

115TH CONGRESS
2D SESSION

H. R. 5545

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

IN THE HOUSE OF REPRESENTATIVES

APRIL 18, 2018

Mr. CUMMINGS introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, and Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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

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

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

4 (a) **SHORT TITLE.**—This Act may be cited as the
 5 “Comprehensive Addiction Resources Emergency Act of
 6 2018”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Purpose.

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

“TITLE XXXIV—SUBSTANCE USE AND OPIOID HEALTH
 RESOURCES

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

“Sec. 3401. Establishment of program of grants.

“Sec. 3402. Planning council.

“Sec. 3403. Amount of grant and use of amounts.

“Sec. 3404. Application.

“Sec. 3405. Technical assistance.

“Sec. 3406. Authorization of appropriations.

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

“Sec. 3411. Establishment of program of grants.

“Sec. 3412. Amount of grant and use of amounts.

“Sec. 3413. Application and limitation.

“Sec. 3414. Technical assistance.

“Sec. 3415. Authorization of appropriations.

“Subtitle C—Other Grant Program

“Sec. 3421. Establishment of grant program.

“Sec. 3422. Use of amounts.

“Sec. 3423. Technical assistance.

“Sec. 3424. Planning and development grants.

“Sec. 3425. Authorization of appropriations.

“Subtitle D—Miscellaneous Provisions

“Sec. 3431. Special projects of national significance.

“Sec. 3432. Education and training centers.

“Sec. 3433. Other provisions.

“Sec. 3434. Standards for substance use disorder treatment and recovery
 facilities.

“Sec. 3435. Naloxone distribution program.

“Sec. 3436. Additional funding for the National Institutes of Health.

“Sec. 3437. Additional funding for improved data collection and prevention of infectious disease transmission.

“Sec. 3438. Definitions.

Sec. 4. Amendments to the Controlled Substances Act.

1 SEC. 2. PURPOSE.

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

12 SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE
13 ACT.

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

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

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

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

8 “(a) IN GENERAL.—The Secretary, in coordination
9 with the Director of the Office of National Drug Control
10 Policy, shall award grants to eligible localities for the pur-
11 pose of addressing substance use within such localities.

12 “(b) ELIGIBILITY.—

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

15 “(A) be—

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

24 “(ii) a county that can demonstrate
25 that the number of drug overdose deaths

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 quirement. Such application shall dem-
2 onstrate—

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

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

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

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

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

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

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

12 “(7) STUDY.—Not later than 3 years after the
13 date of enactment of this title, the Comptroller Gen-
14 eral shall conduct a study to determine whether the
15 data utilized for purposes of paragraph (1)(A) pro-
16 vides the most precise measure of local area need re-
17 lated to substance use and addiction prevalence and
18 whether additional data would provide more precise
19 measures of substance use and addiction prevalence
20 in local areas. Such study shall identify barriers to
21 collecting or analyzing such data, and make rec-
22 ommendations for revising the indicators used under
23 such paragraph to determine eligibility in order to
24 direct funds to the local areas in most need of fund-

1 ing to provide assistance related to substance use
2 and addiction.

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

5 “(A) a city or county described in para-
6 graph (1);

7 “(B) multiple contiguous counties de-
8 scribed in paragraph (2);

9 “(C) an independent locality described in
10 paragraph (3);

11 “(D) an independent city described in
12 paragraph (4); and

13 “(E) a political subdivision described in
14 paragraph (5).

15 “(c) ADMINISTRATION.—

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

20 “(2) MULTIPLE CONTIGUOUS COUNTIES.—

21 “(A) IN GENERAL.—Except as provided in
22 subparagraph (B), in the case of an eligible
23 county described in subsection (b)(2), assist-
24 ance made available under a grant awarded
25 under this section shall be directed to the chief

1 elected official of the particular county des-
2 ignated in the application submitted for the
3 grant under section 3404. Such chief elected of-
4 ficial shall be the administrator of the grant.

5 “(B) STATE ADMINISTRATION.—Notwith-
6 standing subparagraph (A), the eligible county
7 described in subsection (b)(2) may elect to des-
8 ignate the chief elected State official of the
9 State in which the eligible county is located as
10 the administrator of the grant funds.

11 **“SEC. 3402. PLANNING COUNCIL.**

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

17 “(1) be representative of the demographics of
18 the population of individuals with substance use dis-
19 order in the area; and

20 “(2) include representatives of—

21 “(A) health care providers, including feder-
22 ally qualified health centers, rural health clinics,
23 Indian health programs as defined in section 4
24 of the Indian Health Care Improvement Act,
25 urban Indian organizations as defined in section

1 4 of the Indian Health Care Improvement Act,
2 Native Hawaiian organizations as defined in
3 section 12 of the Native Hawaiian Health Care
4 Act of 1988, and facilities operated by the De-
5 partment of Veterans Affairs;

6 “(B) community-based health, harm reduc-
7 tion, or addiction service organizations, includ-
8 ing, where applicable, representatives of Drug
9 Free Communities Coalition grantees;

10 “(C) social service providers, including pro-
11 viders of housing and homelessness services and
12 recovery residence providers;

13 “(D) mental health care providers;

14 “(E) local public health agencies;

15 “(F) law enforcement officials, including
16 officials from High Intensity Drug Trafficking
17 Area program, where applicable;

18 “(G) affected communities, including indi-
19 viduals with substance use disorder or a history
20 of substance use disorder, including individuals
21 in recovery from substance use disorders;

22 “(H) State governments, including the
23 State Medicaid agency and the Single State
24 Agency for Substance Abuse Services;

25 “(I) local governments;

1 “(J) non-elected community leaders;

2 “(K) substance use disorder treatment pro-
3 viders;

4 “(L) Indian tribes and tribal organizations
5 as defined in section 4 of the Indian Self-Deter-
6 mination and Education Assistance Act;

7 “(M) urban Indians as defined in section 4
8 of the Indian Health Care Improvement Act;

9 “(N) historically underserved groups and
10 subpopulations;

11 “(O) individuals who were formerly incar-
12 cerated;

13 “(P) organizations serving individuals who
14 are currently or were formerly incarcerated;

15 “(Q) representatives of Federal agencies;

16 “(R) representatives of organizations that
17 provide services to youth at risk of substance
18 use;

19 “(S) representatives of medical examiners
20 or coroners;

21 “(T) representatives of labor unions and
22 the workplace community; and

23 “(U) representatives of local fire depart-
24 ments and emergency medical services.

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

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

6 “(2) CONSIDERATION REGARDING DESIGNATION
7 OF COUNCIL.—In making a determination of wheth-
8 er to establish or designate a council under para-
9 graph (1), the chief elected official shall give priority
10 to the designation of an existing entity that has
11 demonstrated experience in the provision of health
12 and support services to individuals with substance
13 use disorder within the eligible local area, that has
14 a structure that recognizes the Federal trust respon-
15 sibility when spending Federal health care dollars,
16 and that has demonstrated a commitment to re-
17 specting the obligation of government agencies using
18 Federal dollars to consult with Indian tribes and
19 confer with Urban Indian health programs.

20 “(3) JOINT COUNCIL.—The Secretary shall es-
21 tablish a process to permit an eligible local area that
22 is not contiguous with any other eligible local area
23 to form a joint planning council with such other eli-
24 gible local area or areas, as long as such areas are
25 located in geographical proximity to each other, as

1 determined by the Secretary, and submit a joint ap-
2 plication under section 3404.

3 “(4) JOINT COUNCIL ACROSS STATE LINES.—
4 Eligible local areas may form a joint planning coun-
5 cil with other eligible local areas across State lines
6 if such areas are located in geographical proximity
7 to each other, as determined by the Secretary, sub-
8 mit a joint application under section 3404, and es-
9 tablish intergovernmental agreements to allow the
10 administration of the grant across State lines.

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

13 “(1) be nominated and selected through an
14 open process;

15 “(2) elect from among their membership a chair
16 and vice chair;

17 “(3) include at least one representative from
18 Indian tribes located within any eligible local area
19 that receives funding under the grant program es-
20 tablished in section 3401; and

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

23 “(d) MEMBERSHIP TERMS.—Members of the plan-
24 ning council established or designated under subsection

1 (a) may serve additional terms if nominated and selected
2 through the process established in subsection (c)(1).

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

5 “(1) establish priorities for the allocation of
6 grant funds within the eligible local area that em-
7 phasize reducing drug overdose and substance use
8 disorder through evidence-based interventions in
9 both community and criminal justice settings and
10 that are based on—

11 “(A) the use by the grantee of substance
12 use disorder treatment and intervention strate-
13 gies that comply with best practices identified
14 by the Secretary;

15 “(B) the demonstrated or probable cost-ef-
16 fectiveness of proposed substance use disorder
17 treatment services;

18 “(C) the health priorities of the commu-
19 nities within the eligible local area that are af-
20 fected by substance use;

21 “(D) the priorities and needs of individuals
22 with substance use disorder; and

23 “(E) the availability of other governmental
24 and nongovernmental services;

1 “(2) ensure the use of grant funds are con-
2 sistent with any existing State or local plan regard-
3 ing the provision of substance use disorder treat-
4 ment services to individuals with substance use dis-
5 order;

6 “(3) in the absence of a State or local plan,
7 work with local public health agencies to develop a
8 comprehensive plan for the organization and delivery
9 of substance use disorder treatment services;

10 “(4) regularly assess the efficiency of the ad-
11 ministrative mechanism in rapidly allocating funds
12 to support evidence-based substance use disorder
13 treatment services in the areas of greatest need
14 within the eligible local area;

15 “(5) work with local public health agencies to
16 determine the size and demographics of the popu-
17 lation of individuals with substance use disorders
18 and the types of substance use that are most preva-
19 lent in the eligible local area;

20 “(6) work with local public health agencies to
21 determine the needs of such population, including
22 the need for substance use disorder treatment serv-
23 ices;

24 “(7) work with local public agencies to deter-
25 mine the disparities in access to services among af-

1 fected subpopulations and historically underserved
2 communities, including infrastructure and capacity
3 shortcomings of providers that contribute to these
4 disparities;

5 “(8) work with local public agencies to establish
6 methods for obtaining input on community needs
7 and priorities, including by partnering with organi-
8 zations that serve targeted communities experiencing
9 high opioid related health disparities to gather data
10 using culturally attuned data collection methodolo-
11 gies;

12 “(9) coordinate with Federal grantees that pro-
13 vide substance use disorder treatment services within
14 the eligible local area; and

15 “(10) annually assess the effectiveness of the
16 substance use disorder treatment services being sup-
17 ported by the grant received by the eligible local
18 area, including—

19 “(A) reductions in the rates of overdose
20 and death from substance use disorders;

21 “(B) rates of discontinuation from sub-
22 stance use disorder treatment services;

23 “(C) long-term outcomes among individ-
24 uals receiving treatment for substance use dis-
25 orders; and

1 “(D) the availability of substance use dis-
2 order treatment services needed by individuals
3 with substance use disorders over their life-
4 times.

5 “(f) CONFLICTS OF INTEREST.—

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

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

22 “(g) GRIEVANCE PROCEDURES.—A planning council
23 under subsection (a) shall develop procedures for address-
24 ing grievances with respect to funding under this subtitle,
25 including procedures for submitting grievances that can-

1 not be resolved to binding arbitration. Such procedures
 2 shall be described in the by-laws of the planning council.

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

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

9 “(2) The records, reports, transcripts, minutes,
 10 agenda, or other documents which were made avail-
 11 able to or prepared for or by the council shall be
 12 available for public inspection and copying at a sin-
 13 gle location.

14 “(3) Detailed minutes of each meeting of the
 15 council shall be kept. The accuracy of all minutes
 16 shall be certified to by the chair of the council.

17 “(4) This subparagraph does not apply to any
 18 disclosure of information of a personal nature that
 19 would constitute a clearly unwarranted invasion of
 20 personal privacy, including any disclosure of medical
 21 information or personnel matters.

22 **“SEC. 3403. AMOUNT OF GRANT AND USE OF AMOUNTS.**

23 “(a) AMOUNT OF GRANT.—

24 “(1) GRANTS BASED ON RELATIVE NEED OF
 25 AREA.—

1 “(A) IN GENERAL.—In carrying out this
2 subtitle, the Secretary shall make a grant for
3 each eligible local area for which an application
4 under section 3404 has been approved. Each
5 such grant shall be made in an amount deter-
6 mined in accordance with paragraph (3).

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

16 “(C) AMOUNT.—

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

23 “(I) an amount equal to the
24 amount available for distribution

1 under subparagraph (B) for the fiscal
2 year involved; and

3 “(II) the percentage constituted
4 by the ratio of the distribution factor
5 for the eligible local area to the sum
6 of the respective distribution factors
7 for all eligible local areas;

8 which product shall then, as applicable, be
9 increased under subparagraph (D).

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

13 “(I) an amount equal to—

14 “(aa) the estimated number
15 of drug overdose deaths in the el-
16 igible local area, as determined
17 under clause (iii); or

18 “(bb) the estimated number
19 of non-fatal drug overdoses in the
20 eligible local area, as determined
21 under clause (iv);

22 as determined by the Secretary based
23 on which distribution factor (item (aa)
24 or (bb)) will result in the eligible local

1 area receiving the greatest amount of
2 funds; or

3 “(II) in the case of an eligible
4 local area for which the data de-
5 scribed in subclause (I) is not avail-
6 able, an amount determined by the
7 Secretary—

8 “(aa) based on other data
9 the Secretary determines appro-
10 priate; and

11 “(bb) that is related to the
12 prevalence of non-fatal drug
13 overdoses, drug overdose deaths,
14 and the mortality rate from drug
15 overdoses and provides an equiv-
16 alent measure of need for fund-
17 ing.

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

1 “(iv) NUMBER OF NON-FATAL DRUG
2 OVERDOSES.—The number of non-fatal
3 drug overdose deaths determined under
4 this clause for an eligible county for a fis-
5 cal year for purposes of clause (ii) may be
6 determined by using data including emer-
7 gency department syndromic data, visits,
8 or other emergency medical services for
9 drug-related causes during the most recent
10 3-year period for which such data are
11 available.

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

1 such clause to determine funding levels in
2 order to direct funds to the local areas in
3 most need of funding to provide substance
4 use disorder treatment services.

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

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

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

19 “(2) SUPPLEMENTAL GRANTS.—

20 “(A) IN GENERAL.—The Secretary shall
21 disburse the remainder of amounts not dis-
22 bursed under paragraph (1) for such fiscal year
23 for the purpose of making grants to cities and
24 counties whose application under section
25 3404—

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

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

9 “(iii) demonstrates the existing com-
10 mitment of local resources of the area,
11 both financial and in-kind, to combating
12 substance use disorder;

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

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

21 “(vi) demonstrates the inclusiveness of
22 affected communities and individuals with
23 substance use disorders, including those
24 communities and individuals that are dis-

1 proportionately affected or historically un-
2 derserved;

3 “(vii) demonstrates the manner in
4 which the proposed services are consistent
5 with the local needs assessment and the
6 statewide coordinated statement of need
7 required in section 3413(e);

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

11 “(ix) demonstrates that support for
12 substance use disorder treatment services
13 is organized to maximize the value to the
14 population to be served with an appro-
15 priate mix of substance use disorder treat-
16 ment services and attention to transition in
17 care.

18 “(B) AMOUNT.—

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

1 “(I) the rate of drug overdose
2 deaths per 100,000 population in the
3 eligible local area; and

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

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

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

23 “(II) Relative rates of increase in
24 the number of drug overdoses or drug
25 overdose deaths.

1 “(III) The relative rates of in-
2 crease in the number of drug
3 overdoses or drug overdose deaths
4 within new or emerging subpopula-
5 tions.

6 “(IV) The current prevalence of
7 substance use disorders.

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

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

17 “(VII) The prevalence of home-
18 lessness among individuals with sub-
19 stance use disorders.

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

1 “(IX) The impact of a decline in
2 the amount received pursuant to para-
3 graph (1) on substance use disorder
4 treatment services available to all in-
5 dividuals with substance use disorders
6 identified and eligible under this sub-
7 title.

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

14 “(C) APPLICATION OF PROVISIONS.—A
15 local area that receives a grant under this para-
16 graph—

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

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

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

23 “(3) AMOUNT OF GRANT TO TRIBAL GOVERN-
24 MENTS.—

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

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

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

22 “(b) USE OF AMOUNTS.—

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

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

3 “(A) the allocation of funds and services
4 within the area under the grant will be made in
5 accordance with the priorities established by the
6 substance use disorder treatment services plan-
7 ning council; and

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

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

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

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

16 “(iv) early intervention and engage-
17 ment services described in paragraph (6);

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

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

22 “(vii) administrative expenses de-
23 scribed in paragraph (10).

24 “(2) DIRECT FINANCIAL ASSISTANCE.—

1 “(A) IN GENERAL.—An eligible local area
2 shall use amounts received under a grant under
3 section 3401 to provide direct financial assist-
4 ance to eligible entities for the purpose of pro-
5 viding prevention services, core medical services,
6 recovery and support services, harm reduction
7 services, and early intervention and engagement
8 services.

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

16 “(3) PREVENTION SERVICES.—

17 “(A) IN GENERAL.—For purposes of this
18 subsection, the term ‘prevention services’ means
19 services, programs, or multi-sector strategies to
20 prevent substance use disorder (such as evi-
21 dence-based education campaigns, community-
22 based prevention programs, opioid diversion,
23 collection and disposal or unused opioids, and
24 services to at-risk populations).

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

6 “(4) CORE MEDICAL SERVICES.—For purposes
7 of this subsection, the term ‘core medical services’
8 means the following evidence-based services provided
9 to individuals with substance use disorder or at risk
10 for developing substance use disorder:

11 “(A) Substance use disorder treatments,
12 including clinical stabilization services, with-
13 drawal management and detoxification, inten-
14 sive inpatient treatment, intensive outpatient
15 treatment, all forms of Federally-approved
16 medication-assisted treatment, outpatient treat-
17 ment, and residential recovery treatment.

18 “(B) Outpatient and ambulatory health
19 services, including those administered by Feder-
20 ally qualified health centers and rural health
21 clinics.

22 “(C) Hospice services.

23 “(D) Mental health services.

24 “(E) Naloxone procurement, distribution,
25 and training.

1 “(F) Pharmaceutical assistance and diag-
2 nostic testing related to the management of
3 substance-use disorders a co-morbid conditions.

4 “(G) Home and community based health
5 services.

6 “(H) Comprehensive Case Management,
7 including substance use disorder treatment ad-
8 herence services.

9 “(I) Health insurance enrollment and cost-
10 sharing assistance in accordance with para-
11 graph (8).

12 “(5) RECOVERY AND SUPPORT SERVICES.—For
13 purposes of paragraph (1)(B)(ii), the term ‘recovery
14 and support services’ means services, subject to the
15 approval of the Secretary, that are provided to indi-
16 viduals with substance use disorder, including resi-
17 dential recovery treatment and housing, including
18 for individuals receiving medication-assisted treat-
19 ment, long term recovery services, 24/7 hotline crisis
20 center support, medical transportation services, res-
21 pite care for persons caring for individuals with sub-
22 stance use disorder, child care and family services
23 while an individual is receiving inpatient treatment
24 services or at the time of outpatient services, out-
25 reach services, peer recovery services, nutrition serv-

1 ices, and referrals for job training and career serv-
2 ices, housing, legal services, and child care and fam-
3 ily services.

4 “(6) EARLY INTERVENTION AND ENGAGEMENT
5 SERVICES.—For purposes of this section, the term
6 ‘early intervention and engagement services’ means
7 services to provide rapid access to substance use dis-
8 order treatment, counseling provided to individuals
9 who have misused substances, who have experienced
10 an overdose, or are at risk of developing substance
11 use disorder, and the provision of referrals to facili-
12 tate the access of such individuals to core medical
13 services or recovery and support services. The enti-
14 ties through which such services may be provided in-
15 clude emergency rooms, fire departments and emer-
16 gency medical services, detention facilities, homeless
17 shelters, law enforcement agencies, health care
18 points of entry specified by eligible local areas, Fed-
19 erally qualified health centers, and rural health clin-
20 ics.

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

1 risk of infectious disease transmission, overdose, or
2 death, including by increasing access to health care.

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

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

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

14 “(9) REQUIREMENT OF STATUS AS MEDICAID
15 PROVIDER.—

16 “(A) PROVISION OF SERVICE.—Subject to
17 paragraph (2), the Secretary may not make a
18 grant under section 3401 for the provision of
19 substance use disorder treatment services under
20 this section in an eligible local area unless, in
21 the case of any such service that is available
22 pursuant to the State plan approved under title
23 XIX of the Social Security Act for the State—

24 “(i) the political subdivision involved
25 will provide the service directly, and the

1 political subdivision has entered into a par-
2 ticipation agreement under the State plan
3 and is qualified to receive payments under
4 such plan; or

5 “(ii) the eligible local area involved
6 will enter into an agreement with a public
7 or nonprofit private entity under which the
8 entity will provide the service, and the enti-
9 ty has entered into such a participation
10 agreement and is qualified to receive such
11 payments.

12 “(B) WAIVER.—

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

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

9 “(10) ADMINISTRATION AND PLANNING.—An
10 eligible local area shall not use in excess of 10 per-
11 cent of amounts received under a grant under sec-
12 tion 3401 for administration, accounting, reporting,
13 and program oversight functions, including the de-
14 velopment of systems to improve data collection and
15 data sharing.

16 “(11) INCARCERATED INDIVIDUALS.—Amounts
17 received under a grant under section 3401 may be
18 used to provide substance use disorder treatment
19 services to currently incarcerated individuals.

20 **“SEC. 3404. APPLICATION.**

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

1 “(1) a complete accounting of the disbursement
2 of any prior grants received under this subtitle by
3 the applicant and the results achieved through such
4 disbursements;

5 “(2) a demonstration of the extent of local need
6 for the funds under the grant and a plan for pro-
7 posed substance use disorder treatment services that
8 is consistent with local needs, including a com-
9 prehensive plan for the use of the grant funds devel-
10 oped by the planning council established under sec-
11 tion 3402, except that the planning council require-
12 ment shall not apply with respect to areas receiving
13 supplemental grant funds under section 3403(a)(2);

14 “(3) a demonstration that the area will use
15 funds in a manner that provides substance use dis-
16 order treatment services compliant with the evi-
17 dence-based standards developed in accordance with
18 section 3434, including all forms of Federally-ap-
19 proved medication-assisted treatments;

20 “(4) information on the number of individuals
21 likely to be served by the funds sought, including de-
22 mographic data on the populations to be served;

23 “(5) key outcomes that will be measured by all
24 entities that receive assistance, as well as an expla-
25 nation of how the outcomes will be measured;

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

6 “(7) a demonstration that funds received from
7 a grant under this subtitle in any prior year were ex-
8 pended in accordance with the priorities established
9 by the planning council;

10 “(8) a demonstration that at least one rep-
11 resentative from Indian tribes located within any eli-
12 gible local area are included in the membership of a
13 planning council;

14 “(9) a demonstration that the confidentiality of
15 individuals receiving substance use disorder treat-
16 ment services will be maintained in a manner not in-
17 consistent with applicable law; and

18 “(10) an explanation of how income, asset, and
19 medical expense criteria will be established and ap-
20 plied to those who qualify for assistance under the
21 program under this subtitle.

22 “(b) ASSURANCES.—To be eligible to receive a grant
23 under section 3401, the application submitted by the eligi-
24 ble local area shall include assurances adequate to en-
25 sure—

1 “(1) that funds received under the grant will be
2 utilized to supplement not supplant other State or
3 local funds made available in the year for which the
4 grant is awarded to provide substance use disorder
5 treatment services;

6 “(2) that the political subdivisions within the el-
7 igible local area will maintain the level of expendi-
8 tures by such political subdivisions for substance
9 use-related services at a level that is equal to the
10 level of such expenditures by such political subdivi-
11 sions for the preceding fiscal year;

12 “(3) that political subdivisions within the eligi-
13 ble local area will not use funds received under a
14 grant awarded under section 3401 in maintaining
15 the level of substance use disorder treatment services
16 as required in paragraph (2);

17 “(4) that substance use disorder treatment
18 services provided with assistance made available
19 under the grant will be provided without regard—

20 “(A) to the ability of the individual to pay
21 for such services; and

22 “(B) to the current or past health condi-
23 tion of the individual to be served;

24 “(5) that substance use disorder treatment
25 services will be provided in a setting that is acces-

1 sible to low-income individuals with substance use
2 disorder, and to individuals with substance use dis-
3 order residing in rural areas;

4 “(6) that a program of outreach will be pro-
5 vided to low-income individuals with substance use
6 disorder to inform such individuals of substance use
7 disorder treatment services, and to individuals with
8 substance use disorder residing in rural areas; and

9 “(7) that funds received under a grant awarded
10 under this subtitle will not be utilized to make pay-
11 ments for any item or service to the extent that pay-
12 ment has been made, or can reasonably be expected
13 to be made, with respect to that item or service
14 under any State compensation program, under an
15 insurance policy, or under any Federal or State
16 health benefits program (except for a program ad-
17 ministered by, or providing the services of, the In-
18 dian Health Service).

19 “(c) REQUIREMENTS REGARDING IMPOSITION OF
20 CHARGES FOR SERVICES.—

21 “(1) IN GENERAL.—The Secretary may not
22 make a grant under section 3401 to an eligible local
23 area unless the eligible local area provides assur-
24 ances that in the provision of substance use disorder

1 treatment services with assistance provided under
2 the grant—

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

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

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

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

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

“(E) in the case of individuals with an income greater than 300 percent of the official poverty level, the provider will not, for any calendar year, impose charges in an amount exceeding 15 percent of the annual gross income of the individual involved; and

“(F) in the case of eligible American Indian and Alaska Native individuals as defined by section 447.50 of title 42, Code of Federal Regulations (as in effect on July 1, 2010), the provider will not impose any charges for substance use disorder treatment services, including any charges or cost-sharing prohibited by section 1402(d) of the Patient Protection and Affordable Care Act.

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

“(A) assess the amount of the charge in the discretion of the area, including imposing only a nominal charge for the provision of substance use disorder treatment services, subject

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

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

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

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

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

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

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

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

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

- 15 “(1) \$2,700,000,000 for fiscal year 2019;
- 16 “(2) \$2,700,000,000 for fiscal year 2020;
- 17 “(3) \$2,700,000,000 for fiscal year 2021;
- 18 “(4) \$2,700,000,000 for fiscal year 2022;
- 19 “(5) \$2,700,000,000 for fiscal year 2023;
- 20 “(6) \$2,700,000,000 for fiscal year 2024;
- 21 “(7) \$2,700,000,000 for fiscal year 2025;
- 22 “(8) \$2,700,000,000 for fiscal year 2026;
- 23 “(9) \$2,700,000,000 for fiscal year 2027; and
- 24 “(10) \$2,700,000,000 for fiscal year 2028.

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

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

6 “The Secretary, acting in coordination with the Di-
7 rector of the Office of National Drug Control Policy, shall
8 award grants to States, territories, and tribal governments
9 for the purpose of addressing substance use within such
10 States.

11 **“SEC. 3412. AMOUNT OF GRANT AND USE OF AMOUNTS.**

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

14 “(1) IN GENERAL.—

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

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

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

4 “(I) \$2,000,000; or

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

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

10 “(I) \$500,000; or

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

13 “(C) DETERMINATION.—

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

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

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

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

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

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

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

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

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

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

12 “(iv) NUMBER OF NON-FATAL DRUG
13 OVERDOSES.—For purposes of clause (ii),
14 the number of non-fatal drug overdose
15 deaths determined under this clause for
16 State for a fiscal year for purposes of
17 clause (ii) may be determined by using
18 data including emergency department
19 syndromic data, visits, or other emergency
20 medical services for drug-related causes
21 during the most recent 3-year period for
22 which such data are available.

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

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

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

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

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

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

8 “(2) SUPPLEMENTAL GRANTS.—

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

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

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

22 “(iii) demonstrates the existing com-
23 mitment of local resources of the State,
24 both financial and in-kind, to combating
25 substance use disorder;

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

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

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

15 “(vii) demonstrates the manner in
16 which the proposed services are consistent
17 with the local needs assessment and the
18 statewide coordinated statement of need
19 required under section 3413(e);

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

23 “(ix) demonstrates that support for
24 substance use disorder treatment services
25 is organized to maximize the value to the

1 population to be served with an appro-
2 priate mix of substance use disorder treat-
3 ment services and attention to transition in
4 care.

5 “(B) AMOUNT.—

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

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

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

22 “(ii) DEMONSTRATED NEED.—The
23 factors considered by the Secretary in de-
24 termining whether a State has a dem-
25 onstrated need for purposes of subpara-

graph (A)(ii) may include any or all of the following:

“(I) The unmet need for such services, including the factors identified in clause (i)(II).

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

“(III) The relative rates of increase in the number of drug deaths within new or emerging subpopulations.

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

“(V) Relevant factors related to the cost and complexity of delivering substance use disorder treatment services to individuals in the State.

“(VI) The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.

“(VII) The prevalence of homelessness among individuals with substance use disorder.

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

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

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

19 “(C) MODEL STANDARDS.—

20 “(i) PREFERENCE.—In determining
21 whether a State will receive funds under
22 this paragraph, except as provided in
23 clause (ii), the Secretary shall give pref-
24 erence to States that have adopted the

1 model standards developed in accordance
2 with section 3434.

3 “(ii) REQUIREMENT.—Effective begin-
4 ning in fiscal year 2025, the Secretary
5 shall not award a grant under this para-
6 graph to a State unless that State has
7 adopted the model standards developed in
8 accordance with section 3434.

9 “(3) AMOUNT OF GRANT TO TRIBAL GOVERN-
10 MENTS.—

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

15 “(B) FORMULA GRANTS.—The Secretary,
16 acting through the Indian Health Service, shall
17 use 10 percent of the amount available under
18 section 3415 for each fiscal year to provide for-
19 mula grants to Indian tribes in an amount de-
20 termined pursuant to a formula and eligibility
21 criteria developed by the Secretary in consulta-
22 tion with Indian tribes, for the purposes of ad-
23 dressing substance use.

24 “(C) USE OF AMOUNTS.—Notwithstanding
25 any requirements in this section, an Indian

1 tribe may use amounts provided under grants
 2 awarded under this paragraph for the uses
 3 identified in subsection (b) and any other activi-
 4 ties determined appropriate by the Secretary, in
 5 consultation with Indian tribes.

6 “(b) USE OF AMOUNTS.—

7 “(1) IN GENERAL.—A State may use amounts
 8 provided under grants awarded under section 3411
 9 for—

10 “(A) prevention services described in para-
 11 graph (2);

12 “(B) core medical services described in
 13 paragraph (3);

14 “(C) recovery and support services de-
 15 scribed in paragraph (4);

16 “(D) early intervention and engagement
 17 services described in paragraph (5);

18 “(E) harm reduction services described in
 19 paragraph (6); and

20 “(F) administrative expenses described in
 21 paragraph (8).

22 “(2) PREVENTION SERVICES.—

23 “(A) IN GENERAL.—For purposes of this
 24 subsection, the term ‘prevention services’ means
 25 services, programs, or multi-sector strategies to

1 prevent substance use disorder (including evi-
2 dence-based education campaigns, community-
3 based prevention programs, opioid diversion,
4 collection and disposal of unused opioids, and
5 services to at-risk populations).

6 “(B) LIMIT.—A State may use not to ex-
7 ceed 20 percent of the amount of the grant
8 under section 3411 for prevention services. A
9 State may apply to the Secretary for a waiver
10 of this subparagraph.

11 “(3) CORE MEDICAL SERVICES.—For purposes
12 of this subsection, the term ‘core medical services’
13 means the following evidence-based services when
14 provided to individuals with substance use disorder
15 or at risk for developing substance use disorder:

16 “(A) Substance use disorder treatments,
17 including clinical stabilization services, with-
18 drawal management and detoxification, inten-
19 sive inpatient treatment, intensive outpatient
20 treatment, all forms of Federally-approved
21 medication-assisted treatment, outpatient treat-
22 ment, and residential recovery treatment.

23 “(B) Outpatient and ambulatory health
24 services, including those administered by Feder-

1 ally qualified health centers and rural health
2 clinics.

3 “(C) Hospice services.

4 “(D) Mental health services.

5 “(E) Naloxone procurement, distribution,
6 and training.

7 “(F) Pharmaceutical assistance related to
8 the management of substance-use disorders and
9 co-morbid conditions.

10 “(G) Home and community based health
11 services.

12 “(H) Comprehensive Case Management
13 and care coordination, including treatment ad-
14 herence services.

15 “(I) Health insurance enrollment and cost-
16 sharing assistance in accordance with sub-
17 section (e).

18 “(4) RECOVERY AND SUPPORT SERVICES.—For
19 purposes of paragraph (1)(C), the term ‘recovery
20 and support services’ means services, subject to the
21 approval of the Secretary, that are provided to indi-
22 viduals with substance use disorder, including resi-
23 dential recovery treatment and housing, including
24 for individuals receiving medication-assisted treat-
25 ment, long term recovery services, 24/7 hotline crisis

1 center services, medical transportation services, res-
2 pite care for persons caring for individuals with sub-
3 stance use disorder, child care and family services
4 while an individual is receiving inpatient treatment
5 services or at the time of outpatient services, out-
6 reach services, peer recovery services, nutrition serv-
7 ices, and referrals for job training and career serv-
8 ices, housing, legal services, and child care and fam-
9 ily services.

10 “(5) EARLY INTERVENTION AND ENGAGEMENT
11 SERVICES.—For purposes of this subsection, the
12 term ‘early intervention and engagement services’
13 means services to provide rapid access to substance
14 use disorder treatment services, counseling provided
15 to individuals who have misused substances, who
16 have experienced an overdose, or are at risk of devel-
17 oping substance use disorder, and the provision of
18 referrals to facilitate the access of such individuals
19 to core medical services or recovery and support
20 services. The entities through which such services
21 may be provided include emergency rooms, fire de-
22 partments and emergency medical services, detention
23 facilities, homeless shelters, law enforcement agen-
24 cies, health care points of entry specified by eligible

1 areas, Federally qualified health centers, and rural
2 health clinics.

3 “(6) HARM REDUCTION SERVICES.—For pur-
4 poses of this subsection, the term ‘harm reduction
5 services’ means evidence-based services provided to
6 individuals engaging in substance use disorder that
7 reduce the risk of infectious disease transmission,
8 overdose, or death, including by increasing access to
9 health care.

10 “(7) AFFORDABLE HEALTH INSURANCE COV-
11 ERAGE.—A State may use amounts provided under
12 a grant awarded under section 3411 to establish a
13 program of financial assistance to assist eligible indi-
14 viduals with substance use disorder in—

15 “(A) enrolling in health insurance cov-
16 erage; or

17 “(B) affording health care services, includ-
18 ing assistance paying cost-sharing amounts, in-
19 cluding premiums.

20 “(8) ADMINISTRATION AND PLANNING.—A
21 State shall not use in excess of 10 percent of
22 amounts received under a grant under section 3411
23 for administration, accounting, reporting, and pro-
24 gram oversight functions, including the development

1 of systems to improve data collection and data shar-
2 ing.

3 “(9) INCARCERATED INDIVIDUALS.—Amounts
4 received under a grant under section 3411 may be
5 used to provide substance use disorder treatment
6 services to currently incarcerated individuals.

7 **“SEC. 3413. APPLICATION AND LIMITATION.**

8 “(a) APPLICATION.—To be eligible to receive a grant
9 under section 3411, a State shall prepare and submit to
10 the Secretary an application in such form, and containing
11 such information, as the Secretary shall require, includ-
12 ing—

13 “(1) a complete accounting of the disbursement
14 of any prior grants received under this subtitle by
15 the applicant and the results achieved by these ex-
16 penditures;

17 “(2) a comprehensive plan for the use of the
18 grant, including a demonstration of the extent of
19 local need for the funds sought and a plan for pro-
20 posed substance use disorder treatment services that
21 is consistent with local needs;

22 “(3) a demonstration that the State will use
23 funds in a manner that provides substance use dis-
24 order treatment services compliant with the evi-
25 dence-based standards developed in accordance with

1 section 3434, including all Federally-approved medi-
2 cation-assisted treatments;

3 “(4) information on the number of individuals
4 likely to be served by the funds sought, including de-
5 mographic data on the populations to be served;

6 “(5) an identification of key outcomes that will
7 be measured by all entities that receive assistance,
8 as well as an explanation of how the outcomes will
9 be measured;

10 “(6) a demonstration that resources provided
11 under the grant will be allocated in accordance with
12 the local demographic incidence of substance use, in-
13 cluding allocations for services for children, youths,
14 and women;

15 “(7) a demonstration that funds received from
16 a grant under this subtitle in any prior year were ex-
17 pended in accordance with State priorities;

18 “(8) a demonstration that the confidentiality of
19 individuals receiving substance use disorder treat-
20 ment services will be maintained in a manner not in-
21 consistent with applicable law; and

22 “(9) an explanation of how income, asset, and
23 medical expense criteria will be established and ap-
24 plied to those who qualify for assistance under the
25 program.

1 “(b) ASSURANCES.—To be eligible to receive a grant
2 under section 3401, the application submitted by an eligi-
3 ble State shall include assurances adequate to ensure—

4 “(1) that funds received under the grant will be
5 utilized to supplement not supplant other State or
6 local funds made available in the year for which the
7 grant is awarded to provide substance use disorder
8 treatment services to individuals with substance use
9 disorder;

10 “(2) that the political subdivisions within the
11 State will maintain the level of expenditures by such
12 political subdivisions for substance use disorder
13 treatment services at a level that is equal to the level
14 of such expenditures by such political subdivisions
15 for the preceding fiscal year;

16 “(3) that political subdivisions within the State
17 will not use funds received under a grant awarded
18 under section 3411 in maintaining the level of sub-
19 stance use disorder treatment services as required in
20 paragraph (2);

21 “(4) that substance use disorder treatment
22 services provided with assistance made available
23 under the grant will be provided without regard—

24 “(A) to the ability of the individual to pay
25 for such services; and

1 “(B) to the current or past health condi-
2 tion of the individual to be served;

3 “(5) that substance use disorder treatment
4 services will be provided in a setting that is acces-
5 sible to low-income individuals with substance use
6 disorders and to individuals with substance use dis-
7 orders residing in rural areas;

8 “(6) that a program of outreach will be pro-
9 vided to low-income individuals with substance use
10 disorders to inform such individuals of substance use
11 disorder treatment services and to individuals with
12 substance use disorders residing in rural areas;

13 “(7) that Indian tribes are included in planning
14 for the use of grant funds and that the Federal
15 trust responsibility is upheld at all levels of program
16 administration; and

17 “(8) that funds received under a grant awarded
18 under this section will not be utilized to make pay-
19 ments for any item or service to the extent that pay-
20 ment has been made, or can reasonably be expected
21 to be made, with respect to that item or service
22 under a State compensation program, under an in-
23 surance policy, or under any Federal or State health
24 benefits program (except for a program administered

1 by or providing the services of the Indian Health
2 Service).

3 “(c) MEDICAID IMD WAIVER APPLICATION RE-
4 QUIREMENT.—A State shall not be eligible to receive a
5 grant under this subtitle for a fiscal year unless the
6 State—

7 “(1) has in effect for the year a waiver under
8 section 1115 of the Social Security Act (42 U.S.C.
9 1315) to provide medical assistance under the State
10 plan under title XIX of such Act to individuals
11 who—

12 “(A) have not attained age 65 (or, if the
13 State provides the medical assistance described
14 in section 1905(a)(16) of such Act, have at-
15 tained age 21 but have not attained age 65);

16 “(B) are patients in an institution for
17 mental diseases; and

18 “(C) are eligible for medical assistance
19 under the State plan; or

20 “(2) has submitted an application for the year
21 for such a waiver.

22 “(d) REQUIREMENTS REGARDING IMPOSITION OF
23 CHARGES FOR SERVICES.—

24 “(1) IN GENERAL.—The Secretary may not
25 make a grant under section 3411 to a State unless

1 the State provides assurances that in the provision
2 of services with assistance provided under the
3 grant—

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

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

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

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

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

“(E) in the case of individuals with an income greater than 300 percent of the official poverty level, the provider will not, for any calendar year, impose charges in an amount exceeding 15 percent of the annual gross income of the individual involved; and

“(F) in the case of eligible American Indian and Alaska Native individuals as defined by section 447.50 of title 42, Code of Federal Regulations (as in effect on July 1, 2010), the provider will not impose any charges for substance use disorder treatment services, including any charges or cost-sharing prohibited by section 1402(d) of the Patient Protection and Affordable Care Act.

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

“(A) assess the amount of the charge in the discretion of the State, including imposing only a nominal charge for the provision of services, subject to the provisions of the paragraph

1 regarding public schedules and regarding limi-
2 tations on the maximum amount of charges;
3 and

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

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

17 “(e) STATEWIDE COORDINATED STATEMENT OF
18 NEED.—A State shall not be eligible to receive a grant
19 under this subtitle for a fiscal year unless the State devel-
20 ops and publishes a statewide coordinated statement of
21 need, including a demonstration of the extent of State
22 need for assistance in addressing addiction and substance
23 use disorder in the State and identifying priorities for the
24 delivery of essential services to individuals with substance
25 use disorder and their families.

1 “(f) INDIAN TRIBES.—Any application requirements
2 applying to grants distributed in accordance with section
3 3412(c) shall be developed by the Secretary in consulta-
4 tion with Indian tribes.

5 **“SEC. 3414. TECHNICAL ASSISTANCE.**

6 “The Secretary shall provide technical assistance in
7 administering and coordinating the activities authorized
8 under section 3412, including technical assistance for the
9 development of State applications for supplementary
10 grants authorized in section 3212(a)(2).

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

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

14 “(1) \$4,000,000,000 for fiscal year 2019;

15 “(2) \$4,000,000,000 for fiscal year 2020;

16 “(3) \$4,000,000,000 for fiscal year 2021;

17 “(4) \$4,000,000,000 for fiscal year 2022;

18 “(5) \$4,000,000,000 for fiscal year 2023;

19 “(6) \$4,000,000,000 for fiscal year 2024;

20 “(7) \$4,000,000,000 for fiscal year 2025;

21 “(8) \$4,000,000,000 for fiscal year 2026;

22 “(9) \$4,000,000,000 for fiscal year 2027; and

23 “(10) \$4,000,000,000 for fiscal year 2028.

1 **“Subtitle C—Other Grant Program**

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

3 “(a) IN GENERAL.—The Secretary shall award
4 grants to public, nonprofit, and Native entities for the
5 purpose of funding core medical services, recovery and
6 support services, harm reduction services, administrative
7 expenses, and early intervention and engagement services
8 in accordance with this section.

9 “(b) ELIGIBILITY.—

10 “(1) ENTITIES.—Public, nonprofit, or Native
11 entities eligible to receive a grant under subsection
12 (a) may include—

13 “(A) federally qualified health centers
14 under section 1905(l)(2)(B) of the Social Secu-
15 rity Act;

16 “(B) family planning clinics;

17 “(C) rural health clinics;

18 “(D) Native entities, including Indian
19 health programs as defined in section 4 of the
20 Indian Health Care Improvement Act, urban
21 Indian organizations as defined in section 4 of
22 the Indian Health Care Improvement Act, and
23 Native Hawaiian organizations as defined in
24 section 12 of the Native Hawaiian Health Care
25 Act of 1988;

1 “(E) community-based organizations, clin-
2 ics, hospitals, and other health facilities that
3 provide substance use disorder treatment serv-
4 ices;

5 “(F) other nonprofit entities that provide
6 substance use disorder treatment services; and

7 “(G) faith based organizations that provide
8 substance use disorder treatment services.

9 “(2) UNDERSERVED POPULATIONS.—Entities
10 described in paragraph (1) shall serve underserved
11 populations which may include minority populations
12 and Indian populations, ex-offenders, individuals
13 with comorbidities including HIV/AIDS, hepatitis B
14 or C, mental illness, or other behavioral health dis-
15 orders, low-income populations, inner city popu-
16 lations, and rural populations.

17 “(3) APPLICATION.—To be eligible to receive a
18 grant under this section, a public or nonprofit entity
19 described in this subsection shall prepare and submit
20 to the Secretary an application in such form, and
21 containing such information, as the Secretary shall
22 require, including—

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

1 this subtitle by the applicant and the results
2 achieved by these expenditures;

3 “(B) a comprehensive plan for the use of
4 the grant, including a demonstration of the ex-
5 tent of local need for the funds sought and a
6 plan for proposed substance use disorder treat-
7 ment services that is consistent with local
8 needs;

9 “(C) a demonstration that the grantee will
10 use funds in a manner that provides substance
11 use disorder treatment services compliant with
12 the evidence-based standards developed in ac-
13 cordance with section 3434, including all Feder-
14 ally-approved medication-assisted treatments;

15 “(D) information on the number of individ-
16 uals likely to be served by the funds sought, in-
17 cluding demographic data on the populations to
18 be served;

19 “(E) an identification of key outcomes that
20 will be measured by all entities that receive as-
21 sistance, as well as an explanation of how the
22 outcomes will be measured;

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

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

3 “(G) a demonstration that the confiden-
4 tiality of individuals receiving substance use dis-
5 order treatment services will be maintained in a
6 manner not inconsistent with applicable law;
7 and

8 “(H) an explanation of how income, asset,
9 and medical expense criteria will be established
10 and applied to those who qualify for assistance
11 under the program.

12 “(c) REQUIREMENT OF STATUS AS MEDICAID PRO-
13 VIDER.—

14 “(1) PROVISION OF SERVICE.—Subject to para-
15 graph (2), the Secretary may not make a grant
16 under this section for the provision of substance use
17 disorder treatment services under this section in a
18 State unless, in the case of any such service that is
19 available pursuant to the State plan approved under
20 title XIX of the Social Security Act for the State—

21 “(A) the political subdivision involved will
22 provide the substance use disorder treatment
23 service directly, and the political subdivision has
24 entered into a participation agreement under

1 the State plan and is qualified to receive pay-
2 ments under such plan; or

3 “(B) the political subdivision involved will
4 enter into an agreement with a public or non-
5 profit private entity under which the entity will
6 provide the substance use disorder treatment
7 service, and the entity has entered into such a
8 participation agreement and is qualified to re-
9 ceive such payments.

10 “(2) WAIVER.—

11 “(A) IN GENERAL.—In the case of an enti-
12 ty making an agreement pursuant to paragraph
13 (1)(B) regarding the provision of substance use
14 disorder treatment services, the requirement es-
15 tablished in such paragraph shall be waived by
16 the State if the entity does not, in providing
17 such services, impose a charge or accept reim-
18 bursement available from any third-party payor,
19 including reimbursement under any insurance
20 policy or under any Federal or State health
21 benefits program.

22 “(B) DETERMINATION.—A determination
23 by the State of whether an entity referred to in
24 subparagraph (A) meets the criteria for a waiv-
25 er under such subparagraph shall be made

1 without regard to whether the entity accepts
2 voluntary donations for the purpose of pro-
3 viding services to the public.

4 “(d) AMOUNT OF GRANT TO NATIVE ENTITIES.—

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

9 “(2) FORMULA GRANTS.—The Secretary, acting
10 through the Indian Health Service, shall use 10 per-
11 cent of the amount available under section 3425 for
12 each fiscal year to provide grants to Native entities
13 in an amount determined pursuant to criteria devel-
14 oped by the Secretary in consultation with Indian
15 tribes, for the purposes of addressing substance use.

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

22 **“SEC. 3422. USE OF AMOUNTS.**

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

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

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

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

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

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

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

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

15 “(b) PREVENTION SERVICES.—For purposes of this
16 subsection, the term ‘prevention services’ means services,
17 programs, or multi-sector strategies to prevent substance
18 use disorder, including evidence-based education cam-
19 paigns, community-based prevention programs, opioid di-
20 version, collection and disposal of unused opioids, and
21 services to at-risk populations.

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

1 stance use disorder or at risk for developing substance use
2 disorder:

3 “(1) Substance use disorder treatments, includ-
4 ing clinical stabilization services, withdrawal man-
5 agement and detoxification, intensive inpatient treat-
6 ment, intensive outpatient treatment, all forms of
7 Federally-approved medication-assisted treatment,
8 and residential recovery treatment.

9 “(2) Outpatient and ambulatory health services,
10 including those administered by federally qualified
11 health centers and rural health clinics.

12 “(3) Hospice services.

13 “(4) Mental health services.

14 “(5) Naloxone procurement, distribution, and
15 training.

16 “(6) Pharmaceutical assistance and diagnostic
17 testing related to the management of substance-use
18 disorder and co-morbid conditions.

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

21 “(8) Comprehensive Case Management and care
22 coordination, including treatment adherence services.

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

1 “(d) RECOVERY AND SUPPORT SERVICES.—For pur-
2 poses of subsection (a)(3), the term ‘recovery and support
3 services’ means services, subject to the approval of the
4 Secretary, that are provided to individuals with substance
5 use disorder, including residential recovery treatment and
6 housing, including for individuals receiving medication-as-
7 sisted treatment, long term recovery services, 24/7 hotline
8 services, medical transportation services, respite care for
9 persons caring for individuals with substance use disorder,
10 child care and family services while an individual is receiv-
11 ing inpatient treatment services or at the time of out-
12 patient services, outreach services, peer recovery services,
13 nutrition services, and referrals for job training and career
14 services, housing, legal services, and child care and family
15 services.

16 “(e) EARLY INTERVENTION AND ENGAGEMENT
17 SERVICES.—For purposes of this section, the term ‘early
18 intervention and engagement services’ means services to
19 provide rapid access to substance use disorder treatment
20 services, counseling provided to individuals who have mis-
21 used substances, who have experienced an overdose, or are
22 at risk of developing substance use disorder and the provi-
23 sion of referrals to facilitate the access of such individuals
24 to core medical services or recovery and support services.
25 The entities through which such services may be provided

1 include emergency rooms, fire departments and emergency
2 medical services, detention facilities, homeless shelters,
3 law enforcement agencies, health care points of entry spec-
4 ified by eligible areas, Federally qualified health centers,
5 and rural health clinics.

6 “(f) HARM REDUCTION SERVICES.—For purposes of
7 this subsection, the term ‘harm reduction services’ means
8 evidence-based services provided to individuals engaging in
9 substance use that reduce the risk of infectious disease
10 transmission, overdose, or death, including by increasing
11 access to health care.

12 “(g) ADMINISTRATION AND PLANNING.—An entity
13 shall not use in excess of 10 percent of amounts received
14 under a grant under section 3421 for administration, ac-
15 counting, reporting, and program oversight functions, in-
16 cluding for the purposes of developing systems to improve
17 data collection and data sharing.

18 **“SEC. 3423. TECHNICAL ASSISTANCE.**

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

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

2 “(a) IN GENERAL.—The Secretary may provide plan-
3 ning grants to public, nonprofit private, and Native enti-
4 ties for purposes of assisting such entities in expanding
5 their capacity to provide substance use disorder treatment
6 services in low-income communities and affected sub-
7 populations that are underserved with respect to such
8 services.

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

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

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

14 “(1) \$500,000,000 for fiscal year 2019;

15 “(2) \$500,000,000 for fiscal year 2020;

16 “(3) \$500,000,000 for fiscal year 2021;

17 “(4) \$500,000,000 for fiscal year 2022;

18 “(5) \$500,000,000 for fiscal year 2023;

19 “(6) \$500,000,000 for fiscal year 2024;

20 “(7) \$500,000,000 for fiscal year 2025;

21 “(8) \$500,000,000 for fiscal year 2026;

22 “(9) \$500,000,000 for fiscal year 2027; and

23 “(10) \$500,000,000 for fiscal year 2028.

**“Subtitle D—Miscellaneous
Provisions**

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

“(a) IN GENERAL.—The Secretary, acting in consultation with the Director of the Office of National Drug Control Policy, shall award grants to entities to administer special projects of national significance to support the development of innovative and original models for the delivery of substance use disorder treatment services.

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

“(c) REPLICATION.—The Secretary shall make information concerning successful models or programs developed under this section available to grantees under this title for the purpose of coordination, replication, and integration. To facilitate efforts under this subsection, the Secretary may provide for peer-based technical assistance for grantees funded under this section.

“(d) GRANTS TO TRIBAL GOVERNMENTS.—

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

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

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

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

14 “(1) \$500,000,000 for fiscal year 2019;

15 “(2) \$500,000,000 for fiscal year 2020;

16 “(3) \$500,000,000 for fiscal year 2021;

17 “(4) \$500,000,000 for fiscal year 2022;

18 “(5) \$500,000,000 for fiscal year 2023;

19 “(6) \$500,000,000 for fiscal year 2024;

20 “(7) \$500,000,000 for fiscal year 2025;

21 “(8) \$500,000,000 for fiscal year 2026;

22 “(9) \$500,000,000 for fiscal year 2027; and

23 “(10) \$500,000,000 for fiscal year 2028.

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

2 “(a) IN GENERAL.—The Secretary may make grants
3 and enter into contracts to assist public and nonprofit pri-
4 vate entities, and schools, and academic health centers in
5 meeting the cost of projects—

6 “(1) to train health personnel, including practi-
7 tioners in programs under this title and other com-
8 munity providers, including counselors, case man-
9 agers, social workers, peer recovery coaches, and
10 harm reduction workers, in the diagnosis, treatment,
11 and prevention of substance use disorders, including
12 measures for the prevention and treatment of co-oc-
13 curring infectious diseases and other conditions, and
14 including (as applicable to the type of health profes-
15 sional involved), care for women, pregnant women,
16 and children;

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

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

1 prescribing best practices, alternative pain therapies,
2 and Federally-approved medication-assisted treat-
3 ment options.

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

7 “(1) train, or result in the training of, health
8 professionals, including counselors, case managers,
9 social workers, peer recovery coaches, and harm re-
10 duction workers, who will provide substance use dis-
11 order treatments for underserved groups, including
12 minority individuals and Indians with substance use
13 disorder and other individuals who are at a high risk
14 of substance use;

15 “(2) train, or result in the training of, minority
16 health professionals and minority allied health pro-
17 fessionals, including counselors, case managers, so-
18 cial workers, peer recovery coaches, and harm reduc-
19 tion workers, to provide substance use disorder
20 treatment for individuals with such disease;

21 “(3) train or result in the training of individ-
22 uals, including counselors, case managers, social
23 workers, peer recovery coaches, and harm reduction
24 workers, who will provide substance use disorder

1 treatment in rural or other areas that are under-
2 served by current treatment structures; and

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

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

14 “(1) tribal colleges and universities;

15 “(2) Indian Health Service grant funded insti-
16 tutions; and

17 “(3) Native partner institutions, including insti-
18 tutions of higher education with medical training
19 programs that partner with one or more Indian
20 tribes, tribal organizations, Native Hawaiian organi-
21 zations, or tribal colleges and universities to train
22 Native health professionals that will provide sub-
23 stance use disorder treatment services in Native
24 communities.

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

3 “(1) \$400,000,000 for fiscal year 2019;

4 “(2) \$400,000,000 for fiscal year 2020;

5 “(3) \$400,000,000 for fiscal year 2021;

6 “(4) \$400,000,000 for fiscal year 2022;

7 “(5) \$400,000,000 for fiscal year 2023;

8 “(6) \$400,000,000 for fiscal year 2024;

9 “(7) \$400,000,000 for fiscal year 2025;

10 “(8) \$400,000,000 for fiscal year 2026;

11 “(9) \$400,000,000 for fiscal year 2027; and

12 “(10) \$400,000,000 for fiscal year 2028.

13 **“SEC. 3433. OTHER PROVISIONS.**

14 “(a) MEDICATION-ASSISTED TREATMENT.—The Sec-
15 retary may not make a grant under this title unless the
16 applicant for the grant agrees to require all entities offer-
17 ing substance use disorder treatment services under the
18 grant to offer all Federally-approved forms of medication-
19 assisted substance use treatment for the substance use
20 disorders for which the applicant offers treatment.

21 “(b) WAIVER.—The Secretary may grant a waiver
22 with respect to any requirement of this title if the grant
23 applicant involved—

1 “(1) submits to the Secretary a justification
2 containing such information as the Secretary shall
3 require; and

4 “(2) agrees to require all entities offering sub-
5 stance use disorder treatment services under the
6 grant—

7 “(A) to offer at least two Federally-ap-
8 proved forms of medication-assisted treatment
9 on site;

10 “(B) provide counseling to patients on the
11 benefits and risks of all forms of Federally-ap-
12 proved medication-assisted treatments; and

13 “(C) maintain an affiliation with a pro-
14 vider that can prescribe or otherwise dispense
15 all other forms of Federally-approved medica-
16 tion-assisted treatment.

17 “(c) GAO STUDY.—Not later than 1 year after the
18 date of enactment of this title, the Comptroller General
19 of the United States shall submit to Congress a com-
20 prehensive report describing any relationship between sub-
21 stance use rates, pain management practices of the Indian
22 Health Service, and patient request denials through the
23 purchased/referred care program of the Indian Health
24 Service.

1 **“SEC. 3434. STANDARDS FOR SUBSTANCE USE DISORDER**
2 **TREATMENT AND RECOVERY FACILITIES.**

3 “(a) IN GENERAL.—Not later than 3 years after the
4 date of enactment of this title, the Secretary, in consulta-
5 tion with the American Society of Addiction Medicine,
6 shall promulgate model standards for the regulation of
7 substance use disorder treatment services.

8 “(b) CONTENTS.—The model standards promulgated
9 under subsection (a) shall—

10 “(1) identify the types of providers intended to
11 be covered without regard to whether such providers
12 participate in any Federal health care program (as
13 defined in section 1128B(f) of the Social Security
14 Act (42 U.S.C. 1320a–7b(f))) and shall not include
15 a private practitioner who is already licensed by a
16 State medical licensing board and whose practice is
17 limited to outpatient care;

18 “(2) require that all substance use disorder
19 treatment services be licensed by the respective
20 States for the levels of care which they provide;

21 “(3) identify the professional credentials needed
22 by each type of substance use disorder treatment
23 professional;

24 “(4) require that patients have access to li-
25 censed substance use disorder treatment services, in-

1 including health care providers and physicians, for in-
2 patient and outpatient care;

3 “(5) identify and develop strategies for States
4 to ensure that all substance use disorder patients re-
5 ceive a medical assessment, including for co-occur-
6 ring mental health issues and infectious diseases;

7 “(6) require States to implement a process to
8 ensure that residential treatment provider qualifica-
9 tions are verified by the single State agency serving
10 as the primary regulator in the State for substance
11 use disorder treatment services (as required in para-
12 graph (13)) or by an independent third party with
13 the necessary competencies to use evidence-based pa-
14 tient placement assessment tools and nationally-rec-
15 ognized program standards, as applicable;

16 “(7) ensure that patients receiving substance
17 use disorder treatment have access directly, by refer-
18 ral, or in such other manner as determined by the
19 Secretary, to all Federally-approved medication-as-
20 sisted treatments for substance use disorder;

21 “(8) develop standards for data reporting and
22 require compilation of Statewide reports;

23 “(9) develop standards for licensed providers to
24 ensure all patients receive an outpatient treatment
25 and discharge plan;

1 “(10) develop standards for the certification of
2 recovery residences that have an ongoing economic
3 relationship with any commercial substance use dis-
4 order treatment service, including any relationship
5 with any such service that includes receiving or mak-
6 ing referrals for substance use disorder treatment,
7 including—

8 “(A) application, inspection, and renewal
9 procedures for recovery residences;

10 “(B) fire, safety, and health standards;

11 “(C) standards for equipping residences
12 with naloxone and training residence owners,
13 operators, and employees in the administration
14 of naloxone;

15 “(D) standards for recovery residence own-
16 ers and operators; and

17 “(E) standards to identify, disqualify from
18 grant funding, and refer to the appropriate reg-
19 ulatory authority any entity engaged in the so-
20 liciting or receiving of a commission, benefit,
21 bonus, rebate, kickback, or bribe, directly or in-
22 directly, in cash or in kind, or engaging in any
23 split-fee arrangement, aimed at inducing the re-
24 ferral of a patient to or from a substance use
25 disorder treatment service;

1 “(11) establish a toll-free telephone number to
2 handle complaints about recovery residences;

3 “(12) establish and maintain on a publicly ac-
4 cessible internet website a list of all recovery resi-
5 dences in the State that have a certification in effect
6 in accordance with this section;

7 “(13) require the designation of a single State
8 agency to serve as the primary regulator in the
9 State for substance use disorder treatment services;

10 “(14) require a single State agency to imple-
11 ment a process to ensure that treatment provider as-
12 sessments for all substance use disorder treatment
13 services, including levels of care and length-of-stay
14 recommendations, are verified by an independent
15 third party that has the necessary competencies to
16 use evidence-based patient placement assessment
17 tools and nationally-recognized program standards,
18 as applicable; and

19 “(15) consider existing barriers to substance
20 use disorder treatment and service access, including
21 capacity and infrastructure needs, as well as access
22 to culturally attuned services.

23 “(c) ANNUAL ASSESSMENT.—Beginning with respect
24 to fiscal year 2021, the Secretary shall make a determina-
25 tion with respect to each State on whether the State has

1 adopted the model standards promulgated in accordance
2 with this section.

3 “(d) QUALITY MEASURES.—The Secretary shall en-
4 gage a nonprofit, non-partisan standards development and
5 quality measurement organization to convene government
6 regulators, State representatives, consumer representa-
7 tives, substance use disorder treatment providers, recovery
8 residence owners and operators, and purchasers of sub-
9 stance use disorder treatments exercising leadership in
10 quality-based purchasing to develop and annually revise
11 a set of health care quality measures for substance use
12 disorder treatment providers and owners and operators of
13 recovery residences.

14 **“SEC. 3435. NALOXONE DISTRIBUTION PROGRAM.**

15 “(a) ESTABLISHMENT OF PROGRAM.—

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

1 delivery to States of the opioid overdose reversal
2 drug products in accordance with this paragraph.

3 “(2) SPECIAL RULES WHERE OPIOID OVERDOSE
4 REVERSAL DRUG PRODUCTS ARE UNAVAILABLE.—To
5 the extent that a sufficient quantity of opioid over-
6 dose reversal drug products are not available for
7 purchase or delivery under paragraph (1), the Sec-
8 retary shall provide for the purchase and delivery of
9 the available opioid overdose reversal drug products
10 in accordance with priorities established by the Sec-
11 retary, with priority given to States with at least one
12 local area eligible for funding under section 3401(a).

13 “(b) NEGOTIATION OF CONTRACTS WITH MANUFAC-
14 TURERS.—

15 “(1) IN GENERAL.—For the purpose of car-
16 rying out this section, the Secretary shall negotiate
17 and enter into contracts with manufacturers of
18 opioid overdose reversal drug products consistent
19 with the requirements of this subsection and, to the
20 maximum extent practicable, consolidate such con-
21 tracting with any other contracting activities con-
22 ducted by the Secretary to purchase opioid overdose
23 reversal drug products. The Secretary may enter
24 into such contracts under which the Federal Govern-
25 ment is obligated to make outlays, the budget au-

1 thority for which is not provided for in advance in
2 appropriations Acts, for the purchase and delivery of
3 opioid overdose reversal drug products under sub-
4 section (a).

5 “(2) AUTHORITY TO DECLINE CONTRACTS.—

6 The Secretary may decline to enter into contracts
7 under this subsection and may modify or extend
8 such contracts.

9 “(3) CONTRACT PRICE.—

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

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

1 “(4) PRODUCT DOSAGE.—All opioid overdose
2 reversal products purchased under this section shall
3 contain—

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

11 “(B) a minimum of two doses packaged to-
12 gether.

13 “(5) QUANTITIES AND TERMS OF DELIVERY.—
14 Under contracts under this subsection—

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

20 “(B) each State and Indian tribe, at the
21 option of the State or tribe, shall be permitted
22 to obtain additional quantities of opioid over-
23 dose reversal drug products (subject to amounts
24 specified to the Secretary by the State or tribe
25 in advance of negotiations) through purchasing

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

15 The Secretary shall enter into the initial negotia-
16 tions not later than 180 days after the date of the
17 enactment of this title.

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

1 qualified opioid overdose reversal drug products, the
2 manufacturer involved agrees that the manufacturer
3 will provide for the delivery of the opioid overdose
4 reversal drug products on behalf of the State in ac-
5 cordance with such program and will not impose any
6 charges for the costs of such delivery (except to the
7 extent such costs are provided for in the price estab-
8 lished under paragraph (3)).

9 “(7) MULTIPLE SUPPLIERS.—In the case of the
10 opioid overdose reversal drug product involved, the
11 Secretary may, as appropriate, enter into a contract
12 referred to in paragraph (1) with each manufacturer
13 of the opioid overdose reversal drug product that
14 meets the terms and conditions of the Secretary for
15 an award of such a contract (including terms and
16 conditions regarding safety and quality). With re-
17 spect to multiple contracts entered into pursuant to
18 this paragraph, the Secretary may have in effect dif-
19 ferent prices under each of such contracts and, with
20 respect to a purchase by States pursuant to para-
21 graph (4)(B), each eligible State may choose which
22 of such contracts will be applicable to the purchase.
23 “(c) USE OF OPIOID OVERDOSE REVERSAL DRUG
24 PRODUCT LIST.—Beginning not later than one year after
25 the first contract has been entered into under this section,

1 the Secretary shall use, for the purpose of the purchase,
2 delivery, and administration of opioid overdose reversal
3 drug products under this section, the list established (and
4 periodically reviewed and, as appropriate, revised) by an
5 advisory committee, established by the Secretary and lo-
6 cated within the Centers for Disease Control and Preven-
7 tion, which considers the cost effectiveness of each opioid
8 overdose reversal drug product.

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

13 “(1) First Responders, including—

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

16 “(B) all Tribal police departments;

17 “(C) all local fire departments, including
18 career fire departments, combination fire de-
19 partments, and volunteer fire departments; and

20 “(D) all local emergency medical services
21 organizations, including volunteer emergency
22 medical services organizations.

23 “(2) Public entities with authority to administer
24 local public health services, including all local health

1 departments, for the purposes of making opioid over-
2 dose reversal drug products available to—

3 “(A) public and nonprofit entities, includ-
4 ing—

5 “(i) community-based organizations
6 that provide substance use disorder treat-
7 ments or harm reduction services;

8 “(ii) nonprofit entities that provide
9 substance use disorder treatments or harm
10 reduction services; and

11 “(iii) faith based organizations that
12 provide substance use disorder treatments
13 or harm reduction services; and

14 “(B) the general public.

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

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

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

1 “(3) certify to the Secretary that the State has
2 in place measures that enhance access to opioid
3 overdose reversal drug products, such as laws that
4 provide civil or disciplinary immunity for medical
5 personnel who prescribe an opioid overdose reversal
6 drug product, Good Samaritan Laws, Third Party
7 Prescription Laws, Collaborative Practice Agree-
8 ments, and Standing Orders.

9 “(f) INDIAN TRIBE REQUIREMENTS.—The Indian
10 Health Service, in consultation with Indian tribes, shall
11 determine any requirements that shall apply to Indian
12 tribes receiving opioid overdose reversal drug products
13 made available under this section.

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

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

19 “(2) COLLABORATIVE PRACTICE AGREEMENT.—
20 The term ‘Collaborative Practice Agreement’ means
21 an agreement under which a pharmacist operates
22 under authority delegated by another licensed practi-
23 tioner with prescribing authority.

24 “(3) COMBINATION FIRE DEPARTMENT.—The
25 term ‘combination fire department’ means a fire de-

1 partment that has paid firefighting personnel and
2 volunteer firefighting personnel.

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

15 “(5) GOOD SAMARITAN LAW.—The term ‘Good
16 Samaritan Law’ means a law that provides criminal
17 immunity for a person who administers an opioid
18 overdose reversal drug product, a person who, in
19 good faith, seeks medical assistance for someone ex-
20 periencing a drug-related overdose, or a person who
21 experiences a drug-related overdose and is in need of
22 medical assistance and, in good faith, seeks such
23 medical assistance, or is the subject of such a good
24 faith request for medical assistance.

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

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

15 “(8) OPIOID OVERDOSE REVERSAL DRUG PROD-
16 UCT.—The term ‘opioid overdose reversal drug prod-
17 uct’ means a finished dosage form that has been ap-
18 proved by the Food and Drug Administration and
19 that contains an active pharmaceutical ingredient
20 that acts as an opioid receptor antagonist. The term
21 ‘opioid overdose reversal drug product’ includes a
22 combination product, as defined in section 3.2(e) of
23 title 21, Code of Federal Regulations.

24 “(9) STANDING ORDER.—The term ‘standing
25 order’ means a non-patient-specific order covering

1 administration of medication by others to a patient
2 who may be unknown to the prescriber at the time
3 of the order.

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

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

12 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
13 is authorized to be appropriated to carry out this suc-
14 tion—

15 “(1) \$500,000,000 for fiscal year 2019;

16 “(2) \$500,000,000 for fiscal year 2020;

17 “(3) \$500,000,000 for fiscal year 2021;

18 “(4) \$500,000,000 for fiscal year 2022;

19 “(5) \$500,000,000 for fiscal year 2023;

20 “(6) \$500,000,000 for fiscal year 2024;

21 “(7) \$500,000,000 for fiscal year 2025;

22 “(8) \$500,000,000 for fiscal year 2026;

23 “(9) \$500,000,000 for fiscal year 2027; and

24 “(10) \$500,000,000 for fiscal year 2028.

1 **“SEC. 3436. ADDITIONAL FUNDING FOR THE NATIONAL IN-**
2 **STITUTES OF HEALTH.**

3 “There is authorized to be appropriated to the Na-
4 tional Institute of Health for the purpose of conducting
5 research on addiction and pain related to substance mis-
6 use, including research to develop overdose reversal drug
7 products, non-addictive drug products for treating pain,
8 and drug products used to treat substance use disorder—

9 “(1) \$1,000,000,000 for fiscal year 2019;

10 “(2) \$1,000,000,000 for fiscal year 2020;

11 “(3) \$1,000,000,000 for fiscal year 2021;

12 “(4) \$1,000,000,000 for fiscal year 2022;

13 “(5) \$1,000,000,000 for fiscal year 2023;

14 “(6) \$1,000,000,000 for fiscal year 2024;

15 “(7) \$1,000,000,000 for fiscal year 2025;

16 “(8) \$1,000,000,000 for fiscal year 2026;

17 “(9) \$1,000,000,000 for fiscal year 2027; and

18 “(10) \$1,000,000,000 for fiscal year 2028.

19 **“SEC. 3437. ADDITIONAL FUNDING FOR IMPROVED DATA**
20 **COLLECTION AND PREVENTION OF INFEC-**
21 **TIOUS DISEASE TRANSMISSION.**

22 “(a) DATA COLLECTION.—The Centers for Disease
23 Control and Prevention shall use a portion of the funding
24 appropriated under this section to ensure that all States
25 participate in the Enhanced State Opioid Overdose Sur-
26 veillance program and to provide technical assistance to

1 medical examiners and coroners to facilitate improved
2 data collection on fatal overdoses through such program.

3 “(b) CENTERS FOR DISEASE CONTROL AND PREVEN-
4 TION.—The Centers for Disease Control and Prevention
5 shall use amounts appropriated under this section for the
6 purpose of improving data on drug overdose deaths and
7 non-fatal drug overdoses, surveillance related to addiction
8 and substance use disorder, and the prevention of trans-
9 mission of infectious diseases related to substance use.

10 “(c) TRIBAL EPIDEMIOLOGY CENTERS.—There shall
11 be made available to the Indian Health Service for the
12 purpose of funding efforts by tribal epidemiology centers
13 to improve data on drug overdose deaths and non-fatal
14 drug overdoses and surveillance related to addiction and
15 substance use disorder, not less than 1.5 percent of the
16 total amount appropriated under this section for each fis-
17 cal year.

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

20 “(1) \$400,000,000 for fiscal year 2019;

21 “(2) \$400,000,000 for fiscal year 2020;

22 “(3) \$400,000,000 for fiscal year 2021;

23 “(4) \$400,000,000 for fiscal year 2022;

24 “(5) \$400,000,000 for fiscal year 2023;

25 “(6) \$400,000,000 for fiscal year 2024;

- 1 “(7) \$400,000,000 for fiscal year 2025;
2 “(8) \$400,000,000 for fiscal year 2026;
3 “(9) \$400,000,000 for fiscal year 2027; and
4 “(10) \$400,000,000 for fiscal year 2028.

5 **“SEC. 3438. DEFINITIONS.**

6 “In this title:

7 “(1) PLANNING COUNCIL.—The term ‘planning
8 council’ means the substance use planning council
9 established under section 3402.

10 “(2) RECOVERY RESIDENCE.—The term ‘recov-
11 ery residence’ means a residential dwelling unit, or
12 other form of group housing, that is offered or ad-
13 vertised through any means, including oral, written,
14 electronic, or printed means, by any individual or en-
15 tity as a residence that provides an evidence-based,
16 peer-supported living environment for individuals un-
17 dergoing any type of substance use disorder treat-
18 ment or who have received any type of substance use
19 disorder treatment in the past 3 years, including
20 medication-assisted treatment.

21 “(3) STATE.—

22 “(A) IN GENERAL.—The term ‘State’
23 means each of the 50 States, the District of Co-
24 lumbia, and each of the territories.

1 “(B) TERRITORIES.—The term ‘territory’
2 means each of American Samoa, Guam, the
3 Commonwealth of Puerto Rico, the Common-
4 wealth of the Northern Mariana Islands, the
5 Virgin Islands, the Republic of the Marshall Is-
6 lands, the Federated States of Micronesia, and
7 Palau.

8 “(4) SUBSTANCE USE DISORDER TREAT-
9 MENT.—

10 “(A) IN GENERAL.—The term ‘substance
11 use disorder treatment’ means an evidence-
12 based, professionally directed, deliberate, and
13 planned regimen including evaluation, observa-
14 tion, medical monitoring, and rehabilitative
15 services and interventions such as
16 pharmacotherapy, behavioral therapy, and indi-
17 vidual and group counseling, on an inpatient or
18 outpatient basis, to help patients with substance
19 use disorder reach recovery.

20 “(B) TYPES OF TREATMENT.—Substance
21 use disorder treatments shall include the fol-
22 lowing:

23 “(i) Clinical stabilization services,
24 which are evidence-based services provided
25 in secure, acute care facilities (which may

1 be referred to as ‘addictions receiving fa-
2 cilities’) that, at a minimum—

3 “(I) provide detoxification and
4 stabilization services;

5 “(II) are operated 24 hours per
6 day, 7 days per week; and

7 “(III) that serve individuals
8 found to be substance use impaired.

9 These can also be referred to as ‘Ad-
10 dictions receiving facilities’.

11 “(ii) Withdrawal management and de-
12 toxification, which is a service that is pro-
13 vided on an inpatient or an outpatient
14 basis to assist individuals manage the
15 process of withdrawing from the physio-
16 logical and psychological effects of sub-
17 stance use disorder.

18 “(iii) Intensive inpatient treatment,
19 which is a service that provides a planned
20 regimen of evidence-based evaluation, ob-
21 servation, medical monitoring, and evi-
22 dence-based rehabilitative services and
23 interventions such as pharmacotherapy, be-
24 havioral therapy, and counseling, 24 hours

1 per day, 7 days per week, in a highly
2 structured, residential environment.

3 “(iv) Intensive outpatient treatment,
4 which is a service that provides a planned
5 regimen of evidence-based evaluation, ob-
6 servation, medical monitoring, and evi-
7 dence-based rehabilitative services and
8 interventions such as pharmacotherapy, be-
9 havioral therapy, and counseling, in a
10 structured, nonresidential environment at a
11 higher level of intensity and duration than
12 outpatient treatment.

13 “(v) Medication-assisted treatment,
14 which is a service that uses Federally-ap-
15 proved medication as authorized by Fed-
16 eral and State law, in combination with
17 evidence-based medical, rehabilitative, and
18 counseling services, in the treatment of in-
19 dividuals who suffer from substance use
20 disorder.

21 “(vi) Outpatient treatment, which is a
22 service that provides a planned regimen of
23 evidence-based evaluation, observation,
24 medical monitoring, and evidence-based re-
25 habilitative services and interventions such

1 as pharmacotherapy, behavioral therapy,
2 and counseling in a structured, nonresiden-
3 tial environment by appointment during
4 scheduled operating hours.

5 “(vii) Residential recovery treatment,
6 which is a service that provides a planned
7 regimen of evidence-based evaluation, ob-
8 servation, medical monitoring, and evi-
9 dence-based rehabilitative services and
10 interventions such as pharmacotherapy, be-
11 havioral therapy, and counseling provided
12 in a structured, live-in environment within
13 a nonhospital setting on a 24-hours-per-
14 day, 7-days-per-week basis.

15 “(C) LIMITATION.—Substance use disorder
16 treatment providers shall not include—

17 “(i) prevention only providers; and

18 “(ii) a private practitioner who is li-
19 censed by a State medical licensing board
20 and whose practice is limited to outpatient
21 care.

22 “(5) SUBSTANCE USE DISORDER TREATMENT
23 SERVICES.—The term ‘substance use disorder treat-
24 ment services’ means any prevention services, core
25 medical services, recovery and support services, early

1 intervention and engagement services, and harm re-
 2 duction services authorized under this title.”.

3 **SEC. 4. AMENDMENTS TO THE CONTROLLED SUBSTANCES**

4 **ACT.**

5 (a) CERTIFICATIONS.—Part C of the Controlled Sub-
 6 stances Act (21 U.S.C. 821 et seq.) is amended by adding
 7 at the end the following:

8 “CERTIFICATIONS RELATING TO DIVERSION CONTROLS
 9 AND MISBRANDING

10 “SEC. 312. (a) DEFINITIONS.—In this section—

11 “(1) the term ‘covered dispenser’—

12 “(A) means a dispenser—

13 “(i) that is required to register under
 14 section 302(a)(2); and

15 “(ii) dispenses a controlled substance
 16 in schedule II; and

17 “(B) does not include a dispenser that is—

18 “(i) registered to dispense opioid
 19 agonist treatment medication under section
 20 303(g)(1); and

21 “(ii) operating in that capacity;

22 “(2) the term ‘covered distributor’ means a dis-
 23 tributor—

24 “(A) that is required to register under sec-
 25 tion 302(a)(1); and

1 “(B) distributes a controlled substance in
2 schedule II;

3 “(3) the term ‘covered manufacturer’ means a
4 manufacturer—

5 “(A) that is required to register under sec-
6 tion 302(a)(1); and

7 “(B) manufactures a controlled substance
8 in schedule II;

9 “(4) the term ‘covered officer’, with respect to
10 a covered person means—

11 “(A) in the case of a covered person that
12 is not an individual—

13 “(i) the chief executive officer of the
14 covered person;

15 “(ii) the president of the covered per-
16 son;

17 “(iii) the chief medical officer of the
18 covered person; and

19 “(iv) the chief counsel of the covered
20 person; and

21 “(B) in the case of a covered person that
22 is an individual, that individual; and

23 “(5) the term ‘covered person’ means a covered
24 dispenser, a covered distributor, or a covered manu-
25 facturer.

1 “(b) CERTIFICATIONS RELATING TO DIVERSION
2 CONTROLS.—Not later than 180 days after the date of
3 enactment of this section, and each year thereafter, each
4 covered officer of a covered person shall submit to the At-
5 torney General, for each controlled substance in schedule
6 II dispensed, distributed, or manufactured by the covered
7 person, a certification—

8 “(1) signed by the covered officer; and

9 “(2) certifying that—

10 “(A) the covered person maintains effective
11 controls against diversion of the controlled sub-
12 stance into channels other than legitimate med-
13 ical, scientific, research, or industrial channels;

14 “(B) all information contained in any
15 record, inventory, or report required to be kept
16 or submitted to the Attorney General by the
17 covered person under section 307, or under any
18 regulation issued under that section, is accu-
19 rate; and

20 “(C) the covered person is in compliance
21 with all applicable requirements under Federal
22 law relating to reporting suspicious orders for
23 controlled substances.

24 “(c) CERTIFICATIONS RELATING TO MIS-
25 BRANDING.—Not later than 180 days after the date of en-

1 actment of this section, and each year thereafter, each cov-
 2 ered officer of a covered manufacturer shall submit to the
 3 Attorney General, for each controlled substance in sched-
 4 ule II manufactured by the covered manufacturer, a cer-
 5 tification—

6 “(1) signed by the covered officer; and

7 “(2) certifying that the controlled substance is
 8 not misbranded, as described in section 502 of the
 9 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
 10 352).”.

11 (b) OFFENSES.—Part D of title II of the Controlled
 12 Substances Act (21 U.S.C. 841 et seq.) is amended by
 13 adding at the end the following:

14 “CERTIFICATIONS BY COVERED OFFICERS

15 “SEC. 424. (a) DEFINITIONS.—In this section, the
 16 terms ‘covered dispenser’, ‘covered distributor’, ‘covered
 17 manufacturer’, ‘covered officer’, and ‘covered person’ have
 18 the meanings given those terms in section 312.

19 “(b) OFFENSES.—

20 “(1) FAILURE TO SUBMIT CERTIFICATIONS.—

21 “(A) CERTIFICATIONS RELATING TO DI-
 22 VERSION CONTROLS.—It shall be unlawful for a
 23 covered officer of a covered person to fail to
 24 submit a certification required under section
 25 312(b), without regard to the state of mind of
 26 the covered officer.

1 “(B) CERTIFICATIONS RELATING TO MIS-
2 BRANDING.—It shall be unlawful for a covered
3 officer of a covered manufacturer to fail to sub-
4 mit a certification required under section
5 312(c), without regard to the state of mind of
6 the covered officer.

7 “(2) SUBMISSION OF FALSE CERTIFICATIONS.—

8 “(A) FALSE CERTIFICATIONS RELATING TO
9 DIVERSION CONTROLS.—It shall be unlawful for
10 a covered officer of a covered person to submit
11 a certification required under section 312(b),
12 without regard to the state of mind of the cov-
13 ered officer, that contains a materially false
14 statement or representation relating to the in-
15 formation required to be certified under that
16 section for the year for which the certification
17 is submitted.

18 “(B) FALSE CERTIFICATIONS RELATING
19 TO MISBRANDING.—It shall be unlawful for a
20 covered officer of a covered manufacturer to
21 submit a certification required under section
22 312(c), without regard to the state of mind of
23 the covered officer, that contains a materially
24 false statement or representation relating to the
25 misbranding of a controlled substance with re-

1 spect to the year for which the certification is
2 submitted.

3 “(c) PENALTIES.—

4 “(1) CIVIL PENALTIES.—Except as provided in
5 paragraph (2), a covered officer who violates sub-
6 section (b) shall be subject to a civil penalty of not
7 more than \$25,000.

8 “(2) CRIMINAL PENALTIES.—A covered officer
9 who knowingly violates subsection (b)(2) shall be
10 subject to criminal penalties under section 403(d).

11 “(d) COMPREHENSIVE ADDICTION RESOURCES
12 FUND.—

13 “(1) ESTABLISHMENT.—There is established in
14 the Treasury a fund to be known as the ‘Com-
15 prehensive Addiction Resources Fund’.

16 “(2) TRANSFER OF AMOUNTS.—There shall be
17 transferred to the Comprehensive Addiction Re-
18 sources Fund 100 percent of—

19 “(A) any civil penalty paid to the United
20 States under this section; and

21 “(B) any fine paid to the United States
22 under section 403(d) for a knowing violation of
23 subsection (b)(2) of this section.

1 “(3) AVAILABILITY AND USE OF FUNDS.—
2 Amounts transferred to the Comprehensive Addic-
3 tion Fund under paragraph (2) shall—

4 “(A) remain available until expended; and

5 “(B) be made available to supplement
6 amounts appropriated to carry out title XXXIV
7 of the Public Health Service Act.”.

8 (c) CRIMINAL PENALTIES.—Section 403 of the Con-
9 trolled Substances Act (21 U.S.C. 843) is amended—

10 (1) in subsection (d)(1)—

11 (A) by inserting “or knowingly violates sec-
12 tion 424(b)(2)” after “any person who violates
13 this section”; and

14 (B) by striking “violation of this section”
15 and inserting “such a violation”; and

16 (2) in subsection (f)—

17 (A) in paragraph (1), by striking “or 416”
18 and inserting “or section 416, or knowing viola-
19 tions of section 424(b)(2)”; and

20 (B) in paragraph (3), by inserting “or
21 knowing violations of section 424(b)(2)” before
22 the period at the end.

23 (d) TECHNICAL AND CONFORMING AMENDMENTS.—
24 The table of contents for the Comprehensive Drug Abuse

1 Prevention and Control Act of 1970 (Public Law 91–513;
2 84 Stat. 1236) is amended—

3 (1) by inserting after the item relating to sec-
4 tion 311 the following:

“Sec. 312. Certifications relating to diversion controls and misbranding.”;

5 and

6 (2) by inserting after the item relating to sec-
7 tion 423 the following:

“Sec. 424. Certifications by covered officers.”.

8 (e) EFFECTIVE DATE.—The amendments made by
9 subsections (b) and (c) of this section shall take effect on
10 the date that is 180 days after the date of enactment of
11 this Act.

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