES DEFINITION.**

6 Section 550(i) of the Public Health Service Act (42
7 U.S.C. 290ee–5(i)), as redesignated by section 313, is
8 amended by adding at the end the following:

9 “(4) The term ‘reputable providers and analysts
10 of recovery housing services’ means recovery housing
11 service providers and analysts that—

12 “(A) use evidence-based approaches;

13 “(B) act in accordance with guidelines
14 issued by the Assistant Secretary for Mental
15 Health and Substance Use;

16 “(C) have not been found guilty of health
17 care fraud by the Department of Justice; and

18 “(D) have not been found to have violated
19 Federal, State, or local codes of conduct with
20 respect to recovery housing for individuals with
21 a substance use disorder.”.

22 **SEC. 318. TECHNICAL CORRECTION.**

23 Title V of the Public Health Service Act (42 U.S.C.
24 290aa et seq.) is amended—

1 (1) by redesignating section 550 (relating to
2 Sobriety Treatment and Recovery Teams) (42
3 U.S.C. 290ee–10), as added by section 8214 of Pub-
4 lic Law 115–271, as section 550A; and

5 (2) moving such section so it appears after sec-
6 tion 550 (relating to National Recovery Housing
7 Best Practices).

8 **TITLE IV—CRIMINAL JUSTICE**

9 **SEC. 401. MEDICATION-ASSISTED TREATMENT CORREC-** 10 **TIONS AND COMMUNITY REENTRY PROGRAM.**

11 (a) DEFINITIONS.—In this section—

12 (1) the term “Attorney General” means the At-
13 torney General, acting through the Director of the
14 National Institute of Corrections;

15 (2) the term “certified recovery coach” means
16 an individual—

17 (A) with knowledge of, or experience with,
18 recovery from a substance use disorder; and

19 (B) who—

20 (i) has completed training through,
21 and is determined to be in good standing
22 by—

23 (I) a single State agency; or

24 (II) a recovery community orga-
25 nization that is capable of conducting

1 that training and making that deter-
2 mination; and

3 (ii) meets the criteria specified by the
4 Attorney General, in consultation with the
5 Secretary of Health and Human Services,
6 for qualifying as a certified recovery coach
7 for the purposes of this Act;

8 (3) the term “correctional facility” has the
9 meaning given the term in section 901 of title I of
10 the Omnibus Crime Control and Safe Streets Act of
11 1968 (34 U.S.C. 10251);

12 (4) the term “covered grant or cooperative
13 agreement” means a grant received, or cooperative
14 agreement entered into, under the Program;

15 (5) the term “covered program” means a pro-
16 gram—

17 (A) to provide medication-assisted treat-
18 ment to individuals who have opioid use dis-
19 order and are incarcerated within the jurisdic-
20 tion of the State or unit of local government
21 carrying out the program; and

22 (B) that is developed, implemented, or ex-
23 panded through a covered grant or cooperative
24 agreement;

1 (6) the term “medication-assisted treatment”
2 means the use of any drug or combination of drugs
3 that have been approved under the Federal Food,
4 Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) or
5 section 351 of the Public Health Service Act (42
6 U.S.C. 262) for the treatment of an opioid use dis-
7 order, in combination with evidence-based counseling
8 and behavioral therapies, such as psychosocial coun-
9 seling, overseen by 1 or more social work profes-
10 sionals and 1 or more qualified clinicians, to provide
11 a comprehensive approach to the treatment of sub-
12 stance use disorders;

13 (7) the term “nonprofit organization” means an
14 organization that is described in section 501(c)(3) of
15 the Internal Revenue Code of 1986 and is exempt
16 from taxation under section 501(a) of such Code;

17 (8) the term “Panel” means the medication-as-
18 sisted treatment Corrections and Community Re-
19 entry Application Review Panel established under
20 subsection (f)(2);

21 (9) the term “participant” means an individual
22 who participates in a covered program;

23 (10) the term “political appointee” has the
24 meaning given the term in section 714(h) of title 38,
25 United States Code;

1 (11) the term “Program” means the medica-
2 tion-assisted treatment Corrections and Community
3 Reentry Program established under subsection (b);

4 (12) the term “psychosocial” means the inter-
5 relation of social factors and individual thought and
6 behavior;

7 (13) the term “recovery community organiza-
8 tion” has the meaning given the term in section 547
9 of the Public Health Service Act (42 U.S.C. 290ee-
10 2);

11 (14) the term “single State agency” means,
12 with respect to a State or unit of local government,
13 the single State agency identified by the State, or
14 the State in which the unit of local government is
15 located, in the plan submitted by that State under
16 section 1932(b)(1)(A)(i) of the Public Health Serv-
17 ice Act (42 U.S.C. 300x-32(b)(1)(A)(i));

18 (15) the term “State” means—

19 (A) each State of the United States;

20 (B) the District of Columbia; and

21 (C) each commonwealth, territory, or pos-
22 session of the United States; and

23 (16) the term “unit of local government” has
24 the meaning given the term in section 901 of title
25 I of the Omnibus Crime Control and Safe Streets

1 Act of 1968 (34 U.S.C. 10251), except that such
2 term also includes a Tribal organization, as defined
3 in section 4 of the Indian Self-Determination and
4 Education Assistance Act (25 U.S.C. 5304).

5 (b) AUTHORIZATION.—Not later than 90 days after
6 the date of enactment of this Act, the Attorney General,
7 in consultation with the Secretary of Health and Human
8 Services, shall establish a program—

9 (1) that shall be known as the “medication-as-
10 sisted treatment Corrections and Community Re-
11 entry Program”; and

12 (2) under which the Attorney General—

13 (A) may make grants to, and enter into co-
14 operative agreements with, States or units of
15 local government to develop, implement, or ex-
16 pand 1 or more programs to provide medica-
17 tion-assisted treatment that meets the standard
18 of care generally accepted for the treatment of
19 opioid use disorder to individuals who have
20 opioid use disorder and are incarcerated within
21 the jurisdictions of the States or units of local
22 government; and

23 (B) shall establish a working relationship
24 with 1 or more knowledgeable corrections orga-
25 nizations with expertise in security, medical

1 health, mental health, and substance use dis-
2 order care to oversee and support implementa-
3 tion of the program, including through the use
4 of evidence-based clinical practices.

5 (c) USE OF FUNDS FOR INFRASTRUCTURE.—In de-
6 veloping, implementing, or expanding a medication-as-
7 sisted treatment program under subsection (b)(2)(A), a
8 State or unit of local government may use funds from a
9 grant or cooperative agreement under that subsection to
10 develop the infrastructure necessary to provide the medi-
11 cation-assisted treatment, such as—

12 (1) establishing safe storage facilities for the
13 drugs used in the treatment; and

14 (2) obtaining appropriate licenses for the indi-
15 viduals who will administer the treatment.

16 (d) PURPOSES.—The purposes of the Program are
17 to—

18 (1) develop culturally competent (as defined in
19 section 102 of the Developmental Disabilities Assist-
20 ance and Bill of Rights Act of 2000 (42 U.S.C.
21 15002)) medication-assisted treatment programs in
22 consultation with nonprofit organizations and com-
23 munity organizations that are qualified to provide
24 technical support for the programs;

1 (2) reduce the risk of overdose to participants
2 after the participants are released from incarceration;
3 and

4 (3) reduce the rate of reincarceration.

5 (e) PROGRAM REQUIREMENTS.—In carrying out a
6 covered program, a State or unit of local government—

7 (1) shall ensure that each individual who is
8 newly incarcerated at a correctional facility at which
9 the covered program is carried out, and who was re-
10 ceiving medication-assisted treatment before being
11 incarcerated, continues to receive medication-assisted
12 treatment while incarcerated;

13 (2) in providing medication-assisted treatment
14 under the covered program, shall offer to partici-
15 pants each type of drug that has been approved
16 under the Federal Food, Drug, and Cosmetic Act
17 (21 U.S.C. 301 et seq.) or section 351 of the Public
18 Health Service Act (42 U.S.C. 262) for the treat-
19 ment of an opioid use disorder; and

20 (3) shall use—

21 (A) screening tools with psychometric reli-
22 ability and validity that provide useful clinical
23 data to guide the long-term treatment of par-
24 ticipants who have—

25 (i) opioid use disorder; or

1 (ii) co-occurring opioid use disorder
2 and mental disorders;

3 (B) at each correctional facility at which
4 the covered program is carried out, a sufficient
5 number of personnel, as determined by the At-
6 torney General in light of the number of indi-
7 viduals incarcerated at the correctional facility
8 and the number of those individuals whom the
9 correctional facility has screened and identified
10 as having opioid use disorder, to—

11 (i) monitor participants with active
12 opioid use disorder who begin participation
13 in the covered program while dem-
14 onstrating, or develop, signs and symptoms
15 of opioid withdrawal;

16 (ii) provide evidence-based medically
17 managed withdrawal care or assistance to
18 the participants described in clause (i);

19 (iii) prescribe or otherwise dispense—

20 (I) the drugs that are offered
21 under the covered program, as re-
22 quired under paragraph (1); and

23 (II) naloxone or any other emer-
24 gency opioid antagonist approved by

1 the Commissioner of Food and Drugs
2 to treat opioid overdose;

3 (iv) discuss with participants the risks
4 and benefits of, and differences among, the
5 opioid antagonist, opioid agonist, and par-
6 tial agonist drugs used to treat opioid use
7 disorder; and

8 (v) prepare a plan for release, includ-
9 ing connecting participants with mental
10 health and substance use treatment pro-
11 grams, medical care, public benefits, and
12 housing; and

13 (C) a certified recovery coach, social work
14 professional, or other qualified clinician who, in
15 order to support the sustained recovery of par-
16 ticipants, shall work with participants who are
17 recovering from opioid use disorder.

18 (f) APPLICATION.—

19 (1) IN GENERAL.—A State or unit of local gov-
20 ernment desiring a covered grant or cooperative
21 agreement shall submit to the Attorney General an
22 application that—

23 (A) shall include—

24 (i) a description of—

1 (I) the objectives of the medica-
2 tion-assisted treatment program that
3 the applicant will develop, implement,
4 or expand under the covered grant or
5 cooperative agreement;

6 (II) the activities that the appli-
7 cant will carry out under the covered
8 program;

9 (III) how the activities described
10 under subclause (II) will achieve the
11 objectives described in subclause (I);

12 (IV) the outreach and education
13 component of the covered program
14 that the applicant will carry out in
15 order to encourage maximum partici-
16 pation in the covered program; and

17 (V) how the applicant will de-
18 velop connections to culturally com-
19 petent (as defined in section 102 of
20 the Developmental Disabilities Assist-
21 ance and Bill of Rights Act of 2000
22 (42 U.S.C. 15002)) substance use and
23 mental health treatment providers,
24 medical professionals, nonprofit orga-
25 nizations, and other State agencies in

1 order to plan for participants to re-
2 ceive a continuum of care and appro-
3 priate wrap-around services after re-
4 lease from incarceration;

5 (ii) if, under the covered program that
6 the applicant will carry out, the applicant
7 will not, in providing medication-assisted
8 treatment, offer to participants not less
9 than 1 drug that uses an opioid antago-
10 nist, not less than 1 drug that uses an
11 opioid agonist, and not less than 1 drug
12 that uses an opioid partial agonist, an ex-
13 planation of why the applicant is unable to
14 or chooses not to offer a drug that uses an
15 opioid antagonist, a drug that uses an
16 opioid agonist, or a drug that uses an
17 opioid partial agonist, as applicable;

18 (iii) a plan for—

19 (I) measuring progress in achiev-
20 ing the objectives described in clause
21 (i)(I), including a strategy to collect
22 data that can be used to measure that
23 progress;

24 (II) collaborating with the single
25 State agency for the applicant or 1 or

1 more nonprofit organizations in the
2 community of the applicant to help
3 ensure that—

4 (aa) if participants so desire,
5 participants have continuity of
6 care after release from incarceration
7 with respect to the form of
8 medication-assisted treatment the
9 participants received during in-
10 carceration, including—

11 (AA) by working with
12 community service providers
13 to assist eligible partici-
14 pants, before release from
15 incarceration in registering
16 for the Medicaid program
17 under title XIX of the Social
18 Security Act (42 U.S.C.
19 1396 et seq.) or other min-
20 imum essential coverage, as
21 defined in section 5000A(f)
22 of the Internal Revenue
23 Code of 1986; and

24 (BB) if a participant
25 cannot afford, or does not

1 qualify for, health insurance
2 that provides coverage with
3 respect to enrollment in a
4 medication-assisted treat-
5 ment program, and if the
6 participant cannot pay the
7 cost of enrolling in a medi-
8 cation-assisted treatment
9 program, by working with
10 units of local government,
11 nonprofit organizations,
12 opioid use disorder treat-
13 ment providers, and entities
14 carrying out programs under
15 substance use disorder
16 grants to, before the partici-
17 pant is released from incar-
18 ceration, identify a resource,
19 other than the applicant or
20 the covered program to be
21 carried out by the applicant,
22 that may be used to pay the
23 cost of enrolling the partici-
24 pant in a medication-as-
25 sisted treatment program;

1 (bb) medications are se-
2 curely stored; and

3 (cc) protocols relating to di-
4 version are maintained; and

5 (III) with respect to each com-
6 munity in which a correctional facility
7 at which a covered program will be
8 carried out is located, collaborating
9 with State agencies responsible for
10 overseeing programs relating to sub-
11 stance use disorder and local public
12 health officials and nonprofit organi-
13 zations in the community to help en-
14 sure that medication-assisted treat-
15 ment provided at each correctional fa-
16 cility at which the covered program
17 will be carried out is also available at
18 locations that are not correctional fa-
19 cilities in those communities, to the
20 greatest extent practicable; and

21 (iv) a certification that—

22 (I) each correctional facility at
23 which the covered program will be
24 carried out has access to a sufficient
25 number of clinicians who are licensed

1 to prescribe or otherwise dispense to
2 participants the drugs for the treat-
3 ment of opioid use disorder required
4 to be offered under subsection (e)(1),
5 which may include clinicians who use
6 telemedicine, in accordance with regu-
7 lations issued by the Administrator of
8 the Drug Enforcement Administra-
9 tion, to provide services under the cov-
10 ered program; and

11 (II) the covered program will
12 provide culturally competent (as de-
13 fined in section 102 of the Develop-
14 mental Disabilities Assistance and Bill
15 of Rights Act of 2000 (42 U.S.C.
16 15002)) evidence-based counseling
17 and behavioral therapies, which may
18 include counseling and therapy admin-
19 istered through the use of telemedi-
20 cine, as appropriate, to participants as
21 part of the medication-assisted treat-
22 ment provided under the covered pro-
23 gram; and

1 (B) may include a statement indicating the
2 number of participants that the applicant ex-
3 pects to serve through the covered program.

4 (2) MEDICATION-ASSISTED TREATMENT COR-
5 RECTIONS AND COMMUNITY REENTRY APPLICATION
6 REVIEW PANEL.—

7 (A) IN GENERAL.—Not later than 60 days
8 after the date of enactment of this Act, the At-
9 torney General shall establish a Medication-As-
10 sisted Treatment Corrections and Community
11 Reentry Application Review Panel that shall—

12 (i) be composed of not fewer than 10
13 individuals and not more than 15 individ-
14 uals; and

15 (ii) include—

16 (I) 1 or more employees, who are
17 not political appointees, of—

18 (aa) the Department of Jus-
19 tice;

20 (bb) the Substance Abuse
21 and Mental Health Service Ad-
22 ministration;

23 (cc) the National Center for
24 Injury Prevention and Control at

1 the Centers for Disease Control
2 and Prevention; and

3 (dd) the Office of National
4 Drug Control Policy; and

5 (II) other stakeholders who—

6 (aa) have expert knowledge
7 relating to the opioid epidemic,
8 drug treatment, health equity,
9 culturally competent (as defined
10 in section 102 of the Develop-
11 mental Disabilities Assistance
12 and Bill of Rights Act of 2000
13 (42 U.S.C. 15002)) care, or com-
14 munity substance use disorder
15 services; and

16 (bb) represent law enforce-
17 ment organizations and public
18 health entities.

19 (B) DUTIES.—

20 (i) IN GENERAL.—The Panel shall—

21 (I) review and evaluate applica-
22 tions for covered grants and coopera-
23 tive agreements; and

24 (II) make recommendations to
25 the Attorney General relating to the

1 awarding of covered grants and coop-
2 erative agreements.

3 (ii) RURAL COMMUNITIES.—In review-
4 ing and evaluating applications under
5 clause (i), the Panel shall take into consid-
6 eration the unique circumstances, including
7 the lack of resources relating to the treat-
8 ment of opioid use disorder, faced by rural
9 States and units of local government.

10 (C) TERMINATION.—The Panel shall ter-
11 minate on the last day of fiscal year 2023.

12 (3) PUBLICATION OF CRITERIA IN FEDERAL
13 REGISTER.—Not later than 90 days after the date of
14 enactment of this Act, the Attorney General, in con-
15 sultation with the Panel, shall publish in the Federal
16 Register—

17 (A) the process through which applications
18 submitted under paragraph (1) shall be sub-
19 mitted and evaluated; and

20 (B) the criteria used in awarding covered
21 grants and cooperative agreements.

22 (g) DURATION.—A covered grant or cooperative
23 agreement shall be for a period of not more than 4 years,
24 except that the Attorney General may extend the term of
25 a covered grant or cooperative agreement based on out-

1 come data or extenuating circumstances relating to the
2 covered program carried out under the covered grant or
3 cooperative agreement.

4 (h) REPORT.—

5 (1) IN GENERAL.—Not later than 2 years after
6 the date on which a State or unit of local govern-
7 ment is awarded a covered grant or cooperative
8 agreement, and each year thereafter until the date
9 that is 1 year after the date on which the period of
10 the covered grant or cooperative agreement ends, the
11 State or unit of local government shall submit a re-
12 port to the Attorney General that includes informa-
13 tion relating to the covered program carried out by
14 the State or unit of local government, including in-
15 formation relating to—

16 (A) the goals of the covered program;

17 (B) any evidence-based interventions car-
18 ried out under the covered program;

19 (C) outcomes of the covered program,
20 which shall—

21 (i) be reported in a manner that dis-
22 tinguishes the outcomes based on the cat-
23 egories of, with respect to the participants
24 in the covered program—

- 1 (I) the race of the participants;
2 and
3 (II) the gender of the partici-
4 pants; and
5 (ii) include information relating to the
6 rate of reincarceration among participants
7 in the covered program, if available; and
8 (D) expenditures under the covered pro-
9 gram.

10 (2) PUBLICATION.—

11 (A) AWARDEE.—A State or unit of local
12 government that submits a report under para-
13 graph (1) shall make the report publicly avail-
14 able on—

15 (i) the website of each correctional fa-
16 cility at which the State or unit of local
17 government carried out the covered grant
18 program; and

19 (ii) if a correctional facility at which
20 the State or unit of local government car-
21 ried out the covered grant program does
22 not operate a website, the website of the
23 State or unit of local government.

24 (B) ATTORNEY GENERAL.—The Attorney
25 General shall make each report received under

1 paragraph (1) publicly available on the website
2 of the National Institute of Corrections.

3 (3) SUBMISSION TO CONGRESS.—Not later than
4 2 years after the date on which the Attorney Gen-
5 eral awards the first covered grant or cooperative
6 agreement, and each year thereafter, the Attorney
7 General shall submit to the Committee on the Judi-
8 ciary of the Senate and the Committee on the Judi-
9 ciary of the House of Representatives a summary
10 and compilation of the reports that the Attorney
11 General has received under paragraph (1) during the
12 year preceding the date on which the Attorney Gen-
13 eral submits the summary and compilation.

14 (i) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated \$50,000,000 to carry
16 out this section for each of fiscal years 2021 through
17 2026.

18 **SEC. 402. DEFLECTION AND PRE-ARREST DIVERSION.**

19 (a) FINDINGS.—Congress finds the following:

20 (1) Law enforcement officers and other first re-
21 sponders are at the front line of the opioid epidemic.
22 However, a traditional law enforcement response to
23 substance use often fails to disrupt the cycle of ad-
24 diction and arrest, or reduce the risk of overdose.

1 (2) Law enforcement-assisted deflection and di-
2 version programs have the potential to improve pub-
3 lic health, decrease the number of people entering
4 the criminal justice system for low-level offenses,
5 and address racial disparities.

6 (3) According to the Bureau of Justice Assist-
7 ance of the Department of Justice, “Five pathways
8 have been most commonly associated with opioid
9 overdose prevention and diversion to treatment.”
10 The 5 pathways are—

11 (A) “self-referral”, in which—

12 (i) an individual voluntarily initiates
13 contact with a first responder, such as a
14 law enforcement officer, firefighter, or
15 emergency medical services professional,
16 for a treatment referral (without fear of
17 arrest); and

18 (ii) the first responder personally in-
19 troduces the individual to a treatment pro-
20 vider (commonly known as a “warm hand-
21 off”);

22 (B) “active outreach”, in which a law en-
23 forcement officer or other first responder—

1 (i) identifies or seeks out individuals
2 in need of substance use disorder treat-
3 ment; and

4 (ii) makes a warm handoff of such an
5 individual to a treatment provider, who en-
6 gages the individual in treatment;

7 (C) “naloxone plus”, in which a law en-
8 forcement officer or other first responder en-
9 gages an individual in treatment as a follow-up
10 to an overdose response;

11 (D) “officer prevention referral”, in which
12 a law enforcement officer or other first re-
13 sponder initiates treatment engagement with an
14 individual, but no criminal charges are filed
15 against the individual; and

16 (E) “officer intervention referral”, in
17 which—

18 (i) a law enforcement officer or other
19 first responder initiates treatment engage-
20 ment with an individual; and

21 (ii)(I) criminal charges are filed
22 against the individual and held in abey-
23 ance; or

24 (II) a citation is issued to the indi-
25 vidual.

1 (4) As of the date of enactment of this Act,
 2 there are no national best practices or guidelines for
 3 law enforcement-assisted deflection and diversion
 4 programs.

5 (b) USE OF BYRNE JAG FUNDS FOR DEFLECTION
 6 AND DIVERSION PROGRAMS.—Section 501 of title I of the
 7 Omnibus Crime Control and Safe Streets Act of 1968 (34
 8 U.S.C. 10152) is amended—

9 (1) in subsection (a)(1)(E), by inserting before
 10 the period at the end the following: “, including law
 11 enforcement-assisted deflection programs and law
 12 enforcement-assisted pre-arrest and pre-booking di-
 13 version programs (as those terms are defined in sub-
 14 section (h))”; and

15 (2) by adding at the end the following:

16 “(h) LAW ENFORCEMENT-ASSISTED DEFLECTION
 17 PROGRAMS AND LAW ENFORCEMENT-ASSISTED PRE-AR-
 18 REST AND PRE-BOOKING DIVERSION PROGRAMS.—

19 “(1) DEFINITIONS.—In this subsection:

20 “(A) COVERED GRANT.—The term ‘cov-
 21 ered grant’ means a grant for a deflection or di-
 22 version program awarded under subsection
 23 (a)(1)(E).

24 “(B) DEFLECTION OR DIVERSION PRO-
 25 GRAM.—The term ‘deflection or diversion pro-

1 gram’ means a law enforcement-assisted deflec-
2 tion program or a law enforcement-assisted pre-
3 arrest or pre-booking diversion, including a pro-
4 gram under which—

5 “(i) an individual voluntarily initiates
6 contact with a first responder for a sub-
7 stance use disorder or mental health treat-
8 ment referral without fear of arrest and re-
9 ceives a warm handoff to such treatment;

10 “(ii) a law enforcement officer or
11 other first responder identifies or seeks out
12 individuals in need of substance use dis-
13 order or mental health treatment and a
14 warm handoff is made to a treatment pro-
15 vider, who engages the individuals in treat-
16 ment;

17 “(iii) a law enforcement officer or
18 other first responder engages an individual
19 in substance use disorder treatment as
20 part of an overdose response;

21 “(iv) a law enforcement officer or
22 other first responder initiates substance
23 use disorder or mental health treatment
24 engagement, but no criminal charges are
25 filed;

1 “(v) a law enforcement officer or
2 other first responder initiates substance
3 use disorder or mental health treatment
4 engagement with an individual; or

5 “(vi) charges are filed against an indi-
6 vidual who has committed an offense that
7 is not a crime against a person, and the
8 primary cause of which appears to be
9 based on a substance use disorder or men-
10 tal health disorder and held in abeyance or
11 a citation is issued to such an individual.

12 “(C) LAW ENFORCEMENT-ASSISTED DE-
13 FLECTION PROGRAM.—The term ‘law enforce-
14 ment-assisted deflection program’ means a pro-
15 gram under which a law enforcement officer,
16 when encountering an individual who is not en-
17 gaged in criminal activity but appears to have
18 a substance use disorder or mental health dis-
19 order, instead of taking no action at the time
20 of contact or taking action at a later time, at-
21 tempts to connect the individual to substance
22 use disorder treatment providers or mental
23 health treatment providers—

24 “(i) without the use of coercion or
25 fear of arrest; and

1 “(ii) using established pathways for
2 connections to local, community-based
3 treatment.

4 “(D) LAW ENFORCEMENT-ASSISTED PRE-
5 ARREST OR PRE-BOOKING DIVERSION PRO-
6 GRAM.—The term ‘law enforcement-assisted
7 pre-arrest or pre-booking diversion program’
8 means a program—

9 “(i) under which a law enforcement
10 officer, when encountering an individual
11 who has committed an offense that is not
12 a crime against a person, and the primary
13 cause of which appears to be based on a
14 substance use disorder or the mental
15 health disorder of the individual, instead of
16 arresting the individual, or instead of
17 booking the individual after having ar-
18 rested the individual, attempts to connect
19 the individual to substance use disorder
20 treatment providers or mental health treat-
21 ment providers—

22 “(I) without the use of coercion;
23 and

1 “(II) using established pathways
2 for connections to local, community-
3 based treatment;

4 “(ii) under which, in the case of pre-
5 arrest diversion, a law enforcement officer
6 described in clause (i) may decide to—

7 “(I) issue a civil citation; or

8 “(II) take no action with respect
9 to the offense for which the officer
10 would otherwise have arrested the in-
11 dividual described in clause (i); and

12 “(iii) that may authorize a law en-
13 forcement officer to refer an individual to
14 substance use disorder treatment providers
15 or mental health treatment providers if the
16 individual appears to have a substance use
17 disorder or mental health disorder and the
18 officer suspects the individual of chronic
19 violations of law but lacks probable cause
20 to arrest the individual (commonly known
21 as a ‘social contact referral’).

22 “(2) SENSE OF CONGRESS REGARDING DEFLEC-
23 TION OR DIVERSION PROGRAMS.—It is the sense of
24 Congress that a deflection or diversion program
25 funded under this subpart should not exclude indi-

1 viduals who are chronically exposed to the criminal
2 justice system.

3 “(3) REPORTS TO ATTORNEY GENERAL.—Not
4 later than 2 years after the date on which a State
5 or unit of local government is awarded a covered
6 grant, and each year thereafter until the date that
7 is 1 year after the date on which the period of the
8 covered grant ends, the State or unit of local govern-
9 ment shall submit a report to the Attorney General
10 that includes information relating to the deflection
11 or diversion program carried out by the State or
12 unit of local government, including information re-
13 lating to—

14 “(A) the goals of the deflection or diver-
15 sion program;

16 “(B) any evidence-based interventions car-
17 ried out under the deflection or diversion pro-
18 gram;

19 “(C) outcomes of the deflection or diver-
20 sion program, which shall—

21 “(i) be reported in a manner that dis-
22 tinguishes the outcomes based on the cat-
23 egories of, with respect to the participants
24 in the deflection or diversion program—

1 “(I) the race of the participants;
2 and
3 “(II) the gender of the partici-
4 pants; and
5 “(ii) include information relating to
6 the rate of reincarceration among partici-
7 pants in the deflection or diversion pro-
8 gram, if available; and
9 “(D) expenditures under the deflection or
10 diversion program.”.

11 (c) TECHNICAL ASSISTANCE GRANT PROGRAM.—

12 (1) DEFINITIONS.—In this subsection—

13 (A) the term “deflection or diversion pro-
14 gram” has the meaning given the term in sub-
15 section (h) of section 501 of title I of the Omni-
16 bus Crime Control and Safe Streets Act of
17 1968 (34 U.S.C. 10152), as added by sub-
18 section (b); and

19 (B) the terms “State” and “unit of local
20 government” have the meanings given those
21 terms in section 901 of title I of the Omnibus
22 Crime Control and Safe Streets Act of 1968
23 (34 U.S.C. 10251).

24 (2) GRANT AUTHORIZED.—The Attorney Gen-
25 eral shall award a single grant to an entity with sig-

1 nificant experience in working with law enforcement
2 agencies, community-based treatment providers, and
3 other community-based human service providers to
4 develop or administer both deflection and diversion
5 programs that use each of the 5 pathways described
6 in subsection (a)(3), to promote and maximize the
7 effectiveness and racial equity of deflection or diver-
8 sion programs, in order to—

9 (A) help State and units of local govern-
10 ment launch and expand deflection or diversion
11 programs;

12 (B) develop best practices for deflection or
13 diversion teams, which shall include—

14 (i) recommendations on community
15 input and engagement in order to imple-
16 ment deflection or diversion programs as
17 rapidly as possible and with regard to the
18 particular needs of a community, including
19 regular community meetings and other
20 mechanisms for engagement with—

21 (I) law enforcement agencies;

22 (II) community-based treatment
23 providers and other community-based
24 human service providers;

1 (III) the recovery community;

2 and

3 (IV) the community at-large; and

4 (ii) the implementation of metrics to
5 measure community satisfaction con-
6 cerning the meaningful participation and
7 interaction of the community with the de-
8 flection or diversion program and program
9 stakeholders;

10 (C) develop and publish a training and
11 technical assistance tool kit for deflection or di-
12 version for public education purposes;

13 (D) disseminate uniform criteria and
14 standards for the delivery of deflection or diver-
15 sion program services; and

16 (E) develop outcome measures that can be
17 used to continuously inform and improve social,
18 clinical, financial and racial equity outcomes.

19 (3) TERM.—The term of the grant awarded
20 under paragraph (2) shall be 5 years.

21 (4) AUTHORIZATION OF APPROPRIATIONS.—
22 There are authorized to be appropriated to the At-
23 torney General \$30,000,000 for the grant under
24 paragraph (2).

1 **SEC. 403. HOUSING.**

2 (a) IN GENERAL.—Section 576 of the Quality Hous-
3 ing and Work Responsibility Act of 1998 (42 U.S.C.
4 13661) is amended by striking subsections (a), (b), and
5 (c) and inserting the following:

6 “(a) INELIGIBILITY OF ILLEGAL DRUG USERS AND
7 ALCOHOL ABUSERS.—Notwithstanding any other provi-
8 sion of law, a public housing agency or an owner of feder-
9 ally assisted housing, as determined by the Secretary, may
10 only prohibit admission to the program or admission to
11 federally assisted housing for an individual whom the pub-
12 lic housing agency or owner determines is illegally using
13 a controlled substance or abusing alcohol if—

14 “(1) the agency or owner determines that the
15 individual is using the controlled substance or abus-
16 ing alcohol in a manner that interferes with the
17 health or safety of other residents; and

18 “(2) the individual is not participating in a sub-
19 stance use disorder assessment and treatment.

20 “(b) AUTHORITY TO DENY ADMISSION TO CRIMINAL
21 OFFENDERS.—

22 “(1) IN GENERAL.—Except as provided in sub-
23 section (a), in addition to any other authority to
24 screen applicants, and subject to paragraphs (2) and
25 (3) of this subsection, a public housing agency or an
26 owner of federally assisted housing may only pro-

1 hibit admission to the program or to federally as-
2 sisted housing for an individual based on criminal
3 activity of the individual if the public housing agency
4 or owner determines that the individual, during a
5 reasonable time preceding the date on which the in-
6 dividual would otherwise be selected for admission,
7 was convicted of a crime involving conduct that
8 threatens the health or safety of other residents.

9 “(2) EXCEPTIONS AND LIMITATIONS.—A con-
10 viction that has been vacated, a conviction the
11 record of which has been sealed or expunged, or a
12 conviction for a crime committed by an individual
13 when the individual was less than 18 years of age,
14 shall not be grounds for denial of admission under
15 paragraph (1).

16 “(3) ADMISSION POLICY.—

17 “(A) FACTORS TO CONSIDER.—In evalu-
18 ating the criminal history of an individual
19 under paragraph (1), a public housing agency
20 or an owner of federally assisted housing shall
21 consider—

22 “(i) whether an offense of which the
23 individual was convicted bears a relation-
24 ship to the safety and security of other
25 residents;

1 “(ii) the level of violence, if any, of an
2 offense of which the individual was con-
3 victed;

4 “(iii) the length of time since a con-
5 viction;

6 “(iv) the number of convictions;

7 “(v) if the individual is in recovery for
8 a substance use disorder, whether the indi-
9 vidual was under the influence of alcohol
10 or illegal drugs at the time of an offense;
11 and

12 “(vi) any rehabilitation efforts that
13 the individual has undertaken since the
14 time of a conviction, including completion
15 of a substance use treatment program.

16 “(B) WRITTEN POLICY.—A public housing
17 agency or an owner of federally assisted hous-
18 ing shall establish and make available to appli-
19 cants a written admission policy that enumer-
20 ates the specific factors, including the factors
21 described in subparagraph (A), that will be con-
22 sidered when the public housing agency or
23 owner evaluates the criminal history of an indi-
24 vidual under paragraph (1).”.

1 (b) UPDATING REGULATIONS.—The Secretary of
2 Housing and Urban Development shall amend subpart I
3 of part 5 of title 24, Code of Federal Regulations, as nec-
4 essary to implement the amendment made by subsection
5 (a) of this section.

6 **SEC. 404. VETERANS TREATMENT COURTS.**

7 Section 2991 of title I of the Omnibus Crime Control
8 and Safe Streets Act of 1968 (34 U.S.C. 10651) is amend-
9 ed—

10 (1) in subsection (a)—

11 (A) in paragraph (2)—

12 (i) in the matter preceding subpara-
13 graph (A)—

14 (I) by inserting “, substance use
15 disorder,” after “mental health”; and

16 (II) by inserting “or adults or ju-
17 veniles with substance use disorders”
18 after “mentally ill adults or juve-
19 niles”;

20 (ii) in subparagraph (A), by inserting
21 “or substance use” after “mental health”;
22 and

23 (iii) in subparagraph (B), by inserting
24 “or substance use” after “mental health”;

25 (B) in paragraph (4)—

1 (i) in subparagraph (A), by inserting
2 “or substance use disorder” after “mental
3 health”; and

4 (ii) in subparagraph (C), by inserting
5 “or offenders with substance use dis-
6 orders” after “mentally ill offenders”;

7 (C) in paragraph (5)—

8 (i) in the heading, by inserting “OR
9 SUBSTANCE USE DISORDER” after “MEN-
10 TAL HEALTH”;

11 (ii) by striking “mental health agen-
12 cy” and inserting “mental health or sub-
13 stance use agency”; and

14 (iii) by inserting “, substance use
15 services,” after “mental health services”;

16 (D) in paragraph (9)—

17 (i) in subparagraph (A)—

18 (I) in clause (i)—

19 (aa) in subclause (I), by in-
20 serting “, a substance use dis-
21 order,” after “a mental illness”;
22 and

23 (bb) in subclause (II), by in-
24 serting “, substance use dis-

1 order,” after “mental illness”;

2 and

3 (II) in clause (ii)(II), by inserting

4 “or substance use” after “mental
5 health”;

6 (E) by redesignating paragraph (11) as
7 paragraph (12); and

8 (F) by inserting after paragraph (10) the
9 following:

10 “(11) SUBSTANCE USE COURT.—The term ‘sub-
11 stance use court’ means a judicial program that
12 meets the requirements of part EE of this title.”;

13 (2) in subsection (b)—

14 (A) in paragraph (2)—

15 (i) in subparagraph (A), by inserting
16 “, substance use courts,” after “mental
17 health courts”;

18 (ii) in subparagraph (B)—

19 (I) by inserting “mental health
20 disorders, substance use disorders, or”
21 before “co-occurring mental illness
22 and substance use problems”; and

23 (II) by striking “illnesses” and
24 inserting “disorders, illnesses, or
25 problems”;

- 1 (iii) in subparagraph (C)—
- 2 (I) in the matter preceding clause
- 3 (i)—
- 4 (aa) by striking “mental
- 5 health agencies” and inserting
- 6 “mental health or substance use
- 7 agencies”; and
- 8 (bb) by striking “and, where
- 9 appropriate,” and inserting “or”;
- 10 and
- 11 (II) in clause (i), by inserting “,
- 12 substance use disorders,” after “men-
- 13 tal illness”; and
- 14 (iv) in subparagraph (D), by inserting
- 15 “or offender with a substance use dis-
- 16 order” after “mentally ill offender”; and
- 17 (B) in paragraph (5)—
- 18 (i) in subparagraph (B)—
- 19 (I) in clause (i)—
- 20 (aa) by inserting “or sub-
- 21 stance use court” after “mental
- 22 health court”; and
- 23 (bb) by striking “mental
- 24 health agency” and inserting

1 “mental health or substance use
2 agency”; and

3 (II) in clause (ii), by striking
4 “and substance use services for indi-
5 viduals with co-occurring mental
6 health and substance use disorders”
7 and inserting “or substance use serv-
8 ices”;

9 (ii) in subparagraph (C)—

10 (I) in clause (i)(I), by inserting
11 “, substance use disorders,” after
12 “mental illness”;

13 (II) in clause (ii)—

14 (aa) in subclause (II), by in-
15 serting “, substance use,” after
16 “mental health,”;

17 (bb) in subclause (V), by
18 striking “mental health services”
19 and inserting “mental health or
20 substance use services”; and

21 (cc) in subclause (VI), by in-
22 serting “or individuals with sub-
23 stance use disorders” after “men-
24 tally ill individuals”;

1 (iii) in subparagraph (D), by inserting
2 “or offenders with substance use dis-
3 orders” after “mentally ill offenders”;

4 (iv) in subparagraph (E), by inserting
5 “or substance use disorders” after “mental
6 illness”;

7 (v) in subparagraph (H), by striking
8 “and mental health” and inserting “, men-
9 tal health, and substance use”; and

10 (vi) in subparagraph (I)—

11 (I) in clause (i)—

12 (aa) in the heading, by in-
13 serting “, SUBSTANCE USE
14 COURTS,” after “MENTAL
15 HEALTH COURTS”;

16 (bb) by inserting “or sub-
17 stance use courts” after “mental
18 health courts”; and

19 (cc) by inserting “or part
20 EE, as applicable,” after “part
21 V”; and

22 (II) in clause (iv), by inserting
23 “or substance use” after “mental
24 health”;

25 (3) in subsection (c)—

1 (A) in paragraph (1), by inserting “, of-
2 fenders with substance use disorders,” after
3 “mentally ill offenders”;

4 (B) in paragraph (2), by inserting “ and
5 offenders with substance use disorders” after
6 “mentally ill offenders”; and

7 (C) in paragraph (3), by inserting “or sub-
8 stance use courts” after “mental health
9 courts”;

10 (4) in subsection (e)—

11 (A) in paragraph (1), by inserting “or sub-
12 stance use disorders” after “mental illness”;
13 and

14 (B) in paragraph (4), by inserting “or sub-
15 stance use disorders” after “mental illness”;

16 (5) in subsection (h)—

17 (A) in the heading, by inserting “AND OF-
18 FENDERS WITH SUBSTANCE USE DISORDERS”
19 after “MENTALLY ILL OFFENDERS”;

20 (B) in paragraph (1)—

21 (i) in subparagraph (A), by inserting
22 “or substance use disorders” after “mental
23 illnesses”;

- 1 (ii) in subparagraph (C), by inserting
2 “or offenders with substance use dis-
3 orders” after “mentally ill offenders”;
- 4 (iii) in subparagraph (D)—
- 5 (I) by inserting “or substance
6 use” after “mental health”; and
- 7 (II) by inserting “or offenders
8 with substance use disorders” after
9 “mentally ill offenders”;
- 10 (iv) in subparagraph (E), by inserting
11 “or substance use disorders” after “mental
12 illnesses”; and
- 13 (v) in subparagraph (F), by inserting
14 “, substance use disorders,” after “mental
15 health disorders”; and
- 16 (C) in paragraph (2), by inserting “or sub-
17 stance use disorders” after “mental illnesses”;
- 18 (6) in subsection (i)(2)—
- 19 (A) in subparagraph (B)—
- 20 (i) by redesignating clauses (i), (ii),
21 and (iii) as subclauses (I), (II), and (III),
22 and adjusting the margins accordingly;
- 23 (ii) in the matter preceding subclause
24 (I), as so redesignated, by striking “shall
25 give priority to applications that—” and

1 inserting the following: “shall give priority
2 to—

3 “(i) applications that—”; and

4 (iii) by striking the period at the end

5 and inserting the following: “; and

6 “(ii) applications to establish or ex-
7 pand veterans treatment court programs
8 that—

9 “(I) allow participation by a vet-
10 eran receiving any type of medication-
11 assisted treatment that involves the
12 use of any drug or combination of
13 drugs that have been approved under
14 the Federal Food, Drug, and Cos-
15 metic Act (21 U.S.C. 301 et seq.) or
16 section 351 of the Public Health Serv-
17 ice Act (42 U.S.C. 262) for the treat-
18 ment of an opioid use disorder;

19 “(II) follow the Adult Drug
20 Court Best Practice Standards pub-
21 lished by the National Association of
22 Drug Court Professionals; and

23 “(III) provide culturally com-
24 petent (as defined in section 102 of
25 the Developmental Disabilities Assist-

1 ance and Bill of Rights Act of 2000
2 (42 U.S.C. 15002)) services.”; and

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

4 “(C) DISCLOSURE AND REPORTING RE-
5 QUIREMENTS.—

6 “(i) REQUIREMENTS FOR VETERANS
7 TREATMENT COURT PROGRAM GRANT-
8 EES.—An applicant that receives a grant
9 under this subsection to establish or ex-
10 pand a veterans treatment court program
11 shall—

12 “(I) disclose to the Attorney
13 General any contract or relationship
14 between the applicant and a local
15 treatment provider;

16 “(II) track and report to the At-
17 torney General the number of refer-
18 rals to local treatment providers pro-
19 vided by the program; and

20 “(III) track and report to the At-
21 torney General, with respect to each
22 participant in the program—

23 “(aa) each charge brought
24 against the participant;

1 “(bb) the demographics of
2 the participant; and

3 “(cc) the outcome of the
4 participant’s case.

5 “(ii) ATTORNEY GENERAL REPORT.—
6 The Attorney General shall periodically
7 submit to Congress a report containing the
8 information reported to the Attorney Gen-
9 eral under clause (i).

10 “(D) SENSE OF CONGRESS REGARDING
11 VETERANS TREATMENT COURT PROGRAMS.—It
12 is the sense of Congress that a veterans treat-
13 ment court program that receives funding from
14 a grant under this subsection should not ex-
15 clude individuals who are chronically exposed to
16 the criminal justice system.”;

17 (7) in subsection (j)—

18 (A) in paragraph (1), by inserting “or sub-
19 stance use disorders” after “mental illness”;
20 and

21 (B) in paragraph (2)(A), by inserting “or
22 substance use disorders” after “mental ill-
23 nesses”;

1 (8) in subsection (k)(3)(A)(i)(I)(aa), by insert-
2 ing “ or substance use disorders” after “mental ill-
3 nesses”;

4 (9) in subsection (l)—

5 (A) in paragraph (1)(B)(ii), by inserting
6 “or substance use disorder” after “mental ill-
7 ness” each place that term appears; and

8 (B) in paragraph (2)—

9 (i) in subparagraph (C)(iii), by insert-
10 ing “or substance use” after “mental
11 health”; and

12 (ii) in subparagraph (D), by striking
13 “mental health or” and inserting “mental
14 health disorders, substance use disorders,
15 or”;

16 (10) in subsection (o)(3)—

17 (A) by striking “LIMITATION” and insert-
18 ing “VETERANS”;

19 (B) by striking “Not more than” and in-
20 serting the following:

21 “(A) LIMITATION.—Not more than”;

22 (C) in subparagraph (A), as so designated,
23 by striking “this section” and inserting “para-
24 graph (1)”;

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

1 “(B) ADDITIONAL FUNDING.—In addition
2 to the amounts authorized under paragraph (1),
3 there are authorized to be appropriated to the
4 Department of Justice to carry out subsection
5 (i) \$20,000,000 for each of fiscal years 2021
6 through 2026.”.

7 **SEC. 405. INFRASTRUCTURE FOR REENTRY.**

8 (a) COMMUNITY ECONOMIC DEVELOPMENT
9 GRANTS.—Section 680(a)(2) of the Community Services
10 Block Grant Act (42 U.S.C. 9921(a)(2)) is amended—

11 (1) in subparagraph (A)—

12 (A) by striking “to private, nonprofit orga-
13 nizations that are community development cor-
14 porations” and inserting the following: “to—

15 “(i) private, nonprofit community de-
16 velopment corporations”;

17 (B) by striking the period at the end and
18 inserting “; or”; and

19 (C) by adding at the end the following:

20 “(ii) community development corpora-
21 tions described in clause (i), or partner-
22 ships between such a corporation and an-
23 other private, nonprofit entity, to fund and
24 oversee the construction of facilities for
25 treatment of mental and substance use dis-

1 orders, supportive housing, or of re-entry
 2 centers, that are not jails, prisons, or other
 3 correctional facilities.”;

4 (2) in subparagraph (C)—

5 (A) by inserting “or partnership” after
 6 “corporation” each place it appears;

7 (B) by striking “principal purpose plan-
 8 ning” and inserting “principal purpose—

9 “(i) planning”;

10 (C) by striking the period at the end and
 11 inserting “; or”; and

12 “(ii) planning or constructing facilities
 13 for crisis intervention, treatment of mental
 14 and substance use disorders, supportive
 15 housing, or of re-entry centers.”; and

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

17 “(F) DEFINITION.—In this paragraph, the
 18 term ‘crisis intervention’ means the provision of
 19 immediate, short-term assistance to individuals
 20 who are experiencing acute emotional, mental,
 21 physical, and behavioral distress or problems
 22 using a ‘one-stop’ model.”.

23 (b) CDBG ASSISTANCE FOR CONSTRUCTION OF SUB-
 24 STANCE ABUSE AND MENTAL HEALTH TREATMENT FA-
 25 CILITIES, SUPPORTIVE HOUSING, AND REENTRY CEN-

1 TERS.—Section 105(a) of the Housing and Community
2 Development Act of 1974 (42 U.S.C. 5305(a)) is amend-
3 ed—

4 (1) in paragraph (25), by striking “and” at the
5 end;

6 (2) in paragraph (26), by striking the period at
7 the end and inserting “; and”; and

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

9 “(27) the construction of crisis intervention
10 centers, substance abuse and mental health treat-
11 ment facilities, supportive housing, and reentry cen-
12 ters.”.

13 (c) COMMUNITIES FACILITIES LOAN AND GRANT
14 PROGRAMS.—Section 306(a) of the Consolidated Farm
15 and Rural Development Act (7 U.S.C. 1926(a)) is amend-
16 ed—

17 (1) by inserting after paragraph (6) the fol-
18 lowing:

19 “(7) PROHIBITION ON USE OF LOANS FOR CER-
20 TAIN PURPOSES.—No loan made or insured under
21 this subsection shall be used to support the con-
22 struction, renovation, equipment purchasing, oper-
23 ation, staffing, or any other function of a jail, pris-
24 on, detention center, or other correctional facility.”;
25 and

1 (2) in paragraph (19), by adding at the end the
2 following:

3 “(C) PROHIBITION ON USE OF GRANTS
4 FOR CERTAIN PURPOSES.—No grant made
5 under this paragraph shall be used to support
6 the construction, renovation, equipment pur-
7 chasing, operation, staffing, or any other func-
8 tion of a jail, prison, detention center, or other
9 correctional facility.

10 “(D) INCLUSION OF CERTAIN INFRA-
11 STRUCTURE FOR REENTRY.—In this paragraph,
12 the terms ‘essential community facility’ and ‘fa-
13 cility’ include a crisis intervention center, sub-
14 stance abuse or mental health treatment facil-
15 ity, a supportive housing facility, and a reentry
16 center.”.

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