

117TH CONGRESS  
1ST SESSION

# S. 1010

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

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IN THE SENATE OF THE UNITED STATES

MARCH 25, 2021

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

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## A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

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

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

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

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

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

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

13 **“SEC. 3260. APPROPRIATIONS.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (a) STATE OPIOID RESPONSE GRANTS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 **SEC. 7. LIMITATIONS ON COST-SHARING FOR OPIOID OVER-**  
 19 **DOSE REVERSAL MEDICATIONS.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 “(j) APPROPRIATIONS.—

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

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

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

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

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

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

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

19 “(g) APPROPRIATIONS.—

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

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

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

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

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

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

3 (a) IN GENERAL.—

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

6 (A) in subsection (a)(13)—

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

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

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

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

1 part, the reasonable and customary rate the  
 2 Secretary determines would apply to such serv-  
 3 ices and physician or applicable professional);”;  
 4 and

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

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

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

11 “(A) IN GENERAL.—The term ‘mental  
 12 health and behavioral health services’ means the  
 13 following services, when provided to a patient  
 14 with a diagnosis of substance use disorder (as  
 15 defined in subparagraph (B)) as a part of the  
 16 management or treatment of the patient’s sub-  
 17 stance use disorder (as determined in accord-  
 18 ance with regulations promulgated by the Sec-  
 19 retary under subparagraph (C)):

20 “(i) Evaluation and management serv-  
 21 ices that are procedure codes (for services  
 22 covered under title XVIII) for services in  
 23 the category designated Evaluation and  
 24 Management in the Healthcare Common  
 25 Procedure Coding System (established by

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

penditures under the Medicaid program under title  
XIX.

“(2) DEMONSTRATION REQUIREMENTS.—

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

“(B) CAPITATED PAYMENTS.—

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

“(ii) DEMONSTRATION BUDGET.—

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

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

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

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

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

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

1                   which the demonstration budget is  
2                   based.

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

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

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

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

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

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

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

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

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

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

7 “(B) ELIGIBLE STATE.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2           and

3           (3) by inserting after clause (v) the following

4           new clause:

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

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

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

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

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

20           (1) in subsection (b)—

21           (A) in paragraph (3)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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