

In the Senate of the United States,

September 17, 2018.

Resolved, That the bill from the House of Representatives (H.R. 6) entitled “An Act to provide for opioid use disorder prevention, recovery, and treatment, and for other purposes.”, do pass with the following

AMENDMENT:

Strike all after the enacting clause and insert the following:

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

2 (a) *SHORT TITLE.*—*This Act may be cited as the*
3 *“Opioid Crisis Response Act of 2018”.*

4 (b) *TABLE OF CONTENTS.*—*The table of contents for*
5 *this Act is as follows:*

Sec. 1. Short title; table of contents.

TITLE I—OPIOID CRISIS RESPONSE ACT

Sec. 1001. Definitions.

Subtitle A—Reauthorization of Cures Funding

Sec. 1101. State response to the opioid abuse crisis.

Subtitle B—Research and Innovation

Sec. 1201. Advancing cutting-edge research.

Sec. 1202. Pain research.

Sec. 1203. Report on synthetic drug use.

Subtitle C—Medical Products and Controlled Substances Safety

Sec. 1301. Clarifying FDA regulation of non-addictive pain products.

Sec. 1302. Clarifying FDA packaging authorities.

Sec. 1303. Strengthening FDA and CBP coordination and capacity.

Sec. 1304. Clarifying FDA post-market authorities.

Sec. 1305. Restricting entrance of illicit drugs.

Sec. 1306. First responder training.

Sec. 1307. Disposal of controlled substances of hospice patients.

Sec. 1308. GAO study and report on hospice safe drug management.

Sec. 1309. Delivery of a controlled substance by a pharmacy to be administered by injection or implantation.

Subtitle D—Treatment and Recovery

Sec. 1401. Comprehensive opioid recovery centers.

Sec. 1402. Program to support coordination and continuation of care for drug overdose patients.

Sec. 1403. Alternatives to opioids.

Sec. 1404. Building communities of recovery.

Sec. 1405. Peer support technical assistance center.

Sec. 1406. Medication-assisted treatment for recovery from addiction.

Sec. 1407. Grant program.

Sec. 1408. Allowing for more flexibility with respect to medication-assisted treatment for opioid use disorders.

Sec. 1409. National recovery housing best practices.

Sec. 1410. Addressing economic and workforce impacts of the opioid crisis.

Sec. 1411. Career Act.

Sec. 1412. Pilot program to help individuals in recovery from a substance use disorder become stably housed.

Sec. 1413. Youth prevention and recovery.

Sec. 1414. Plans of safe care.

Sec. 1415. Regulations relating to special registration for telemedicine.

Sec. 1416. National Health Service Corps behavioral and mental health professionals providing obligated service in schools and other community-based settings.

Sec. 1417. Loan repayment for substance use disorder treatment providers.

Sec. 1418. Protecting moms and infants.

Sec. 1419. Early interventions for pregnant women and infants.

Sec. 1420. Report on investigations regarding parity in mental health and substance use disorder benefits.

Subtitle E—Prevention

Sec. 1501. Study on prescribing limits.

Sec. 1502. Programs for health care workforce.

Sec. 1503. Education and awareness campaigns.

Sec. 1504. Enhanced controlled substance overdoses data collection, analysis, and dissemination.

Sec. 1505. Preventing overdoses of controlled substances.

Sec. 1506. CDC surveillance and data collection for child, youth, and adult trauma.

Sec. 1507. Reauthorization of NASPER.

- Sec. 1508. Jessie's law.*
- Sec. 1509. Development and dissemination of model training programs for substance use disorder patient records.*
- Sec. 1510. Communication with families during emergencies.*
- Sec. 1511. Prenatal and postnatal health.*
- Sec. 1512. Surveillance and education regarding infections associated with illicit drug use and other risk factors.*
- Sec. 1513. Task force to develop best practices for trauma-informed identification, referral, and support.*
- Sec. 1514. Grants to improve trauma support services and mental health care for children and youth in educational settings.*
- Sec. 1515. National Child Traumatic Stress Initiative.*
- Sec. 1516. National milestones to measure success in curtailing the opioid crisis.*

TITLE II—FINANCE

- Sec. 2001. Short title.*

Subtitle A—Medicare

- Sec. 2101. Medicare opioid safety education.*
- Sec. 2102. Expanding the use of telehealth services for the treatment of opioid use disorder and other substance use disorders.*
- Sec. 2103. Comprehensive screenings for seniors.*
- Sec. 2104. Every prescription conveyed securely.*
- Sec. 2105. Standardizing electronic prior authorization for safe prescribing.*
- Sec. 2106. Strengthening partnerships to prevent opioid abuse.*
- Sec. 2107. Commit to opioid medical prescriber accountability and safety for seniors.*
- Sec. 2108. Fighting the opioid epidemic with sunshine.*
- Sec. 2109. Demonstration testing coverage of certain services furnished by opioid treatment programs.*
- Sec. 2110. Encouraging appropriate prescribing under Medicare for victims of opioid overdose.*
- Sec. 2111. Automatic escalation to external review under a Medicare part D drug management program for at-risk beneficiaries.*
- Sec. 2112. Testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology.*
- Sec. 2113. Medicare Improvement Fund.*

Subtitle B—Medicaid

- Sec. 2201. Caring recovery for infants and babies.*
- Sec. 2202. Peer support enhancement and evaluation review.*
- Sec. 2203. Medicaid substance use disorder treatment via telehealth.*
- Sec. 2204. Enhancing patient access to non-opioid treatment options.*
- Sec. 2205. Assessing barriers to opioid use disorder treatment.*
- Sec. 2206. Help for moms and babies.*
- Sec. 2207. Securing flexibility to treat substance use disorders.*
- Sec. 2208. MACPAC study and report on MAT utilization controls under State Medicaid programs.*
- Sec. 2209. Opioid addiction treatment programs enhancement.*
- Sec. 2210. Better data sharing to combat the opioid crisis.*
- Sec. 2211. Mandatory reporting with respect to adult behavioral health measures.*

Sec. 2212. Report on innovative State initiatives and strategies to provide housing-related services and supports to individuals struggling with substance use disorders under Medicaid.

Sec. 2213. Technical assistance and support for innovative State strategies to provide housing-related supports under Medicaid.

Subtitle C—Human Services

Sec. 2301. Supporting family-focused residential treatment.

Sec. 2302. Improving recovery and reunifying families.

Sec. 2303. Building capacity for family-focused residential treatment.

Subtitle D—Synthetics Trafficking and Overdose Prevention

Sec. 2401. Short title.

Sec. 2402. Customs fees.

Sec. 2403. Mandatory advance electronic information for postal shipments.

Sec. 2404. International postal agreements.

Sec. 2405. Cost recoupment.

Sec. 2406. Development of technology to detect illicit narcotics.

Sec. 2407. Civil penalties for postal shipments.

Sec. 2408. Report on violations of arrival, reporting, entry, and clearance requirements and falsity or lack of manifest.

Sec. 2409. Effective date; regulations.

TITLE III—JUDICIARY

Subtitle A—Access to Increased Drug Disposal

Sec. 3101. Short title.

Sec. 3102. Definitions.

Sec. 3103. Authority to make grants.

Sec. 3104. Application.

Sec. 3105. Use of grant funds.

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Sec. 3107. Duration of grants.

Sec. 3108. Accountability and oversight.

Sec. 3109. Duration of program.

Sec. 3110. Authorization of appropriations.

Subtitle B—Using Data To Prevent Opioid Diversion

Sec. 3201. Short title.

Sec. 3202. Purpose.

Sec. 3203. Amendments.

Sec. 3204. Report.

Subtitle C—Substance Abuse Prevention

Sec. 3301. Short title.

Sec. 3302. Reauthorization of the Office of National Drug Control Policy.

Sec. 3303. Reauthorization of the Drug-Free Communities Program.

Sec. 3304. Reauthorization of the National Community Anti-Drug Coalition Institute.

Sec. 3305. Reauthorization of the High-Intensity Drug Trafficking Area Program.

Sec. 3306. Reauthorization of drug court program.

Sec. 3307. Drug court training and technical assistance.

- Sec. 3308. Drug overdose response strategy.*
- Sec. 3309. Protecting law enforcement officers from accidental exposure.*
- Sec. 3310. COPS Anti-Meth Program.*
- Sec. 3311. COPS anti-heroin task force program.*
- Sec. 3312. Comprehensive Addiction and Recovery Act education and awareness.*
- Sec. 3313. Protecting children with addicted parents.*
- Sec. 3314. Reimbursement of substance use disorder treatment professionals.*
- Sec. 3315. Sobriety Treatment and Recovery Teams (START).*
- Sec. 3316. Provider education.*
- Sec. 3317. Demand reduction.*
- Sec. 3318. Anti-drug media campaign.*
- Sec. 3319. Technical corrections to the office of national drug control policy reauthorization act of 1998.*

Subtitle D—Synthetic Abuse and Labeling of Toxic Substances

- Sec. 3401. Short title.*
- Sec. 3402. Controlled substance analogues.*

Subtitle E—Opioid Quota Reform

- Sec. 3501. Short title.*
- Sec. 3502. Strengthening considerations for DEA opioid quotas.*

Subtitle F—Preventing Drug Diversion

- Sec. 3601. Short title.*
- Sec. 3602. Improvements to prevent drug diversion.*

Subtitle G—Sense of Congress

- Sec. 3701. Sense of Congress.*

TITLE IV—COMMERCE

Subtitle A—Fighting Opioid Abuse in Transportation

- Sec. 4101. Short title.*
- Sec. 4102. Rail mechanical employee controlled substances and alcohol testing.*
- Sec. 4103. Rail yardmaster controlled substances and alcohol testing.*
- Sec. 4104. Department of Transportation public drug and alcohol testing database.*
- Sec. 4105. GAO report on Department of Transportation's collection and use of drug and alcohol testing data.*
- Sec. 4106. Transportation Workplace Drug and Alcohol Testing Program; addition of fentanyl.*
- Sec. 4107. Status reports on hair testing guidelines.*
- Sec. 4108. Mandatory Guidelines for Federal Workplace Drug Testing Programs Using Oral Fluid.*
- Sec. 4109. Electronic recordkeeping.*
- Sec. 4110. Status reports on Commercial Driver's License Drug and Alcohol Clearinghouse.*

Subtitle B—Opioid Addiction Recovery Fraud Prevention

- Sec. 4201. Short title.*
- Sec. 4202. Definitions.*

Sec. 4203. False or misleading representations with respect to opioid treatment programs and products.

TITLE I—OPIOID CRISIS RESPONSE ACT

SEC. 1001. DEFINITIONS.

In this title—

(1) the terms “Indian Tribe” and “tribal organization” have the meanings given the terms “Indian tribe” and “tribal organization” in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304); and

(2) the term “Secretary” means the Secretary of Health and Human Services, unless otherwise specified.

Subtitle A—Reauthorization of Cures Funding

SEC. 1101. STATE RESPONSE TO THE OPIOID ABUSE CRISIS.

(a) IN GENERAL.—Section 1003 of the 21st Century Cures Act (Public Law 114–255) is amended—

(1) in subsection (a)—

(A) by striking “the authorization of appropriations under subsection (b) to carry out the grant program described in subsection (c)” and inserting “subsection (h) to carry out the grant program described in subsection (b)”; and

1 (B) by inserting “and Indian Tribes” after
2 “States”;

3 (2) by striking subsection (b);

4 (3) by redesignating subsections (c) through (e)
5 as subsections (b) through (d), respectively;

6 (4) by redesignating subsection (f) as subsection
7 (j);

8 (5) in subsection (b), as so redesignated—

9 (A) in paragraph (1)—

10 (i) in the paragraph heading, by in-
11 serting “AND INDIAN TRIBE” after “STATE”;

12 (ii) by striking “States for the purpose
13 of addressing the opioid abuse crisis within
14 such States” and inserting “States and In-
15 dian Tribes for the purpose of addressing
16 the opioid abuse crisis within such States
17 and Indian Tribes”;

18 (iii) by inserting “or Indian Tribes”
19 after “preference to States”; and

20 (iv) by inserting before the period of
21 the second sentence “or other Indian Tribes,
22 as applicable”;

23 (B) in paragraph (2)—

24 (i) in the matter preceding subpara-
25 graph (A), by striking “to a State”;

1 (ii) in subparagraph (A), by striking
2 “State”;

3 (iii) in subparagraph (C), by inserting
4 “preventing diversion of controlled sub-
5 stances,” after “treatment programs,”; and

6 (iv) in subparagraph (E), by striking
7 “as the State determines appropriate, re-
8 lated to addressing the opioid abuse crisis
9 within the State” and inserting “as the
10 State or Indian Tribe determines appro-
11 priate, related to addressing the opioid
12 abuse crisis within the State, including di-
13 recting resources in accordance with local
14 needs related to substance use disorders”;

15 (6) in subsection (c), as so redesignated, by strik-
16 ing “subsection (c)” and inserting “subsection (b)”;

17 (7) in subsection (d), as so redesignated—

18 (A) in the matter preceding paragraph (1),
19 by striking “the authorization of appropriations
20 under subsection (b)” and inserting “subsection
21 (h)”;

22 (B) in paragraph (1), by striking “sub-
23 section (c)” and inserting “subsection (b)”;

24 (8) by inserting after subsection (d), as so redesi-
25 gnated, the following:

1 “(e) *INDIAN TRIBES*.—

2 “(1) *DEFINITION*.—For purposes of this section,
3 the term ‘Indian Tribe’ has the meaning given the
4 term ‘Indian tribe’ in section 4 of the Indian Self-De-
5 termination and Education Assistance Act (25 U.S.C.
6 5304).

7 “(2) *APPROPRIATE MECHANISMS*.—The Sec-
8 retary, in consultation with Indian Tribes, shall
9 identify and establish appropriate mechanisms for
10 Tribes to demonstrate or report the information as re-
11 quired under subsections (b), (c), and (d).

12 “(f) *REPORT TO CONGRESS*.—Not later than 1 year
13 after the date on which amounts are first awarded after
14 the date of enactment of the Opioid Crisis Response Act
15 of 2018, pursuant to subsection (b), and annually there-
16 after, the Secretary shall submit to the Committee on
17 Health, Education, Labor, and Pensions of the Senate and
18 the Committee on Energy and Commerce of the House of
19 Representatives a report summarizing the information pro-
20 vided to the Secretary in reports made pursuant to sub-
21 section (c), including the purposes for which grant funds
22 are awarded under this section and the activities of such
23 grant recipients.

24 “(g) *TECHNICAL ASSISTANCE*.—The Secretary, includ-
25 ing through the Tribal Training and Technical Assistance

1 *Center of the Substance Abuse and Mental Health Services*
2 *Administration, shall provide State agencies and Indian*
3 *Tribes, as applicable, with technical assistance concerning*
4 *grant application and submission procedures under this*
5 *section, award management activities, and enhancing out-*
6 *reach and direct support to rural and underserved commu-*
7 *nities and providers in addressing the opioid crisis.*

8 “(h) *AUTHORIZATION OF APPROPRIATIONS.—For pur-*
9 *poses of carrying out the grant program under subsection*
10 *(b), there is authorized to be appropriated \$500,000,000 for*
11 *each of fiscal years 2019 through 2021, to remain available*
12 *until expended.*

13 “(i) *SET ASIDE.—Of the amounts made available for*
14 *each fiscal year to award grants under subsection (b) for*
15 *a fiscal year, 5 percent of such amount for such fiscal year*
16 *shall be made available to Indian Tribes, and up to 15 per-*
17 *cent of such amount for such fiscal year may be set aside*
18 *for States with the highest age-adjusted rate of drug over-*
19 *dose death based on the ordinal ranking of States according*
20 *to the Director of the Centers for Disease Control and Pre-*
21 *vention.”.*

22 “(b) *CONFORMING AMENDMENT.—Section 1004(c) of the*
23 *21st Century Cures Act (Public Law 114–255) is amended*
24 *by striking “, the FDA Innovation Account, or the Account*

1 *For the State Response to the Opioid Abuse Crisis” and*
 2 *inserting “or the FDA Innovation Account”.*

3 ***Subtitle B—Research and*** 4 ***Innovation***

5 ***SEC. 1201. ADVANCING CUTTING-EDGE RESEARCH.***

6 *Section 402(n)(1) of the Public Health Service Act (42*
 7 *U.S.C. 282(n)(1)) is amended—*

8 *(1) in subparagraph (A), by striking “or”;*

9 *(2) in subparagraph (B), by striking the period*
 10 *and inserting “; or”; and*

11 *(3) by adding at the end the following:*

12 *“(C) high impact cutting-edge research that*
 13 *fosters scientific creativity and increases funda-*
 14 *mental biological understanding leading to the*
 15 *prevention, diagnosis, or treatment of diseases*
 16 *and disorders, or research urgently required to*
 17 *respond to a public health threat.”.*

18 ***SEC. 1202. PAIN RESEARCH.***

19 *Section 409J(b) of the Public Health Service Act (42*
 20 *U.S.C. 284q(b)) is amended—*

21 *(1) in paragraph (5)—*

22 *(A) in subparagraph (A), by striking “and*
 23 *treatment of pain and diseases and disorders as-*
 24 *sociated with pain” and inserting “treatment,*
 25 *and management of pain and diseases and dis-*

1 *orders associated with pain, including informa-*
2 *tion on best practices for utilization of non-phar-*
3 *macologic treatments, non-addictive medical*
4 *products, and other drugs or devices approved or*
5 *cleared by the Food and Drug Administration”;*

6 *(B) in subparagraph (B), by striking “on*
7 *the symptoms and causes of pain;” and inserting*
8 *the following: “on—*

9 *“(i) the symptoms and causes of pain,*
10 *including the identification of relevant bio-*
11 *markers and screening models and the epi-*
12 *demiology of acute and chronic pain;*

13 *“(ii) the diagnosis, prevention, treat-*
14 *ment, and management of acute or chronic*
15 *pain, including with respect to non-phar-*
16 *macologic treatments, non-addictive medical*
17 *products, and other drugs or devices ap-*
18 *proved or cleared by the Food and Drug Ad-*
19 *ministration; and*

20 *“(iii) risk factors for, and early warn-*
21 *ing signs of, substance use disorders; and”;*
22 *and*

23 *(C) by striking subparagraphs (C) through*
24 *(E) and inserting the following:*

1 “(C) *make recommendations to the Director*
 2 *of NIH—*

3 “(i) *to ensure that the activities of the*
 4 *National Institutes of Health and other*
 5 *Federal agencies are free of unnecessary du-*
 6 *plication of effort;*

7 “(ii) *on how best to disseminate infor-*
 8 *mation on pain care and epidemiological*
 9 *data related to acute and chronic pain; and*

10 “(iii) *on how to expand partnerships*
 11 *between public entities and private entities*
 12 *to expand collaborative, cross-cutting re-*
 13 *search.”;*

14 (2) *by redesignating paragraph (6) as para-*
 15 *graph (7); and*

16 (3) *by inserting after paragraph (5) the fol-*
 17 *lowing:*

18 “(6) *REPORT.—The Director of NIH shall ensure*
 19 *that recommendations and actions taken by the Direc-*
 20 *tor with respect to the topics discussed at the meetings*
 21 *described in paragraph (4) are included in appro-*
 22 *priate reports to Congress.”.*

23 **SEC. 1203. REPORT ON SYNTHETIC DRUG USE.**

24 (a) *IN GENERAL.—Not later than 3 years after the*
 25 *date of the enactment of this Act, the Secretary shall submit*

1 *to the Committee on Health, Education, Labor, and Pen-*
 2 *sions of the Senate and the Committee on Energy and Com-*
 3 *merce of the House of Representatives a report on the health*
 4 *effects of new psychoactive substances, including synthetic*
 5 *drugs, by adolescents and young adults.*

6 (b) *NEW PSYCHOACTIVE SUBSTANCE DEFINED.*—For
 7 purposes of subsection (a), the term “new psychoactive sub-
 8 stance” means a controlled substance analogue (as defined
 9 in section 102(32) of the Controlled Substances Act (21
 10 U.S.C. 802(32))).

11 ***Subtitle C—Medical Products and*** 12 ***Controlled Substances Safety***

13 ***SEC. 1301. CLARIFYING FDA REGULATION OF NON-ADDICT-*** 14 ***IVE PAIN PRODUCTS.***

15 (a) *PUBLIC MEETINGS.*—Not later than one year after
 16 the date of enactment of this Act, the Secretary, acting
 17 through the Commissioner of Food and Drugs, shall hold
 18 not less than one public meeting to address the challenges
 19 and barriers of developing non-addictive medical products
 20 intended to treat pain or addiction, which may include—

21 (1) *the manner by which the Secretary may in-*
 22 *corporate the risks of misuse and abuse of a controlled*
 23 *substance (as defined in section 102 of the Controlled*
 24 *Substances Act (21 U.S.C. 802) into the risk benefit*
 25 *assessments under subsections (d) and (e) of section*

1 505 of the Federal Food, Drug, and Cosmetic Act (21
2 U.S.C. 355), section 510(k) of such Act (21 U.S.C.
3 360(k)), or section 515(c) of such Act (21 U.S.C.
4 360e(c)), as applicable;

5 (2) the application of novel clinical trial designs
6 (consistent with section 3021 of the 21st Century
7 Cures Act (Public Law 114–255)), use of real world
8 evidence (consistent with section 505F of the Federal
9 Food, Drug, and Cosmetic Act (21 U.S.C. 355g)), and
10 use of patient experience data (consistent with section
11 569C of the Federal Food, Drug, and Cosmetic Act
12 (21 U.S.C. 360bbb–8c)) for the development of non-
13 addictive medical products intended to treat pain or
14 addiction;

15 (3) the evidentiary standards and the develop-
16 ment of opioid sparing data for inclusion in the label-
17 ing of medical products; and

18 (4) the application of eligibility criteria under
19 sections 506 and 515B of the Federal Food, Drug,
20 and Cosmetic Act (21 U.S.C. 356, 360e–3) for non-
21 addictive medical products intended to treat pain or
22 addiction.

23 (b) *GUIDANCE*.—Not less than one year after the public
24 meetings are conducted under subsection (a) the Secretary
25 shall issue one or more final guidance documents, or update

1 *existing guidance documents, to help address challenges to*
2 *developing non-addictive medical products to treat pain or*
3 *addiction. Such guidance documents shall include informa-*
4 *tion regarding—*

5 *(1) how the Food and Drug Administration may*
6 *apply sections 506 and 515B of the Federal Food,*
7 *Drug, and Cosmetic Act (21 U.S.C. 356, 360e–3) to*
8 *non-addictive medical products intended to treat pain*
9 *or addiction, including the circumstances under*
10 *which the Secretary—*

11 *(A) may apply the eligibility criteria under*
12 *such sections 506 and 515B to non-addictive*
13 *medical products intended to treat pain or ad-*
14 *diction;*

15 *(B) considers the risk of addiction of con-*
16 *trolled substances approved to treat pain when*
17 *establishing unmet medical need; and*

18 *(C) considers pain, pain control, or pain*
19 *management in assessing whether a disease or*
20 *condition is a serious or life-threatening disease*
21 *or condition;*

22 *(2) the methods by which sponsors may evaluate*
23 *acute and chronic pain, endpoints for non-addictive*
24 *medical products intended to treat pain, the manner*
25 *in which endpoints and evaluations of efficacy will be*

1 *applied across and within review divisions, taking*
2 *into consideration the etiology of the underlying dis-*
3 *ease, and the manner in which sponsors may use sur-*
4 *rogate endpoints, intermediate endpoints, and real*
5 *world evidence;*

6 *(3) the manner in which the Food and Drug Ad-*
7 *ministration will assess evidence to support the inclu-*
8 *sion of opioid sparing data in the labeling of non-ad-*
9 *dictive medical products intended to treat pain, in-*
10 *cluding—*

11 *(A) data collection methodologies, including*
12 *the use of novel clinical trial designs (consistent*
13 *with section 3021 of the 21st Century Cures Act*
14 *(Public Law 114–255)) and real world evidence*
15 *(consistent with section 505F of the Federal*
16 *Food, Drug, and Cosmetic Act (21 U.S.C. 355g)),*
17 *as appropriate, to support product labeling;*

18 *(B) ethical considerations of exposing sub-*
19 *jects to controlled substances in clinical trials to*
20 *develop opioid sparing data and considerations*
21 *on data collection methods that reduce harm,*
22 *which may include the reduction of opioid use as*
23 *a clinical benefit;*

1 (C) endpoints, including primary, sec-
 2 ondary, and surrogate endpoints, to evaluate the
 3 reduction of opioid use;

4 (D) best practices for communication be-
 5 tween sponsors and the agency on the develop-
 6 ment of data collection methods, including the
 7 initiation of data collection; and

8 (E) the appropriate format in which to sub-
 9 mit such data results to the Secretary; and

10 (4) the circumstances under which the Food and
 11 Drug Administration considers misuse and abuse of a
 12 controlled substance (as defined in section 102 of the
 13 Controlled Substances Act (21 U.S.C. 802) in making
 14 the risk benefit assessment under paragraphs (2) and
 15 (4) of subsection (d) of section 505 of the Federal
 16 Food, Drug, and Cosmetic Act (21 U.S.C. 355) and
 17 in finding that a drug is unsafe under paragraph (1)
 18 or (2) of subsection (e) of such section.

19 (c) *DEFINITIONS.*—In this section—

20 (1) the term “medical product” means a drug
 21 (as defined in section 201(g)(1) of the Federal Food,
 22 Drug, and Cosmetic Act (21 U.S.C. 321(g)(1))), bio-
 23 logical product (as defined in section 351(i) of the
 24 Public Health Service Act (42 U.S.C. 262(i))), or de-

1 *vice (as defined in section 201(h) of the Federal Food,*
 2 *Drug, and Cosmetic Act (21 U.S.C. 321(h))); and*

3 *(2) the term “opioid sparing” means reducing,*
 4 *replacing, or avoiding the use of opioids or other con-*
 5 *trolled substances.*

6 **SEC. 1302. CLARIFYING FDA PACKAGING AUTHORITIES.**

7 *(a) ADDITIONAL POTENTIAL ELEMENTS OF STRAT-*
 8 *EGY.—Section 505–1(e) of the Federal Food, Drug, and*
 9 *Cosmetic Act (21 U.S.C. 355–1(e)) is amended by adding*
 10 *at the end the following:*

11 *“(4) PACKAGING AND DISPOSAL.—The Secretary*
 12 *may require a risk evaluation mitigation strategy for*
 13 *a drug for which there is a serious risk of an adverse*
 14 *drug experience described in subparagraph (B) or (C)*
 15 *of subsection (b)(1), taking into consideration the fac-*
 16 *tors described in subparagraphs (C) and (D) of sub-*
 17 *section (f)(2) and in consultation with other relevant*
 18 *Federal agencies with authorities over drug pack-*
 19 *aging, which may include requiring that—*

20 *“(A) the drug be made available for dis-*
 21 *pensing to certain patients in unit dose pack-*
 22 *aging, packaging that provides a set duration, or*
 23 *another packaging system that the Secretary de-*
 24 *termines may mitigate such serious risk; or*

“(B) the drug be dispensed to certain patients with a safe disposal packaging or safe disposal system for purposes of rendering drugs non-retrievable (as defined in section 1300.05 of title 21, Code of Federal Regulations (or any successor regulation)) if the Secretary has determines that such safe disposal packaging or system may mitigate such serious risk and exists in sufficient quantities.”.

(b) *ASSURING ACCESS AND MINIMIZING BURDEN.*—
Section 505–1(f)(2)(C) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1(f)(2)(C)) is amended—

(1) in clause (i) by striking “and” at the end;

and

(2) by adding at the end the following:

“(iii) patients with functional needs;

and”.

(c) *APPLICATION TO ABBREVIATED NEW DRUG APPLICATIONS.*—Section 505–1(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1(i)) is amended—

(1) in paragraph (1)—

(A) by redesignating subparagraph (B) as subparagraph (C); and

(B) inserting after subparagraph (A) the following:

1 “(B) A packaging or disposal requirement,
 2 if required under subsection (e)(4) for the appli-
 3 cable listed drug.”; and
 4 (2) in paragraph (2)—

5 (A) in subparagraph (A), by striking “and”
 6 at the end;

7 (B) by redesignating subparagraph (B) as
 8 subparagraph (C); and

9 (C) by inserting after subparagraph (A) the
 10 following:

11 “(B) shall permit packaging systems and
 12 safe disposal packaging or safe disposal systems
 13 that are different from those required for the ap-
 14 plicable listed drug under subsection (e)(4);
 15 and”.

16 **SEC. 1303. STRENGTHENING FDA AND CBP COORDINATION**
 17 **AND CAPACITY.**

18 (a) *IN GENERAL.*—The Secretary, acting through the
 19 Commissioner of Food and Drugs, shall coordinate with the
 20 Secretary of Homeland Security to carry out activities re-
 21 lated to customs and border protection and response to ille-
 22 gal controlled substances and drug imports, including at
 23 sites of import (such as international mail facilities). Such
 24 Secretaries may carry out such activities through a memo-

1 *randum of understanding between the Food and Drug Ad-*
 2 *ministration and the U.S. Customs and Border Protection.*

3 *(b) FDA IMPORT FACILITIES AND INSPECTION CAPAC-*
 4 *ITY.—*

5 *(1) IN GENERAL.—In carrying out this section,*
 6 *the Secretary shall, in collaboration with the Sec-*
 7 *retary of Homeland Security and the Postmaster*
 8 *General of the United States Postal Service, provide*
 9 *that import facilities in which the Food and Drug*
 10 *Administration operates or carries out activities re-*
 11 *lated to drug imports within the international mail*
 12 *facilities include—*

13 *(A) facility upgrades and improved capac-*
 14 *ity in order to increase and improve inspection*
 15 *and detection capabilities, which may include, as*
 16 *the Secretary determines appropriate—*

17 *(i) improvements to facilities, such as*
 18 *upgrades or renovations, and support for*
 19 *the maintenance of existing import facilities*
 20 *and sites to improve coordination between*
 21 *Federal agencies;*

22 *(ii) the construction of, or upgrades to,*
 23 *laboratory capacity for purposes of detec-*
 24 *tion and testing of imported goods;*

1 (iii) upgrades to the security of import
2 facilities; and

3 (iv) innovative technology and equip-
4 ment to facilitate improved and near-real-
5 time information sharing between the Food
6 and Drug Administration, the Department
7 of Homeland Security, and the United
8 States Postal Service; and

9 (B) innovative technology, including con-
10 trolled substance detection and testing equipment
11 and other applicable technology, in order to col-
12 laborate with the U.S. Customs and Border Pro-
13 tection to share near-real-time information, in-
14 cluding information about test results, as appro-
15 priate.

16 (2) *INNOVATIVE TECHNOLOGY*.—Any technology
17 used in accordance with paragraph (1)(B) shall be
18 interoperable with technology used by other relevant
19 Federal agencies, including the U.S. Customs and
20 Border Protection, as the Secretary determines appro-
21 priate.

22 (c) *REPORT*.—Not later than 6 months after the date
23 of enactment of this Act, the Secretary, in consultation with
24 the Secretary of Homeland Security and the Postmaster
25 General of the United States Postal Service, shall report

1 *to the relevant committees of Congress on the implementa-*
 2 *tion of this section, including a summary of progress made*
 3 *towards near-real-time information sharing and the inter-*
 4 *operability of such technologies.*

5 (d) *AUTHORIZATION OF APPROPRIATIONS.—Out of*
 6 *amounts otherwise available to the Secretary, the Secretary*
 7 *may allocate such sums as may be necessary for purposes*
 8 *of carrying out this section.*

9 **SEC. 1304. CLARIFYING FDA POST-MARKET AUTHORITIES.**

10 *Section 505–1(b)(1)(E) of the Federal Food, Drug, and*
 11 *Cosmetic Act (21 U.S.C. 355–1(b)(1)(E)) is amended by*
 12 *striking “of the drug” and inserting “of the drug, which*
 13 *may include reduced effectiveness under the conditions of*
 14 *use prescribed in the labeling of such drug, but which may*
 15 *not include reduced effectiveness that is in accordance with*
 16 *such labeling”.*

17 **SEC. 1305. RESTRICTING ENTRANCE OF ILLICIT DRUGS.**

18 (a) *IN GENERAL.—The Secretary, acting through the*
 19 *Commissioner of Food and Drugs, upon discovering or re-*
 20 *ceiving, in a package being offered for import, a controlled*
 21 *substance that is offered for import in violation of any re-*
 22 *quirement of the Controlled Substances Act (21 U.S.C. 801*
 23 *et seq.), the Controlled Substances Import and Export Act*
 24 *(21 U.S.C. 951 et seq.), the Federal Food, Drug, and Cos-*
 25 *metic Act (21 U.S.C. 301 et seq.), or any other applicable*

1 law, shall transfer such package to the U.S. Customs and
 2 Border Protection. If the Secretary identifies additional
 3 packages that appear to be the same as such package con-
 4 taining a controlled substance, such additional packages
 5 may also be transferred to U.S. Customs and Border Protec-
 6 tion. The U.S. Customs and Border Protection shall receive
 7 such packages consistent with the requirements of the Con-
 8 trolled Substances Act (21 U.S.C. 801 et seq.).

9 (b) *DEBARMENT, TEMPORARY DENIAL OF APPROVAL,*
 10 *AND SUSPENSION.*—

11 (1) *IN GENERAL.*—Section 306(b) of the Federal
 12 Food, Drug, and Cosmetic Act (21 U.S.C. 335a(b)) is
 13 amended—

14 (A) in paragraph (1)—

15 (i) in the matter preceding subpara-
 16 graph (A), by inserting “or (3)” after
 17 “paragraph (2)”;

18 (ii) in subparagraph (A), by striking
 19 the comma at the end and inserting a semi-
 20 colon;

21 (iii) in subparagraph (B), by striking
 22 “, or” and inserting a semicolon;

23 (iv) in subparagraph (C), by striking
 24 the period and inserting “; or”; and

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

1 “(D) a person from importing or offering
2 for import into the United States a drug.”; and

3 (B) in paragraph (3)—

4 (i) in the heading, by striking “FOOD”;

5 (ii) in subparagraph (A), by striking
6 “; or” and inserting a semicolon;

7 (iii) in subparagraph (B), by striking
8 the period and inserting a semicolon; and

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

10 “(C) the person has been convicted of a fel-
11 ony for conduct relating to the importation into
12 the United States of any drug or controlled sub-
13 stance (as defined in section 102 of the Con-
14 trolled Substances Act);

15 “(D) the person has engaged in a pattern of
16 importing or offering for import—

17 “(i) controlled substances that are pro-
18 hibited from importation under section
19 401(m) of the Tariff Act of 1930 (19 U.S.C.
20 1401(m)); or

21 “(ii) adulterated or misbranded drugs
22 that are—

23 “(I) not designated in an author-
24 ized electronic data interchange system

1 *as a product that is regulated by the*
 2 *Secretary; or*

3 *“(II) knowingly or intentionally*
 4 *falsely designated in an authorized*
 5 *electronic data interchange system as a*
 6 *product that is regulated by the Sec-*
 7 *retary.”.*

8 (2) *PROHIBITED ACT.*—Section 301(cc) of the
 9 *Federal Food, Drug, and Cosmetic Act (21 U.S.C.*
 10 *331(cc)) is amended by inserting “or a drug” after*
 11 *“food”.*

12 (c) *IMPORTS AND EXPORTS.*—Section 801(a) of the
 13 *Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a))*
 14 *is amended—*

15 (1) *by striking the second sentence;*
 16 (2) *by striking “If it appears” and inserting*
 17 *“Subject to subsection (b), if it appears”;*
 18 (3) *by striking “regarding such article, then such*
 19 *article shall be refused” and inserting the following:*
 20 *“regarding such article, or (5) such article is being*
 21 *imported or offered for import in violation of section*
 22 *301(cc), then any such article described in any of*
 23 *clauses (1) through (5) may be refused admission. If*
 24 *it appears from the examination of such samples or*

1 *otherwise that the article is a counterfeit drug, such*
 2 *article shall be refused admission.”;*

3 *(4) by striking “this Act, then such article shall*
 4 *be refused admission” and inserting “this Act, then*
 5 *such article may be refused admission”; and*

6 *(5) by striking “Clause (2) of the third sentence”*
 7 *and all that follows through the period at the end and*
 8 *inserting the following: “Neither clause (2) nor clause*
 9 *(5) of the second sentence of this subsection shall be*
 10 *construed to prohibit the admission of narcotic drugs,*
 11 *the importation of which is permitted under the Con-*
 12 *trolled Substances Import and Export Act.”.*

13 *(d) CERTAIN ILLICIT ARTICLES.—Section 801 of the*
 14 *Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381) is*
 15 *amended by adding at the end the following—*

16 *“(t) ILLICIT ARTICLES CONTAINING ACTIVE PHARMA-*
 17 *CEUTICAL INGREDIENTS.—*

18 *“(1) IN GENERAL.—For purposes of this section,*
 19 *an article that is being imported or offered for import*
 20 *into the United States may be treated by the Sec-*
 21 *retary as a drug if the article—*

22 *“(A) is not—*

23 *“(i) accompanied by an electronic im-*
 24 *port entry for such article submitted using*

1 *an authorized electronic data interchange*
2 *system; and*

3 *“(ii) designated in such a system as an*
4 *article regulated by the Secretary (which*
5 *may include regulation as a drug, a device,*
6 *or a dietary supplement; and*

7 *“(B) is an ingredient that presents signifi-*
8 *cant public health concern and is, or contains—*

9 *“(i) an active ingredient in a drug—*

10 *“(I) that is approved under sec-*
11 *tion 505 or licensed under section 351*
12 *of the Public Health Service Act; or*

13 *“(II) for which—*

14 *“(aa) an investigational use*
15 *exemption is in effect under sec-*
16 *tion 505(i) of this Act or section*
17 *351(a) of the Public Health Serv-*
18 *ice Act; and*

19 *“(bb) a substantial clinical*
20 *investigation has been instituted,*
21 *and such investigation has been*
22 *made public; or*

23 *“(ii) a substance that has a chemical*
24 *structure that is substantially similar to the*
25 *chemical structure of an active ingredient*

1 *in a drug or biological product described in*
 2 *subclause (I) or (II) of clause (i).*

3 “(2) *EFFECT.—This subsection shall not be con-*
 4 *strued to bear upon any determination of whether an*
 5 *article is a drug within the meaning of section*
 6 *201(g), other than for the purposes described in para-*
 7 *graph (1).”.*

8 **SEC. 1306. FIRST RESPONDER TRAINING.**

9 *Section 546 of the Public Health Service Act (42*
 10 *U.S.C. 290ee-1) is amended—*

11 *(1) in subsection (c)—*

12 *(A) in paragraph (2), by striking “and” at*
 13 *the end;*

14 *(B) in paragraph (3), by striking the period*
 15 *and inserting “; and”; and*

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

17 “(4) *train and provide resources for first re-*
 18 *sponders and members of other key community sectors*
 19 *on safety around fentanyl, carfentanil, and other dan-*
 20 *gerous licit and illicit drugs to protect themselves*
 21 *from exposure to such drugs and respond appro-*
 22 *priately when exposure occurs.”;*

23 *(2) in subsection (d), by striking “and mecha-*
 24 *nisms for referral to appropriate treatment for an en-*
 25 *tity receiving a grant under this section” and insert-*

1 *ing “mechanisms for referral to appropriate treat-*
 2 *ment, and safety around fentanyl, carfentanil, and*
 3 *other dangerous licit and illicit drugs”;*

4 *(3) in subsection (f)—*

5 *(A) in paragraph (3), by striking “and” at*
 6 *the end;*

7 *(B) in paragraph (4), by striking the period*
 8 *and inserting “; and”; and*

9 *(C) by adding at the end the following:*

10 *“(5) the number of first responders and members*
 11 *of other key community sectors trained on safety*
 12 *around fentanyl, carfentanil, and other dangerous*
 13 *licit and illicit drugs.”;*

14 *(4) by redesignating subsection (g) as subsection*
 15 *(h);*

16 *(5) by inserting after subsection (f) the following:*

17 *“(g) OTHER KEY COMMUNITY SECTORS.—In this sec-*
 18 *tion, the term ‘other key community sectors’ includes sub-*
 19 *stance abuse treatment providers, emergency medical serv-*
 20 *ices agencies, agencies and organizations working with*
 21 *prison and jail populations and offender reentry programs,*
 22 *health care providers, harm reduction groups, pharmacies,*
 23 *community health centers, tribal health facilities, and men-*
 24 *tal health providers.”; and*

1 (6) *in subsection (h), as so redesignated, by*
 2 *striking “\$12,000,000 for each of fiscal years 2017*
 3 *through 2021” and inserting “\$36,000,000 for each of*
 4 *fiscal years 2019 through 2023”.*

5 **SEC. 1307. DISPOSAL OF CONTROLLED SUBSTANCES OF**
 6 **HOSPICE PATIENTS.**

7 (a) *IN GENERAL.*—Section 302(g) of the Controlled
 8 *Substances Act (21 U.S.C. 822(g)) is amended by adding*
 9 *at the end the following:*

10 “(5)(A) *An employee of a qualified hospice program*
 11 *acting within the scope of employment may handle, in the*
 12 *place of residence of a hospice patient, any controlled sub-*
 13 *stance that was lawfully dispensed to the hospice patient,*
 14 *for the purpose of assisting in the disposal of the controlled*
 15 *substance—*

16 “(i) *after the hospice patient’s death;*

17 “(ii) *if the controlled substance is expired; or*

18 “(iii) *if—*

19 “(I) *the employee is—*

20 “(aa) *the physician of the hospice pa-*
 21 *tient; and*

22 “(bb) *registered under section 303(f);*

23 *and*

1 “(II) the hospice patient no longer requires
2 the controlled substance because the plan of care
3 of the hospice patient has been modified.

4 “(B) In this paragraph:

5 “(i) The term ‘employee of a qualified hospice
6 program’ means a physician, physician assistant,
7 registered nurse, or nurse practitioner who—

8 “(I) is employed by, or is acting pursuant
9 to arrangements made with, a qualified hospice
10 program; and

11 “(II) is licensed or certified to perform such
12 employment, or such activities arranged by the
13 qualified hospice program, in accordance with
14 applicable State law.

15 “(ii) The terms ‘hospice care’ and ‘hospice pro-
16 gram’ have the meanings given those terms in section
17 1861(dd) of the Social Security Act (42 U.S.C.
18 1395x(dd)).

19 “(iii) The term ‘hospice patient’ means an indi-
20 vidual receiving hospice care.

21 “(iv) The term ‘qualified hospice program’
22 means a hospice program that—

23 “(I) has written policies and procedures for
24 employees of the hospice program to use when as-
25 sisting in the disposal of the controlled sub-

stances of a hospice patient in a circumstance described in clause (i), (ii), or (iii) of subparagraph (A);

“(II) at the time when the controlled substances are first ordered—

“(aa) provides a copy of the written policies and procedures to the hospice patient or hospice patient representative and the family of the hospice patient;

“(bb) discusses the policies and procedures with the hospice patient or hospice patient’s representative and the hospice patient’s family in a language and manner that such individuals understand to ensure that such individuals are informed regarding the safe disposal of controlled substances; and

“(cc) documents in the clinical record of the hospice patient that the written policies and procedures were provided and discussed with the hospice patient or hospice patient’s representative; and

“(III) at the time when an employee of the hospice program assists in the disposal of controlled substances of a hospice patient, documents

1 *in the clinical record of the hospice patient a list*
2 *of all controlled substances disposed of.*

3 “(C) *The Attorney General may, by regulation, include*
4 *additional types of licensed medical professionals in the def-*
5 *inition of the term ‘employee of a qualified hospice pro-*
6 *gram’ under subparagraph (B).”.*

7 **(b) NO REGISTRATION REQUIRED.**—*Section 302(c) of*
8 *the Controlled Substances Act (21 U.S.C. 822(c)) is amend-*
9 *ed by adding at the end the following:*

10 “(4) *An employee of a qualified hospice program*
11 *for the purpose of assisting in the disposal of a con-*
12 *trolled substance in accordance with subsection (g)(5),*
13 *except as provided in subparagraph (A)(iii) of that*
14 *subsection.”.*

15 **(c) GUIDANCE.**—*The Attorney General may issue*
16 *guidance to qualified hospice programs to assist the pro-*
17 *grams in satisfying the requirements under paragraph (5)*
18 *of section 302(g) of the Controlled Substances Act (21*
19 *U.S.C. 822(g)), as added by subsection (a).*

20 **(d) STATE AND LOCAL AUTHORITY.**—*Nothing in this*
21 *section or the amendments made by this section shall be*
22 *construed to prevent a State or local government from im-*
23 *posing additional controls or restrictions relating to the reg-*
24 *ulation of the disposal of controlled substances in hospice*
25 *care or hospice programs.*

1 **SEC. 1308. GAO STUDY AND REPORT ON HOSPICE SAFE**
2 **DRUG MANAGEMENT.**

3 (a) *STUDY.*—

4 (1) *IN GENERAL.*—*The Comptroller General of*
5 *the United States (in this section referred to as the*
6 *“Comptroller General”)* shall conduct a study on the
7 *requirements applicable to and challenges of hospice*
8 *programs with regard to the management and dis-*
9 *posal of controlled substances in the home of an indi-*
10 *vidual.*

11 (2) *CONTENTS.*—*In conducting the study under*
12 *paragraph (1), the Comptroller General shall in-*
13 *clude—*

14 (A) *an overview of challenges encountered*
15 *by hospice programs regarding the disposal of*
16 *controlled substances, such as opioids, in a home*
17 *setting, including any key changes in policies,*
18 *procedures, or best practices for the disposal of*
19 *controlled substances over time; and*

20 (B) *a description of Federal requirements,*
21 *including requirements under the Medicare pro-*
22 *gram, for hospice programs regarding the dis-*
23 *posal of controlled substances in a home setting,*
24 *and oversight of compliance with those require-*
25 *ments.*

1 (b) *REPORT.*—Not later than 18 months after the date
 2 of enactment of this Act, the Comptroller General shall sub-
 3 mit to Congress a report containing the results of the study
 4 conducted under subsection (a), together with recommenda-
 5 tions, if any, for such legislation and administrative action
 6 as the Comptroller General determines appropriate.

7 **SEC. 1309. DELIVERY OF A CONTROLLED SUBSTANCE BY A**
 8 **PHARMACY TO BE ADMINISTERED BY INJEC-**
 9 **TION OR IMPLANTATION.**

10 (a) *IN GENERAL.*—The Controlled Substances Act is
 11 amended by inserting after section 309 (21 U.S.C. 829) the
 12 following:

13 “DELIVERY OF A CONTROLLED SUBSTANCE BY A PHARMACY
 14 TO AN ADMINISTERING PRACTITIONER

15 “SEC. 309A. (a) *IN GENERAL.*—Notwithstanding sec-
 16 tion 102(10), a pharmacy may deliver a controlled sub-
 17 stance to a practitioner in accordance with a prescription
 18 that meets the requirements of this title and the regulations
 19 issued by the Attorney General under this title, for the pur-
 20 pose of administering the controlled substance by the practi-
 21 tioner if—

22 “(1) the controlled substance is delivered by the
 23 pharmacy to the prescribing practitioner or the prac-
 24 titioner administering the controlled substance, as ap-
 25 plicable, at the location listed on the practitioner’s
 26 certificate of registration issued under this title;

1 “(2) in the case of administering of the con-
2 trolled substance for the purpose of maintenance or
3 detoxification treatment under section 303(g)(2)—

4 “(A) the practitioner who issued the pre-
5 scription is a qualifying practitioner authorized
6 under, and acting within the scope of that sec-
7 tion; and

8 “(B) the controlled substance is to be ad-
9 ministered by injection or implantation;

10 “(3) the pharmacy and the practitioner are au-
11 thorized to conduct the activities specified in this sec-
12 tion under the law of the State in which such activi-
13 ties take place;

14 “(4) the prescription is not issued to supply any
15 practitioner with a stock of controlled substances for
16 the purpose of general dispensing to patients;

17 “(5) except as provided in subsection (b), the
18 controlled substance is to be administered only to the
19 patient named on the prescription not later than 14
20 days after the date of receipt of the controlled sub-
21 stance by the practitioner; and

22 “(6) notwithstanding any exceptions under sec-
23 tion 307, the prescribing practitioner, and the practi-
24 tioner administering the controlled substance, as ap-
25 plicable, maintain complete and accurate records of

1 *all controlled substances delivered, received, adminis-*
 2 *tered, or otherwise disposed of under this section, in-*
 3 *cluding the persons to whom controlled substances*
 4 *were delivered and such other information as may be*
 5 *required by regulations of the Attorney General.*

6 “(b) *MODIFICATION OF NUMBER OF DAYS BEFORE*
 7 *WHICH CONTROLLED SUBSTANCE SHALL BE ADMINIS-*
 8 *TERED.—*

9 “(1) *INITIAL 2-YEAR PERIOD.—During the 2-*
 10 *year period beginning on the date of enactment of this*
 11 *section, the Attorney General, in coordination with*
 12 *the Secretary, may reduce the number of days de-*
 13 *scribed in subsection (a)(5) if the Attorney General*
 14 *determines that such reduction will—*

15 “(A) *reduce the risk of diversion; or*

16 “(B) *protect the public health.*

17 “(2) *MODIFICATIONS AFTER SUBMISSION OF RE-*
 18 *PORT.—After the date on which the report described*
 19 *in subsection (c) is submitted, the Attorney General,*
 20 *in coordination with the Secretary, may modify the*
 21 *number of days described in subsection (a)(5).*

22 “(3) *MINIMUM NUMBER OF DAYS.—Any modi-*
 23 *fication under this subsection shall be for a period of*
 24 *not less than 7 days.”.*

1 (b) *STUDY AND REPORT.*—Not later than 2 years after
 2 the date of enactment of this section, the Comptroller Gen-
 3 eral of the United States shall conduct a study and submit
 4 to Congress a report on access to and potential diversion
 5 of controlled substances administered by injection or im-
 6 plantation.

7 (c) *TECHNICAL AND CONFORMING AMENDMENT.*—The
 8 table of contents for the Comprehensive Drug Abuse Preven-
 9 tion and Control Act of 1970 is amended by inserting after
 10 the item relating to section 309 the following:

“Sec. 309A. *Delivery of a controlled substance by a pharmacy to an admin-
 istering practitioner.*”.

11 ***Subtitle D—Treatment and*** 12 ***Recovery***

13 ***SEC. 1401. COMPREHENSIVE OPIOID RECOVERY CENTERS.***

14 (a) *IN GENERAL.*—The Secretary shall award grants
 15 on a competitive basis to eligible entities to establish or op-
 16 erate a comprehensive opioid recovery center (referred to in
 17 this section as a “Center”). A Center may be a single entity
 18 or an integrated delivery network.

19 (b) *GRANT PERIOD.*—

20 (1) *IN GENERAL.*—A grant awarded under sub-
 21 section (a) shall be for a period not more than 5
 22 years.

23 (2) *RENEWAL.*—A grant awarded under sub-
 24 section (a) may be renewed, on a competitive basis,

1 *for additional periods of time, as determined by the*
 2 *Secretary. In determining whether to renew a grant*
 3 *under this paragraph, the Secretary shall consider the*
 4 *data submitted under subsection (h).*

5 (c) *MINIMUM NUMBER OF GRANTS.—The Secretary*
 6 *shall allocate the amounts made available under subsection*
 7 *(j) such that not fewer than 10 grants may be awarded.*
 8 *Not more than one grant shall be made to entities in a sin-*
 9 *gle State for any one period.*

10 (d) *APPLICATION.—*

11 (1) *ELIGIBLE ENTITY.—An entity is eligible for*
 12 *a grant under this section if the entity offers treat-*
 13 *ment and other services for individuals with a sub-*
 14 *stance use disorder.*

15 (2) *SUBMISSION OF APPLICATION.—In order to*
 16 *be eligible for a grant under subsection (a), an entity*
 17 *shall submit an application to the Secretary at such*
 18 *time and in such manner as the Secretary may re-*
 19 *quire. Such application shall include—*

20 (A) *evidence that such entity carries out, or*
 21 *is capable of coordinating with other entities to*
 22 *carry out, the activities described in subsection*
 23 *(g); and*

24 (B) *such other information as the Secretary*
 25 *may require.*

1 (e) *PRIORITY.*—*In awarding grants under subsection*
 2 *(a), the Secretary shall give priority to eligible entities lo-*
 3 *cated in a State or Indian Tribe with an age-adjusted rate*
 4 *of drug overdose deaths that is above the national overdose*
 5 *mortality rate, as determined by the Director of the Centers*
 6 *for Disease Control and Prevention.*

7 (f) *PREFERENCE.*—*In awarding grants under sub-*
 8 *section (a), the Secretary may give preference to eligible en-*
 9 *tities utilizing technology-enabled collaborative learning*
 10 *and capacity building models, including such models as de-*
 11 *fin ed in section 2 of the Expanding Capacity for Health*
 12 *Outcomes Act (Public Law 114–270; 130 Stat. 1395), to*
 13 *conduct the activities described in this section.*

14 (g) *CENTER ACTIVITIES.*—*Each Center shall, at a*
 15 *minimum, carry out the following activities directly,*
 16 *through referral, or through contractual arrangements,*
 17 *which may include carrying out such activities through*
 18 *technology-enabled collaborative learning and capacity*
 19 *building models described in subsection (f):*

20 (1) *TREATMENT AND RECOVERY SERVICES.*—

21 *Each Center shall—*

22 (A) *ensure that intake and evaluations meet*
 23 *the individualized clinical needs of patients, in-*
 24 *cluding by offering assessments for services and*
 25 *care recommendations through independent, evi-*

1 *dence-based verification processes for reviewing*
2 *patient placement in treatment settings;*

3 *(B) provide the full continuum of treatment*
4 *services, including—*

5 *(i) all drugs approved by the Food and*
6 *Drug Administration to treat substance use*
7 *disorders, pursuant to Federal and State*
8 *law;*

9 *(ii) medically supervised withdrawal*
10 *management that includes patient evalua-*
11 *tion, stabilization, and readiness for and*
12 *entry into treatment;*

13 *(iii) counseling provided by a program*
14 *counselor or other certified professional who*
15 *is licensed and qualified by education,*
16 *training, or experience to assess the psycho-*
17 *logical and sociological background of pa-*
18 *tients, to contribute to the appropriate*
19 *treatment plan for the patient, and to mon-*
20 *itor patient progress;*

21 *(iv) treatment, as appropriate, for pa-*
22 *tients with co-occurring substance use and*
23 *mental disorders;*

1 (v) testing, as appropriate, for infec-
2 tions commonly associated with illicit drug
3 use;

4 (vi) residential rehabilitation, and out-
5 patient and intensive outpatient programs;

6 (vii) recovery housing;

7 (viii) community-based and peer recov-
8 ery support services;

9 (ix) job training, job placement assist-
10 ance, and continuing education assistance
11 to support reintegration into the workforce;
12 and

13 (x) other best practices to provide the
14 full continuum of treatment and services, as
15 determined by the Secretary;

16 (C) ensure that all programs covered by the
17 Center include medication-assisted treatment, as
18 appropriate, and do not exclude individuals re-
19 ceiving medication-assisted treatment from any
20 service;

21 (D) periodically conduct patient assess-
22 ments to support sustained and clinically sig-
23 nificant recovery, as defined by the Assistant
24 Secretary for Mental Health and Substance Use;

1 (E) administer an onsite pharmacy and
2 provide toxicology services, for purposes of car-
3 rying out this section; and

4 (F) operate a secure, confidential, and
5 interoperable electronic health information sys-
6 tem.

7 (2) *OUTREACH.*—Each Center shall carry out
8 outreach activities to publicize the services offered
9 through the Centers, which may include—

10 (A) training and supervising outreach staff,
11 as appropriate, to work with State and local
12 health departments, health care providers, the
13 Indian Health Service, State and local edu-
14 cational agencies, schools funded by the Indian
15 Bureau of Education, institutions of higher edu-
16 cation, State and local workforce development
17 boards, State and local community action agen-
18 cies, public safety officials, first responders, In-
19 dian Tribes, child welfare agencies, as appro-
20 priate, and other community partners and the
21 public, including patients, to identify and re-
22 spond to community needs;

23 (B) ensuring that the entities described in
24 subparagraph (A) are aware of the services of the
25 Center; and

1 (C) disseminating and making publicly
2 available, including through the internet, evi-
3 dence-based resources that educate professionals
4 and the public on opioid use disorder and other
5 substance use disorders, including co-occurring
6 substance use and mental disorders.

7 (h) *DATA REPORTING AND PROGRAM OVERSIGHT.*—
8 With respect to a grant awarded under subsection (a), not
9 later than 90 days after the end of the first year of the grant
10 period, and annually thereafter for the duration of the
11 grant period (including the duration of any renewal period
12 for such grant), the entity shall submit data, as appro-
13 priate, to the Secretary regarding—

14 (1) the programs and activities funded by the
15 grant;

16 (2) health outcomes of the population of individ-
17 uals with a substance use disorder who received serv-
18 ices from the Center, evaluated by an independent
19 program evaluator through the use of outcomes meas-
20 ures, as determined by the Secretary;

21 (3) the retention rate of program participants;
22 and

23 (4) any other information that the Secretary
24 may require for the purpose of ensuring that the Cen-
25 ter is complying with all the requirements of the

1 *grant, including providing the full continuum of serv-*
 2 *ices described in subsection (g)(1)(B).*

3 *(i) PRIVACY.—The provisions of this section, including*
 4 *with respect to data reporting and program oversight, shall*
 5 *be subject to all applicable Federal and State privacy laws.*

6 *(j) AUTHORIZATION OF APPROPRIATIONS.—There is*
 7 *authorized to be appropriated \$10,000,000 for each of fiscal*
 8 *years 2019 through 2023 for purposes of carrying out this*
 9 *section.*

10 *(k) REPORTS TO CONGRESS.—*

11 *(1) PRELIMINARY REPORT.—Not later than 3*
 12 *years after the date of the enactment of this Act, the*
 13 *Secretary shall submit to Congress a preliminary re-*
 14 *port that analyzes data submitted under subsection*
 15 *(h).*

16 *(2) FINAL REPORT.—Not later than 2 years after*
 17 *submitting the preliminary report required under*
 18 *paragraph (1), the Secretary shall submit to Congress*
 19 *a final report that includes—*

20 *(A) an evaluation of the effectiveness of the*
 21 *comprehensive services provided by the Centers*
 22 *established or operated pursuant to this section*
 23 *with respect to health outcomes of the population*
 24 *of individuals with substance use disorder who*
 25 *receive services from the Center, which shall in-*

1 *clude an evaluation of the effectiveness of services*
 2 *for treatment and recovery support and to reduce*
 3 *relapse, recidivism, and overdose; and*

4 *(B) recommendations, as appropriate, re-*
 5 *garding ways to improve Federal programs re-*
 6 *lated to substance use disorders, which may in-*
 7 *clude dissemination of best practices for the*
 8 *treatment of substance use disorders to health*
 9 *care professionals.*

10 **SEC. 1402. PROGRAM TO SUPPORT COORDINATION AND**
 11 **CONTINUATION OF CARE FOR DRUG OVER-**
 12 **DOSE PATIENTS.**

13 *(a) IN GENERAL.—The Secretary shall identify or fa-*
 14 *cilitate the development of best practices for—*

15 *(1) emergency treatment of known or suspected*
 16 *drug overdose;*

17 *(2) the use of recovery coaches, as appropriate,*
 18 *to encourage individuals who experience a non-fatal*
 19 *overdose to seek treatment for substance use disorder*
 20 *and to support coordination and continuation of care;*

21 *(3) coordination and continuation of care and*
 22 *treatment, including, as appropriate, through refer-*
 23 *als, of individuals after an opioid overdose; and*

24 *(4) the provision of overdose reversal medication,*
 25 *as appropriate.*

1 (b) *GRANT ESTABLISHMENT AND PARTICIPATION.*—

2 (1) *IN GENERAL.*—*The Secretary shall award*
3 *grants on a competitive basis to eligible entities to*
4 *support implementation of voluntary programs for*
5 *care and treatment of individuals after an opioid*
6 *overdose, as appropriate, which may include imple-*
7 *mentation of the best practices described in subsection*
8 *(a).*

9 (2) *ELIGIBLE ENTITY.*—*In this section, the term*
10 *“eligible entity” means—*

11 (A) *a State alcohol or drug agency;*

12 (B) *an Indian Tribe or tribal organization;*

13 or

14 (C) *an entity that offers treatment or other*
15 *services for individuals in response to, or fol-*
16 *lowing, drug overdoses or a drug overdose, in*
17 *consultation with a State alcohol and drug agen-*
18 *cy.*

19 (3) *APPLICATION.*—*An eligible entity desiring a*
20 *grant under this section shall submit an application*
21 *to the Secretary, at such time and in such manner as*
22 *the Secretary may require, that includes—*

23 (A) *evidence that such eligible entity carries*
24 *out, or is capable of contracting and coordi-*

1 *nating with other community entities to carry*
 2 *out, the activities described in paragraph (4);*

3 *(B) evidence that such eligible entity will*
 4 *work with a recovery community organization to*
 5 *recruit, train, hire, mentor, and supervise recov-*
 6 *ery coaches and fulfill the requirements described*
 7 *in paragraph (4)(A); and*

8 *(C) such additional information as the Sec-*
 9 *retary may require.*

10 *(4) USE OF GRANT FUNDS.—An eligible entity*
 11 *awarded a grant under this section shall use such*
 12 *grant funds to—*

13 *(A) hire or utilize recovery coaches to help*
 14 *support recovery, including by—*

15 *(i) connecting patients to a continuum*
 16 *of care services, such as—*

17 *(I) treatment and recovery sup-*
 18 *port programs;*

19 *(II) programs that provide non-*
 20 *clinical recovery support services;*

21 *(III) peer support networks;*

22 *(IV) recovery community organi-*
 23 *zations;*

- 1 (V) health care providers, includ-
2 ing physicians and other providers of
3 behavioral health and primary care;
4 (VI) education and training pro-
5 viders;
6 (VII) employers;
7 (VIII) housing services; and
8 (IX) child welfare agencies;
9 (ii) providing education on overdose
10 prevention and overdose reversal to patients
11 and families, as appropriate;
12 (iii) providing follow-up services for
13 patients after an overdose to ensure contin-
14 ued recovery and connection to support
15 services;
16 (iv) collecting and evaluating outcome
17 data for patients receiving recovery coach-
18 ing services; and
19 (v) providing other services the Sec-
20 retary determines necessary to help ensure
21 continued connection with recovery support
22 services, including culturally appropriate
23 services, as applicable;
24 (B) establish policies and procedures, pur-
25 suant to Federal and State law, that address the

1 *provision of overdose reversal medication, the ad-*
2 *ministration of all drugs approved by the Food*
3 *and Drug Administration to treat substance use*
4 *disorder, and subsequent continuation of, or re-*
5 *ferral to, evidence-based treatment for patients*
6 *with a substance use disorder who have experi-*
7 *enced a non-fatal drug overdose, in order to sup-*
8 *port long-term treatment, prevent relapse, and*
9 *reduce recidivism and future overdose; and*

10 *(C) establish integrated models of care for*
11 *individuals who have experienced a non-fatal*
12 *drug overdose which may include patient assess-*
13 *ment, follow up, and transportation to and from*
14 *treatment facilities.*

15 *(5) ADDITIONAL PERMISSIBLE USES.—In addi-*
16 *tion to the uses described in paragraph (4), a grant*
17 *awarded under this section may be used, directly or*
18 *through contractual arrangements, to provide—*

19 *(A) all drugs approved by the Food and*
20 *Drug Administration to treat substance use dis-*
21 *orders, pursuant to Federal and State law;*

22 *(B) withdrawal and detoxification services*
23 *that include patient evaluation, stabilization,*
24 *and preparation for treatment of substance use*

disorder, including treatment described in subparagraph (A), as appropriate; or

(C) mental health services provided by a program counselor, social worker, therapist, or other certified professional who is licensed and qualified by education, training, or experience to assess the psychosocial background of patients, to contribute to the appropriate treatment plan for patients with substance use disorder, and to monitor patient progress.

(6) *PREFERENCE*.—In awarding grants under this section, the Secretary shall give preference to eligible entities that meet any or all of the following criteria:

(A) The eligible entity is a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act (42 U.S.C. 1395x(mm)(1))), a low volume hospital (as defined in section 1886(d)(12)(C)(i) of such Act (42 U.S.C. 1395ww(d)(12)(C)(i))), or a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of such Act (42 U.S.C. 1395ww(d)(5)(D)(iii))).

(B) The eligible entity is located in a State, or under the jurisdiction of an Indian Tribe,

1 *with an age-adjusted rate of drug overdose deaths*
 2 *that is above the national overdose mortality*
 3 *rate, as determined by the Director of the Centers*
 4 *for Disease Control and Prevention.*

5 *(C) The eligible entity demonstrates that re-*
 6 *covery coaches will be placed in both health care*
 7 *settings and community settings.*

8 *(7) PERIOD OF GRANT.—A grant awarded to an*
 9 *eligible entity under this section shall be for a period*
 10 *of not more than 5 years.*

11 *(c) DEFINITIONS.—In this section:*

12 *(1) RECOVERY COACH.—the term “recovery*
 13 *coach” means an individual—*

14 *(A) with knowledge of, or experience with,*
 15 *recovery from a substance use disorder; and*

16 *(B) who has completed training from, and*
 17 *is determined to be in good standing by, a recov-*
 18 *ery services organization capable of conducting*
 19 *such training and making such determination.*

20 *(2) RECOVERY COMMUNITY ORGANIZATION.—The*
 21 *term “recovery community organization” has the*
 22 *meaning given such term in section 547(a) of the*
 23 *Public Health Service Act (42 U.S.C. 290ee–2(a)).*

24 *(3) STATE ALCOHOL AND DRUG AGENCY.—The*
 25 *term “State alcohol and drug agency” means the*

1 *principal agency of a State that is responsible for*
2 *carrying out the block grant for prevention and treat-*
3 *ment of substance abuse under subpart II of part B*
4 *of title XIX of the Public Health Service Act (42*
5 *U.S.C. 300x-21 et seq.)*

6 *(d) REPORTING REQUIREMENTS.—*

7 *(1) REPORTS BY GRANTEES.—Each eligible enti-*
8 *ty awarded a grant under this section shall submit to*
9 *the Secretary an annual report for each year for*
10 *which the entity has received such grant that includes*
11 *information on—*

12 *(A) the number of individuals treated by the*
13 *entity for non-fatal overdoses, including the*
14 *number of non-fatal overdoses where overdose re-*
15 *versal medication was administered;*

16 *(B) the number of individuals administered*
17 *medication-assisted treatment by the entity;*

18 *(C) the number of individuals referred by*
19 *the entity to other treatment facilities after a*
20 *non-fatal overdose, the types of such other facili-*
21 *ties, and the number of such individuals admit-*
22 *ted to such other facilities pursuant to such refer-*
23 *als; and*

24 *(D) the frequency and number of patients*
25 *with reoccurrences, including readmissions for*

1 *non-fatal overdoses and evidence of relapse re-*
 2 *lated to substance use disorder.*

3 (2) *REPORT BY SECRETARY.*—*Not later than 5*
 4 *years after the date of enactment of this Act, the Sec-*
 5 *retary shall submit to Congress a report that includes*
 6 *an evaluation of the effectiveness of the grant program*
 7 *carried out under this section with respect to long*
 8 *term health outcomes of the population of individuals*
 9 *who have experienced a drug overdose, the percentage*
 10 *of patients treated or referred to treatment by grant-*
 11 *ees, and the frequency and number of patients who ex-*
 12 *perienced relapse, were readmitted for treatment, or*
 13 *experienced another overdose.*

14 (e) *PRIVACY.*—*The requirements of this section, includ-*
 15 *ing with respect to data reporting and program oversight,*
 16 *shall be subject to all applicable Federal and State privacy*
 17 *laws.*

18 (f) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
 19 *authorized to be appropriated to carry out this section such*
 20 *sums as may be necessary for each of fiscal years 2019*
 21 *through 2023.*

22 **SEC. 1403. ALTERNATIVES TO OPIOIDS.**

23 (a) *IN GENERAL.*—*The Secretary shall, directly or*
 24 *through grants to, or contracts with, public and private en-*
 25 *tities, provide technical assistance to hospitals and other*

1 *acute care settings on alternatives to opioids for pain man-*
2 *agement. The technical assistance provided shall be for the*
3 *purpose of—*

4 (1) *utilizing information from acute care pro-*
5 *viders including emergency departments and other*
6 *providers that have successfully implemented alter-*
7 *natives to opioids programs, promoting non-addictive*
8 *protocols and medications while appropriately lim-*
9 *iting the use of opioids;*

10 (2) *identifying or facilitating the development of*
11 *best practices on the use of alternatives to opioids,*
12 *which may include pain-management strategies that*
13 *involve non-addictive medical products, non-pharma-*
14 *cologic treatments, and technologies or techniques to*
15 *identify patients at risk for opioid use disorder;*

16 (3) *identifying or facilitating the development of*
17 *best practices on the use of alternatives to opioids that*
18 *target common painful conditions and include certain*
19 *patient populations, such as geriatric patients, preg-*
20 *nant women, and children;*

21 (4) *disseminating information on the use of al-*
22 *ternatives to opioids to providers in acute care set-*
23 *tings, which may include emergency departments,*
24 *outpatient clinics, critical access hospitals, Federally*

1 *qualified health centers, Indian Health Service health*
 2 *facilities, and tribal hospitals; and*

3 *(5) collecting data and reporting on health out-*
 4 *comes associated with the use of alternatives to*
 5 *opioids.*

6 *(b) PAIN MANAGEMENT AND FUNDING.—*

7 *(1) IN GENERAL.—The Secretary shall award*
 8 *grants to hospitals and other acute care settings relat-*
 9 *ing to alternatives to opioids for pain management.*

10 *(2) AUTHORIZATION OF APPROPRIATIONS.—*
 11 *There is authorized to be appropriated \$5,000,000 for*
 12 *each of fiscal years 2019 through 2023 for purposes*
 13 *of carrying out this section.*

14 **SEC. 1404. BUILDING COMMUNITIES OF RECOVERY.**

15 *Section 547 of the Public Health Service Act (42*
 16 *U.S.C. 290ee-2) is amended to read as follows:*

17 **“SEC. 547. BUILDING COMMUNITIES OF RECOVERY.**

18 *“(a) DEFINITION.—In this section, the term ‘recovery*
 19 *community organization’ means an independent nonprofit*
 20 *organization that—*

21 *“(1) mobilizes resources within and outside of*
 22 *the recovery community, which may include through*
 23 *a peer support network, to increase the prevalence*
 24 *and quality of long-term recovery from substance use*
 25 *disorders; and*

1 “(2) is wholly or principally governed by people
2 in recovery for substance use disorders who reflect the
3 community served.

4 “(b) GRANTS AUTHORIZED.—The Secretary shall
5 award grants to recovery community organizations to en-
6 able such organizations to develop, expand, and enhance re-
7 covery services.

8 “(c) FEDERAL SHARE.—The Federal share of the costs
9 of a program funded by a grant under this section may
10 not exceed 85 percent.

11 “(d) USE OF FUNDS.—Grants awarded under sub-
12 section (b)—

13 “(1) shall be used to develop, expand, and en-
14 hance community and statewide recovery support
15 services; and

16 “(2) may be used to—

17 “(A) build connections between recovery net-
18 works, including between recovery community
19 organizations and peer support networks, and
20 with other recovery support services, including—

21 “(i) behavioral health providers;

22 “(ii) primary care providers and phy-
23 sicians;

24 “(iii) educational and vocational
25 schools;

1 “(iv) employers;

2 “(v) housing services;

3 “(vi) child welfare agencies; and

4 “(vii) other recovery support services

5 that facilitate recovery from substance use

6 disorders, including non-clinical commu-

7 nity services;

8 “(B) reduce the stigma associated with sub-

9 stance use disorders; and

10 “(C) conduct outreach on issues relating to

11 substance use disorders and recovery, includ-

12 ing—

13 “(i) identifying the signs of substance

14 use disorder;

15 “(ii) the resources available to individ-

16 uals with substance use disorder and to

17 families of an individual with a substance

18 use disorder, including programs that men-

19 tor and provide support services to children;

20 “(iii) the resources available to help

21 support individuals in recovery; and

22 “(iv) related medical outcomes of sub-

23 stance use disorders, the potential of acquir-

24 ing an infection commonly associated with

25 illicit drug use, and neonatal abstinence

1 *syndrome among infants exposed to opioids*
 2 *during pregnancy.*

3 “(e) *SPECIAL CONSIDERATION.*—*In carrying out this*
 4 *section, the Secretary shall give special consideration to the*
 5 *unique needs of rural areas, including areas with an age-*
 6 *adjusted rate of drug overdose deaths that is above the na-*
 7 *tional average and areas with a shortage of prevention and*
 8 *treatment services.*

9 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
 10 *authorized to be appropriated to carry out this section*
 11 *\$5,000,000 for each of fiscal years 2019 through 2023.”.*

12 **SEC. 1405. PEER SUPPORT TECHNICAL ASSISTANCE CEN-**
 13 **TER.**

14 (a) *ESTABLISHMENT.*—*The Secretary, acting through*
 15 *the Assistant Secretary for Mental Health and Substance*
 16 *Abuse, shall establish or operate a National Peer-Run*
 17 *Training and Technical Assistance Center for Addiction*
 18 *Recovery Support (referred to in this subsection as the*
 19 *“Center”).*

20 (b) *FUNCTIONS.*—*The Center established under sub-*
 21 *section (a) shall provide technical assistance and support*
 22 *to recovery community organizations and peer support net-*
 23 *works, including such assistance and support related to—*

24 (1) *training on identifying—*

25 (A) *signs of substance use disorder;*

1 (B) resources to assist individuals with a
 2 substance use disorder, or resources for families
 3 of an individual with a substance use disorder;
 4 and

5 (C) best practices for the delivery of recov-
 6 ery support services;

7 (2) the provision of translation services, inter-
 8 pretation, or other such services for clients with lim-
 9 ited English speaking proficiency;

10 (3) data collection to support research, including
 11 for translational research;

12 (4) capacity building; and

13 (5) evaluation and improvement, as necessary, of
 14 the effectiveness of such services provided by recovery
 15 community organizations (as defined in section 547
 16 of the Public Health Service Act).

17 (c) *BEST PRACTICES*.—The Center established under
 18 subsection (a) shall periodically issue best practices for use
 19 by recovery community organizations and peer support net-
 20 works.

21 (d) *RECOVERY COMMUNITY ORGANIZATION*.—In this
 22 section, the term “recovery community organization” has
 23 the meaning given such term in section 547 of the Public
 24 Health Service Act.

1 (e) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
 2 *authorized to be appropriated to carry out this section such*
 3 *sums as may be necessary for each of fiscal years 2019*
 4 *through 2023.*

5 **SEC. 1406. MEDICATION-ASSISTED TREATMENT FOR RECOV-**
 6 **ERY FROM ADDICTION.**

7 (a) *WAIVERS FOR MAINTENANCE TREATMENT OR DE-*
 8 *TOXIFICATION.*—*Section 303(g)(2)(G)(ii) of the Controlled*
 9 *Substances Act (21 U.S.C. 823(g)(2)(G)(ii)) is amended by*
 10 *adding at the end the following:*

11 “(VIII) *The physician graduated in good*
 12 *standing from an accredited school of allopathic*
 13 *medicine or osteopathic medicine in the United*
 14 *States during the 5-year period immediately pre-*
 15 *ceding the date on which the physician submits*
 16 *to the Secretary a written notification under*
 17 *subparagraph (B) and successfully completed a*
 18 *comprehensive allopathic or osteopathic medicine*
 19 *curriculum or accredited medical residency*
 20 *that—*

21 “(aa) *included not less than 24 hours*
 22 *of training on treating and managing*
 23 *opioid-dependent patients; and*

24 “(bb) *included, at a minimum—*

1 “(AA) the training described in
 2 items (aa) through (gg) of subclause
 3 (IV); and

4 “(BB) training with respect to
 5 any other best practice the Secretary
 6 determines should be included in the
 7 curriculum, which may include train-
 8 ing on pain management, including
 9 assessment and appropriate use of
 10 opioid and non-opioid alternatives.”.

11 (b) *TREATMENT FOR CHILDREN.*—The Secretary shall
 12 consider ways to ensure that an adequate number of physi-
 13 cians who meet the requirements under the amendment
 14 made by subsection (a) and have a specialty in pediatrics,
 15 or the treatment of children or of adolescents, are granted
 16 a waiver under section 303(g)(2) of the Controlled Sub-
 17 stances Act (21 U.S.C. 823(g)(2)) to treat children and ado-
 18 lescents with substance use disorders.

19 (c) *TECHNICAL AMENDMENT.*—Section 102(24) of the
 20 Controlled Substances Act (21 U.S.C. 802(24)) is amended
 21 by striking “Health, Education, and Welfare” and insert-
 22 ing “Health and Human Services”.

23 **SEC. 1407. GRANT PROGRAM.**

24 (a) *IN GENERAL.*—The Secretary shall establish a
 25 grant program under which the Secretary may make grants

1 *to accredited schools of allopathic medicine or osteopathic*
 2 *medicine and teaching hospitals located in the United*
 3 *States to support the development of curricula that meet*
 4 *the requirements under subclause (VIII) of section*
 5 *303(g)(2)(G)(ii) of the Controlled Substances Act, as added*
 6 *by section 1406(a) of this Act.*

7 (b) *AUTHORIZATION OF APPROPRIATIONS.—There is*
 8 *authorized to be appropriated for grants under subsection*
 9 *(a), \$4,000,000 for each of fiscal years 2019 through 2023.*

10 **SEC. 1408. ALLOWING FOR MORE FLEXIBILITY WITH RE-**
 11 **SPECT TO MEDICATION-ASSISTED TREAT-**
 12 **MENT FOR OPIOID USE DISORDERS.**

13 *Subclause (II) of section 303(g)(2)(B)(iii) of the Con-*
 14 *trolled Substances Act (21 U.S.C. 823(g)(2)(B)(iii)) is*
 15 *amended to read as follows:*

16 “(II) *The applicable number is—*

17 “(aa) *100 if, not sooner than 1 year after*
 18 *the date on which the practitioner submitted the*
 19 *initial notification, the practitioner submits a*
 20 *second notification to the Secretary of the need*
 21 *and intent of the practitioner to treat up to 100*
 22 *patients; or*

23 “(bb) *275 if the practitioner meets the re-*
 24 *quirements specified in section 8.610 of title 42,*

1 *Code of Federal Regulations (or successor regula-*
 2 *tions).”.*

3 **SEC. 1409. NATIONAL RECOVERY HOUSING BEST PRAC-**
 4 **TICES.**

5 (a) *BEST PRACTICES FOR OPERATING RECOVERY*
 6 *HOUSING.—*

7 (1) *IN GENERAL.—The Secretary, in consultation*
 8 *with the individuals and entities described in para-*
 9 *graph (2), shall identify or facilitate the development*
 10 *of best practices, which may include model laws for*
 11 *implementing suggested minimum standards, for op-*
 12 *erating recovery housing.*

13 (2) *CONSULTATION.—In carrying out the activi-*
 14 *ties described in paragraph (1) the Secretary shall*
 15 *consult with, as appropriate—*

16 (A) *relevant divisions of the Department of*
 17 *Health and Human Services, including the Sub-*
 18 *stance Abuse and Mental Health Services Ad-*
 19 *ministration, the Office of Inspector General, the*
 20 *Indian Health Service, and the Centers for Medi-*
 21 *care & Medicaid Services;*

22 (B) *the Secretary of Housing and Urban*
 23 *Development;*

24 (C) *directors or commissioners, as applica-*
 25 *ble, of State health departments, tribal health de-*

1 *partments, State Medicaid programs, and State*
 2 *insurance agencies;*

3 *(D) representatives of health insurance*
 4 *issuers;*

5 *(E) national accrediting entities and rep-*
 6 *utable providers of, and analysts of, recovery*
 7 *housing services, including Indian Tribes, tribal*
 8 *organizations, and tribally designated housing*
 9 *entities that provide recovery housing services, as*
 10 *applicable;*

11 *(F) individuals with a history of substance*
 12 *use disorder; and*

13 *(G) other stakeholders identified by the Sec-*
 14 *retary.*

15 *(b) IDENTIFICATION OF FRAUDULENT RECOVERY*
 16 *HOUSING OPERATORS.—*

17 *(1) IN GENERAL.—The Secretary, in consultation*
 18 *with the individuals and entities described in para-*
 19 *graph (2), shall identify or facilitate the development*
 20 *of common indicators that could be used to identify*
 21 *potentially fraudulent recovery housing operators.*

22 *(2) CONSULTATION.—In carrying out the activi-*
 23 *ties described in paragraph (1), the Secretary shall*
 24 *consult with, as appropriate—*

1 (A) *relevant divisions of the Department of*
2 *Health and Human Services, including the Sub-*
3 *stance Abuse and Mental Health Services Ad-*
4 *ministration, the Office of Inspector General, the*
5 *Indian Health Service, and the Centers for Medi-*
6 *care & Medicaid Services;*

7 (B) *the Attorney General;*

8 (C) *the Secretary of Housing and Urban*
9 *Development;*

10 (D) *directors or commissioners, as applica-*
11 *ble, of State health departments, tribal health de-*
12 *partments, State Medicaid programs, and State*
13 *insurance agencies;*

14 (E) *representatives of health insurance*
15 *issuers;*

16 (F) *national accrediting entities and rep-*
17 *utable providers of, and analysts of, recovery*
18 *housing services, including Indian Tribes, tribal*
19 *organizations, and tribally designated housing*
20 *entities that provide recovery housing services, as*
21 *applicable;*

22 (G) *individuals with a history of substance*
23 *use disorder; and*

24 (H) *other stakeholders identified by the Sec-*
25 *retary.*

1 (3) *REQUIREMENTS.*—

2 (A) *PRACTICES FOR IDENTIFICATION AND*
3 *REPORTING.*—*In carrying out the activities de-*
4 *scribed in this subsection, the Secretary shall*
5 *consider how law enforcement, public and pri-*
6 *vate payers, and the public can best identify and*
7 *report fraudulent recovery housing operators.*

8 (B) *FACTORS TO BE CONSIDERED.*—*In car-*
9 *rying out the activities described in this sub-*
10 *section, the Secretary shall consider identifying*
11 *or developing indicators regarding—*

- 12 (i) *unusual billing practices;*
13 (ii) *average lengths of stays;*
14 (iii) *excessive levels of drug testing (in*
15 *terms of cost or frequency);*
16 (iv) *unusually high levels of recidi-*
17 *vism; and*
18 (v) *any other factors identified by the*
19 *Secretary.*

20 (c) *DISSEMINATION.*—*The Secretary shall, as appro-*
21 *priate, disseminate the best practices identified or developed*
22 *under subsection (a), and the common indicators identified*
23 *or developed under subsection (b), to—*

1 (1) *State agencies, which may include the provi-*
 2 *sion of technical assistance to State agencies seeking*
 3 *to adopt or implement such best practices;*

4 (2) *Indian Tribes, tribal organizations, and trib-*
 5 *ally designated housing entities;*

6 (3) *the Attorney General;*

7 (4) *the Secretary of Labor;*

8 (5) *the Secretary of Housing and Urban Devel-*
 9 *opment;*

10 (6) *State and local law enforcement agencies;*

11 (7) *health insurance issuers;*

12 (8) *recovery housing entities; and*

13 (9) *the public.*

14 (d) *REQUIREMENTS.—In carrying out the activities*
 15 *under subsections (a) and (b), the Secretary, in consultation*
 16 *with appropriate stakeholders as described in each such sub-*
 17 *section, shall consider how recovery housing is able to sup-*
 18 *port recovery and prevent relapse, recidivism, or overdose*
 19 *(including overdose death), including by improving access*
 20 *and adherence to treatment, including medication-assisted*
 21 *treatment.*

22 (e) *RULE OF CONSTRUCTION.—Nothing in this section*
 23 *shall be construed to provide the Secretary with the author-*
 24 *ity to require States to adhere to minimum standards in*
 25 *the State oversight of recovery housing.*

1 (f) *DEFINITIONS.*—*In this section—*

2 (1) *the term “recovery housing” means a shared*
 3 *living environment free from alcohol and illicit drug*
 4 *use and centered on peer support and connection to*
 5 *services that promote sustained recovery from sub-*
 6 *stance use disorders; and*

7 (2) *the term “tribally designated housing entity”*
 8 *has the meaning given such term in section 4 of the*
 9 *Native American Housing Assistance and Self-Deter-*
 10 *mination Act of 1996 (25 U.S.C. 4103).*

11 **SEC. 1410. ADDRESSING ECONOMIC AND WORKFORCE IM-**
 12 **PACTS OF THE OPIOID CRISIS.**

13 (a) *DEFINITIONS.*—*Except as otherwise expressly pro-*
 14 *vided, in this section:*

15 (1) *WIOA DEFINITIONS.*—*The terms “core pro-*
 16 *gram”, “individual with a barrier to employment”,*
 17 *“local area”, “local board”, “one-stop operator”, “out-*
 18 *lying area”, “State”, “State board”, and “supportive*
 19 *services” have the meanings given the terms in section*
 20 *3 of the Workforce Innovation and Opportunity Act*
 21 *(29 U.S.C. 3102).*

22 (2) *EDUCATION PROVIDER.*—*The term “edu-*
 23 *cation provider” means—*

1 (A) *an institution of higher education, as*
 2 *defined in section 101 of the Higher Education*
 3 *Act of 1965 (20 U.S.C. 1001); or*

4 (B) *a postsecondary vocational institution,*
 5 *as defined in section 102(c) of such Act (20*
 6 *U.S.C. 1002(c)).*

7 (3) *ELIGIBLE ENTITY.*—*The term “eligible enti-*
 8 *ty” means—*

9 (A) *a State workforce agency;*

10 (B) *an outlying area; or*

11 (C) *a Tribal entity.*

12 (4) *PARTICIPATING PARTNERSHIP.*—*The term*
 13 *“participating partnership” means a partnership—*

14 (A) *evidenced by a written contract or*
 15 *agreement; and*

16 (B) *including, as members of the partner-*
 17 *ship, a local board receiving a subgrant under*
 18 *subsection (d) and 1 or more of the following:*

19 (i) *The eligible entity.*

20 (ii) *A treatment provider.*

21 (iii) *An employer or industry organi-*
 22 *zation.*

23 (iv) *An education provider.*

24 (v) *A legal service or law enforcement*
 25 *organization.*

1 (vi) *A faith-based or community-based*
 2 *organization.*

3 (vii) *Other State or local agencies, in-*
 4 *cluding counties or local governments.*

5 (viii) *Other organizations, as deter-*
 6 *mined to be necessary by the local board.*

7 (ix) *Indian Tribes or tribal organiza-*
 8 *tions.*

9 (5) *PROGRAM PARTICIPANT.*—*The term “pro-*
 10 *gram participant” means an individual who—*

11 (A) *is a member of a population of workers*
 12 *described in subsection (e)(2) that is served by a*
 13 *participating partnership through the pilot pro-*
 14 *gram under this section; and*

15 (B) *enrolls with the applicable partici-*
 16 *pating partnership to receive any of the services*
 17 *described in subsection (e)(3).*

18 (6) *PROVIDER OF PEER RECOVERY SUPPORT*
 19 *SERVICES.*—*The term “provider of peer recovery sup-*
 20 *port services” means a provider that delivers peer re-*
 21 *covery support services through an organization de-*
 22 *scribed in section 547(a) of the Public Health Service*
 23 *Act (42 U.S.C. 290ee–2(a)).*

24 (7) *SECRETARY.*—*The term “Secretary” means*
 25 *the Secretary of Labor.*

1 (8) *STATE WORKFORCE AGENCY*.—*The term*
 2 *“State workforce agency” means the lead State agency*
 3 *with responsibility for the administration of a pro-*
 4 *gram under chapter 2 or 3 of subtitle B of title I of*
 5 *the Workforce Innovation and Opportunity Act (29*
 6 *U.S.C. 3161 et seq., 3171 et seq.).*

7 (9) *SUBSTANCE USE DISORDER*.—*The term “sub-*
 8 *stance use disorder” has the meaning given such term*
 9 *by the Assistant Secretary for Mental Health and*
 10 *Substance Use.*

11 (10) *TREATMENT PROVIDER*.—*The term “treat-*
 12 *ment provider”—*

13 (A) *means a health care provider that—*

14 (i) *offers services for treating substance*
 15 *use disorders and is licensed in accordance*
 16 *with applicable State law to provide such*
 17 *services; and*

18 (ii) *accepts health insurance for such*
 19 *services, including coverage under title XIX*
 20 *of the Social Security Act (42 U.S.C. 1396*
 21 *et seq.); and*

22 (B) *may include—*

23 (i) *a nonprofit provider of peer recov-*
 24 *ery support services;*

25 (ii) *a community health care provider;*

(iii) a Federally qualified health center
(as defined in section 1861(aa) of the Social
Security Act (42 U.S.C. 1395x));

(iv) an Indian health program (as de-
fined in section 3 of the Indian Health Care
Improvement Act (25 U.S.C. 1603)), includ-
ing an Indian health program that serves
an urban center (as defined in such sec-
tion); and

(v) a Native Hawaiian health center
(as defined in section 12 of the Native Ha-
waiian Health Care Improvement Act (42
U.S.C. 11711)).

(11) TRIBAL ENTITY.—The term “Tribal entity”
includes any Indian Tribe, tribal organization, In-
dian-controlled organization serving Indians, Native
Hawaiian organization, or Alaska Native entity, as
such terms are defined or used in section 166 of the
Workforce Innovation and Opportunity Act (29
U.S.C. 3221).

(b) PILOT PROGRAM AND GRANTS AUTHORIZED.—

(1) IN GENERAL.—The Secretary, in consultation
with the Secretary of Health and Human Services,
shall carry out a pilot program to address economic
and workforce impacts associated with a high rate of

1 *a substance use disorder. In carrying out the pilot*
 2 *program, the Secretary shall make grants, on a com-*
 3 *petitive basis, to eligible entities to enable such enti-*
 4 *ties to make subgrants to local boards to address the*
 5 *economic and workforce impacts associated with a*
 6 *high rate of a substance use disorder.*

7 (2) *GRANT AMOUNTS.—The Secretary shall make*
 8 *each such grant in an amount that is not less than*
 9 *\$500,000, and not more than \$5,000,000, for a fiscal*
 10 *year.*

11 (c) *GRANT APPLICATIONS.—*

12 (1) *IN GENERAL.—An eligible entity applying*
 13 *for a grant under this section shall submit an appli-*
 14 *cation to the Secretary at such time and in such form*
 15 *and manner as the Secretary may reasonably require,*
 16 *including the information described in this sub-*
 17 *section.*

18 (2) *SIGNIFICANT IMPACT ON COMMUNITY BY*
 19 *OPIOID AND SUBSTANCE USE DISORDER-RELATED*
 20 *PROBLEMS.—*

21 (A) *DEMONSTRATION.—An eligible entity*
 22 *shall include in the application—*

23 (i) *information that demonstrates sig-*
 24 *nificant impact on the community by prob-*

1 *lems related to opioid abuse or another sub-*
2 *stance use disorder, by—*

3 *(I) identifying the counties, com-*
4 *munities, regions, or local areas that*
5 *have been significantly impacted and*
6 *will be served through the grant (each*
7 *referred to in this section as a “service*
8 *area”); and*

9 *(II) demonstrating for each such*
10 *service area, an increase equal to or*
11 *greater than the national increase in*
12 *such problems, between—*

13 *(aa) 1999; and*

14 *(bb) 2016 or the latest year*
15 *for which data are available; and*

16 *(ii) a description of how the eligible*
17 *entity will prioritize support for signifi-*
18 *cantly impacted service areas described in*
19 *clause (i)(I).*

20 *(B) INFORMATION.—To meet the require-*
21 *ments described in subparagraph (A)(i)(II), the*
22 *eligible entity may use information including*
23 *data on—*

1 (i) the incidence or prevalence of
2 opioid abuse and other substance use dis-
3 orders;

4 (ii) the age-adjusted rate of drug over-
5 dose deaths, as determined by the Director
6 of the Centers for Disease Control and Pre-
7 vention;

8 (iii) the rate of non-fatal hospitaliza-
9 tions related to opioid abuse or other sub-
10 stance use disorders;

11 (iv) the number of arrests or convic-
12 tions, or a relevant law enforcement sta-
13 tistic, that reasonably shows an increase in
14 opioid abuse or another substance use dis-
15 order; or

16 (v) in the case of an eligible entity de-
17 scribed in subsection (a)(3)(C), other alter-
18 native relevant data as determined appro-
19 priate by the Secretary.

20 (C) *SUPPORT FOR STATE STRATEGY.*—The
21 eligible entity may include in the application in-
22 formation describing how the proposed services
23 and activities are aligned with the State, out-
24 lying area, or Tribal strategy, as applicable, for
25 addressing problems described in subparagraph

1 (A) *in specific service areas or across the State,*
2 *outlying area, or Tribal land.*

3 (3) *ECONOMIC AND EMPLOYMENT CONDITIONS*
4 *DEMONSTRATE ADDITIONAL FEDERAL SUPPORT NEED-*
5 *ED.—*

6 (A) *DEMONSTRATION.—An eligible entity*
7 *shall include in the application information that*
8 *demonstrates that a high rate of a substance use*
9 *disorder has caused, or is coincident to—*

10 (i) *an economic or employment down-*
11 *turn in the service area; or*

12 (ii) *persistent economically depressed*
13 *conditions in such service area.*

14 (B) *INFORMATION.—To meet the require-*
15 *ments of subparagraph (A), an eligible entity*
16 *may use information including—*

17 (i) *documentation of any layoff, an-*
18 *nounced future layoff, legacy industry de-*
19 *cline, decrease in an employment or labor*
20 *market participation rate, or economic im-*
21 *pact, whether or not the result described in*
22 *this clause is overtly related to a high rate*
23 *of a substance use disorder;*

24 (ii) *documentation showing decreased*
25 *economic activity related to, caused by, or*

1 *contributing to a high rate of a substance*
2 *use disorder, including a description of how*
3 *the service area has been impacted, or will*
4 *be impacted, by such a decrease;*

5 *(iii) information on economic indica-*
6 *tors, labor market analyses, information*
7 *from public announcements, and demo-*
8 *graphic and industry data;*

9 *(iv) information on rapid response ac-*
10 *tivities (as defined in section 3 of the Work-*
11 *force Innovation and Opportunity Act (29*
12 *U.S.C. 3102)) that have been or will be con-*
13 *ducted, including demographic data gath-*
14 *ered by employer or worker surveys or*
15 *through other methods;*

16 *(v) data or documentation, beyond an-*
17 *ecdotal evidence, showing that employers*
18 *face challenges filling job vacancies due to a*
19 *lack of skilled workers able to pass a drug*
20 *test; or*

21 *(vi) any additional relevant data or*
22 *information on the economy, workforce, or*
23 *another aspect of the service area to support*
24 *the application.*

1 (d) *SUBGRANT AUTHORIZATION AND APPLICATION*
2 *PROCESS.*—

3 (1) *SUBGRANTS AUTHORIZED.*—

4 (A) *IN GENERAL.*—*An eligible entity receiv-*
5 *ing a grant under subsection (b)—*

6 (i) *may use not more than 5 percent of*
7 *the grant funds for the administrative costs*
8 *of carrying out the grant;*

9 (ii) *in the case of an eligible entity de-*
10 *scribed in subparagraph (A) or (B) of sub-*
11 *section (a)(3), shall use the remaining grant*
12 *funds to make subgrants to local entities in*
13 *the service area to carry out the services*
14 *and activities described in subsection (e);*
15 *and*

16 (iii) *in the case of an eligible entity*
17 *described in subsection (a)(3)(C), shall use*
18 *the remaining grant funds to carry out the*
19 *services and activities described in sub-*
20 *section (e).*

21 (B) *EQUITABLE DISTRIBUTION.*—*In making*
22 *subgrants under this subsection, an eligible enti-*
23 *ty shall ensure, to the extent practicable, the eq-*
24 *uitable distribution of subgrants, based on—*

(i) *geography (such as urban and rural distribution); and*

(ii) *significantly impacted service areas as described in subsection (c)(2).*

(C) *TIMING OF SUBGRANT FUNDS DISTRIBUTION.—An eligible entity making subgrants under this subsection shall disburse subgrant funds to a local board receiving a subgrant from the eligible entity by the later of—*

(i) *the date that is 90 days after the date on which the Secretary makes the funds available to the eligible entity; or*

(ii) *the date that is 15 days after the date that the eligible entity makes the subgrant under subparagraph (A)(ii).*

(2) *SUBGRANT APPLICATION.—*

(A) *IN GENERAL.—A local board desiring to receive a subgrant under this subsection from an eligible entity shall submit an application at such time and in such manner as the eligible entity may reasonably require, including the information described in this paragraph.*

(B) *CONTENTS.—Each application described in subparagraph (A) shall include—*

1 *(i) an analysis of the estimated per-*
2 *formance of the local board in carrying out*
3 *the proposed services and activities under*
4 *the subgrant—*

5 *(I) based on—*

6 *(aa) primary indicators of*
7 *performance described in section*
8 *116(c)(1)(A)(i) of the Workforce*
9 *Innovation and Opportunity Act*
10 *(29 U.S.C. 3141(c)(1)(A)(i), to as-*
11 *sess estimated effectiveness of the*
12 *proposed services and activities,*
13 *including the estimated number of*
14 *individuals with a substance use*
15 *disorder who may be served by the*
16 *proposed services and activities;*

17 *(bb) the record of the local*
18 *board in serving individuals with*
19 *a barrier to employment; and*

20 *(cc) the ability of the local*
21 *board to establish a participating*
22 *partnership; and*

23 *(II) which may include or uti-*
24 *lize—*

1 (aa) data from the National
2 Center for Health Statistics of the
3 Centers for Disease Control and
4 Prevention;

5 (bb) data from the Center for
6 Behavioral Health Statistics and
7 Quality of the Substance Abuse
8 and Mental Health Services Ad-
9 ministration;

10 (cc) State vital statistics;

11 (dd) municipal police de-
12 partment records;

13 (ee) reports from local coro-
14 ners; or

15 (ff) other relevant data; and

16 (ii) in the case of a local board pro-
17 posing to serve a population described in
18 subsection (e)(2)(B), a demonstration of the
19 workforce shortage in the professional area
20 to be addressed under the subgrant (which
21 may include substance use disorder treat-
22 ment and related services, non-addictive
23 pain therapy and pain management serv-
24 ices, mental health care treatment services,
25 emergency response services, or mental

health care), which shall include information that can demonstrate such a shortage, such as—

(I) the distance between—

(aa) communities affected by opioid abuse or another substance use disorder; and

(bb) facilities or professionals offering services in the professional area; or

(II) the maximum capacity of facilities or professionals to serve individuals in an affected community, or increases in arrests related to opioid or another substance use disorder, overdose deaths, or nonfatal overdose emergencies in the community.

(e) *SUBGRANT SERVICES AND ACTIVITIES.*—

(1) *IN GENERAL.*—Each local board that receives a subgrant under subsection (d) shall carry out the services and activities described in this subsection through a participating partnership.

(2) *SELECTION OF POPULATION TO BE SERVED.*—A participating partnership shall elect to

1 *provide services and activities under the subgrant to*
2 *one or both of the following populations of workers:*

3 *(A) Workers, including dislocated workers,*
4 *individuals with barriers to employment, new*
5 *entrants in the workforce, or incumbent workers*
6 *(employed or underemployed), each of whom—*

7 *(i) is directly or indirectly affected by*
8 *a high rate of a substance use disorder; and*

9 *(ii) voluntarily confirms that the work-*
10 *er, or a friend or family member of the*
11 *worker, has a history of opioid abuse or an-*
12 *other substance use disorder.*

13 *(B) Workers, including dislocated workers,*
14 *individuals with barriers to employment, new*
15 *entrants in the workforce, or incumbent workers*
16 *(employed or underemployed), who—*

17 *(i) seek to transition to professions that*
18 *support individuals with a substance use*
19 *disorder or at risk for developing such dis-*
20 *order, such as professions that provide—*

21 *(I) substance use disorder treat-*
22 *ment and related services;*

23 *(II) services offered through pro-*
24 *viders of peer recovery support services;*

1 (III) *non-addictive pain therapy*
2 *and pain management services;*

3 (IV) *emergency response services;*
4 *or*

5 (V) *mental health care; and*
6 (ii) *need new or upgraded skills to bet-*
7 *ter serve such a population of struggling or*
8 *at-risk individuals.*

9 (3) *SERVICES AND ACTIVITIES.—Each partici-*
10 *pating partnership shall use funds available through*
11 *a subgrant under this subsection to carry out 1 or*
12 *more of the following:*

13 (A) *ENGAGING EMPLOYERS.—Engaging*
14 *with employers to—*

15 (i) *learn about the skill and hiring re-*
16 *quirements of employers;*

17 (ii) *learn about the support needed by*
18 *employers to hire and retain program par-*
19 *ticipants, and other individuals with a sub-*
20 *stance use disorder, and the support needed*
21 *by such employers to obtain their commit-*
22 *ment to testing creative solutions to employ-*
23 *ing program participants and such individ-*
24 *uals;*

1 (iii) connect employers and workers to
2 on-the-job or customized training programs
3 before or after layoff to help facilitate reem-
4 ployment;

5 (iv) connect employers with an edu-
6 cation provider to develop classroom in-
7 struction to complement on-the-job learning
8 for program participants and such individ-
9 uals;

10 (v) help employers develop the cur-
11 riculum design of a work-based learning
12 program for program participants and such
13 individuals;

14 (vi) help employers employ program
15 participants or such individuals engaging
16 in a work-based learning program for a
17 transitional period before hiring such a pro-
18 gram participant or individual for full-time
19 employment of not less than 30 hours a
20 week; or

21 (vii) connect employers to program
22 participants receiving concurrent outpatient
23 treatment and job training services.

24 (B) SCREENING SERVICES.—Providing
25 screening services, which may include—

1 (i) *using an evidence-based screening*
2 *method to screen each individual seeking*
3 *participation in the pilot program to deter-*
4 *mine whether the individual has a sub-*
5 *stance use disorder;*

6 (ii) *conducting an assessment of each*
7 *such individual to determine the services*
8 *needed for such individual to obtain or re-*
9 *tain employment, including an assessment*
10 *of strengths and general work readiness; or*

11 (iii) *accepting walk-ins or referrals*
12 *from employers, labor organizations, or*
13 *other entities recommending individuals to*
14 *participate in such program.*

15 (C) *INDIVIDUAL TREATMENT AND EMPLOY-*
16 *MENT PLAN.—Developing an individual treat-*
17 *ment and employment plan for each program*
18 *participant—*

19 (i) *in coordination, as appropriate,*
20 *with other programs serving the participant*
21 *such as the core programs within the work-*
22 *force development system under the Work-*
23 *force Innovation and Opportunity Act (29*
24 *U.S.C. 3101 et seq.); and*

1 (ii) which shall include providing a
2 case manager to work with each participant
3 to develop the plan, which may include—

4 (I) identifying employment and
5 career goals;

6 (II) exploring career pathways
7 that lead to in-demand industries and
8 sectors, as determined by the State
9 board and the head of the State work-
10 force agency or, as applicable, the
11 Tribal entity;

12 (III) setting appropriate achieve-
13 ment objectives to attain the employ-
14 ment and career goals identified under
15 subclause (I); or

16 (IV) developing the appropriate
17 combination of services to enable the
18 participant to achieve the employment
19 and career goals identified under sub-
20 clause (I).

21 (D) *OUTPATIENT TREATMENT AND RECOV-*
22 *ERY CARE.*—In the case of a participating part-
23 nership serving program participants described
24 in paragraph (2)(A) with a substance use dis-
25 order, providing individualized and group out-

1 *patient treatment and recovery services for such*
2 *program participants that are offered during the*
3 *day and evening, and on weekends. Such treat-*
4 *ment and recovery services—*

5 *(i) shall be based on a model that uti-*
6 *lizes combined behavioral interventions and*
7 *other evidence-based or evidence-informed*
8 *interventions; and*

9 *(ii) may include additional services*
10 *such as—*

11 *(I) health, mental health, addic-*
12 *tion, or other forms of outpatient treat-*
13 *ment that may impact a substance use*
14 *disorder and co-occurring conditions;*

15 *(II) drug testing for a current*
16 *substance use disorder prior to enroll-*
17 *ment in career or training services or*
18 *prior to employment;*

19 *(III) linkages to community serv-*
20 *ices, including services offered by part-*
21 *ner organizations designed to support*
22 *program participants; or*

23 *(IV) referrals to health care, in-*
24 *cluding referrals to substance use dis-*

1 *order treatment and mental health*
2 *services.*

3 (E) *SUPPORTIVE SERVICES.—Providing*
4 *supportive services, which shall include services*
5 *such as—*

6 (i) *coordinated wraparound services to*
7 *provide maximum support for program*
8 *participants to assist the program partici-*
9 *pants in maintaining employment and re-*
10 *covery for not less than 12 months, as ap-*
11 *propriate;*

12 (ii) *assistance in establishing eligi-*
13 *bility for assistance under Federal, State,*
14 *Tribal, and local programs providing health*
15 *services, mental health services, vocational*
16 *services, housing services, transportation*
17 *services, social services, or services through*
18 *early childhood education programs (as de-*
19 *fin ed in section 103 of the Higher Edu-*
20 *cation Act of 1965 (20 U.S.C. 1003));*

21 (iii) *services offered through providers*
22 *of peer recovery support services;*

23 (iv) *networking and mentorship oppor-*
24 *tunities; or*

1 (v) any supportive services determined
2 necessary by the local board.

3 (F) CAREER AND JOB TRAINING SERV-
4 ICES.—Offering career services and training
5 services, and related services, concurrently or se-
6 quentially with the services provided under sub-
7 paragraphs (B) through (E). Such services shall
8 include the following:

9 (i) Services provided to program par-
10 ticipants who are in a pre-employment
11 stage of the program, which may include—

12 (I) initial education and skills as-
13 sessments;

14 (II) traditional classroom train-
15 ing funded through individual training
16 accounts under chapter 3 of subtitle B
17 of title I of the Workforce Innovation
18 and Opportunity Act (29 U.S.C. 3171
19 et seq.);

20 (III) services to promote employ-
21 ability skills such as punctuality, per-
22 sonal maintenance skills, and profes-
23 sional conduct;

24 (IV) in-depth interviewing and
25 evaluation to identify employment bar-

1 *riers and to develop individual em-*
2 *ployment plans;*

3 *(V) career planning that in-*
4 *cludes—*

5 *(aa) career pathways leading*
6 *to in-demand, high-wage jobs; and*

7 *(bb) job coaching, job match-*
8 *ing, and job placement services;*

9 *(VI) provision of payments and*
10 *fees for employment and training-re-*
11 *lated applications, tests, and certifi-*
12 *cations; or*

13 *(VII) any other appropriate ca-*
14 *reer service or training service de-*
15 *scribed in section 134(c) of the Work-*
16 *force Innovation and Opportunity Act*
17 *(29 U.S.C. 3174(c)).*

18 *(ii) Services provided to program par-*
19 *ticipants during their first 6 months of em-*
20 *ployment to ensure job retention, which*
21 *may include—*

22 *(I) case management and support*
23 *services, including a continuation of*
24 *the services described in clause (i);*

1 (II) a continuation of skills train-
2 ing, and career and technical edu-
3 cation, described in clause (i) that is
4 conducted in collaboration with the
5 employers of such participants;

6 (III) mentorship services and job
7 retention support for such partici-
8 pants; or

9 (IV) targeted training for man-
10 agers and workers working with such
11 participants (such as mentors), and
12 human resource representatives in the
13 business in which such participants
14 are employed.

15 (iii) Services to assist program partici-
16 pants in maintaining employment for not
17 less than 12 months, as appropriate.

18 (G) *PROVEN AND PROMISING PRACTICES.*—
19 Leading efforts in the service area to identify
20 and promote proven and promising strategies
21 and initiatives for meeting the needs of employ-
22 ers and program participants.

23 (4) *LIMITATIONS.*—A participating partnership
24 may not use—

1 (A) more than 10 percent of the funds re-
 2 ceived under a subgrant under subsection (d) for
 3 the administrative costs of the partnership;

4 (B) more than 10 percent of the funds re-
 5 ceived under such subgrant for the provision of
 6 treatment and recovery services, as described in
 7 paragraph (3)(D); and

8 (C) more than 10 percent of the funds re-
 9 ceived under such subgrant for the provision of
 10 supportive services described in paragraph
 11 (3)(E) to program participants.

12 (f) *PERFORMANCE ACCOUNTABILITY.*—

13 (1) *REPORTS.*—The Secretary shall establish
 14 quarterly reporting requirements for recipients of
 15 grants and subgrants under this section that, to the
 16 extent practicable, are based on the performance ac-
 17 countability system under section 116 of the Work-
 18 force Innovation and Opportunity Act (29 U.S.C.
 19 3141) and, in the case of a grant awarded to an eligi-
 20 ble entity described in subsection (a)(3)(C), section
 21 166(h) of such Act (29 U.S.C. 3221(h)), including the
 22 indicators described in subsection (c)(1)(A)(i) of such
 23 section 116 and the requirements for local area per-
 24 formance reports under subsection (d) of such section
 25 116.

1 (2) *EVALUATIONS.*—

2 (A) *AUTHORITY TO ENTER INTO AGREE-*
 3 *MENTS.*—*The Secretary shall ensure that an*
 4 *independent evaluation is conducted on the pilot*
 5 *program carried out under this section to deter-*
 6 *mine the impact of the program on employment*
 7 *of individuals with substance use disorders. The*
 8 *Secretary shall enter into an agreement with eli-*
 9 *gible entities receiving grants under this section*
 10 *to pay for all or part of such evaluation.*

11 (B) *METHODOLOGIES TO BE USED.*—*The*
 12 *independent evaluation required under this*
 13 *paragraph shall use experimental designs using*
 14 *random assignment or, when random assignment*
 15 *is not feasible, other reliable, evidence-based re-*
 16 *search methodologies that allow for the strongest*
 17 *possible causal inferences.*

18 (g) *FUNDING.*—

19 (1) *COVERED FISCAL YEAR.*—*In this subsection,*
 20 *the term “covered fiscal year” means any of fiscal*
 21 *years 2018 through 2023.*

22 (2) *USING FUNDING FOR NATIONAL DISLOCATED*
 23 *WORKER GRANTS.*—*Subject to paragraph (4) and not-*
 24 *withstanding section 132(a)(2)(A) and subtitle D of*
 25 *the Workforce Innovation and Opportunity Act (29*

1 *U.S.C. 3172(a)(2)(A), 3221 et seq.), the Secretary*
 2 *may use, to carry out the pilot program under this*
 3 *section for a covered fiscal year—*

4 *(A) funds made available to carry out sec-*
 5 *tion 170 of such Act (29 U.S.C. 3225) for that*
 6 *fiscal year;*

7 *(B) funds made available to carry out sec-*
 8 *tion 170 of such Act that remain available for*
 9 *that fiscal year; and*

10 *(C) funds that remain available under sec-*
 11 *tion 172(f) of such Act (29 U.S.C. 3227(f)).*

12 *(3) AVAILABILITY OF FUNDS.—Funds appro-*
 13 *priated under section 136(c) of such Act (29 U.S.C.*
 14 *3181(c)) and made available to carry out section 170*
 15 *of such Act for a fiscal year shall remain available*
 16 *for use under paragraph (2) for a subsequent fiscal*
 17 *year until expended.*

18 *(4) LIMITATION.—The Secretary may not use*
 19 *more than \$100,000,000 of the funds described in*
 20 *paragraph (2) for any covered fiscal year under this*
 21 *section.*

22 **SEC. 1411. CAREER ACT.**

23 *(a) IN GENERAL.—The Secretary, in consultation with*
 24 *the Secretary of Labor, shall continue or establish a pro-*
 25 *gram to support individuals in recovery from a substance*

1 *use disorder transition to independent living and the work-*
2 *force.*

3 (b) *GRANTS AUTHORIZED.*—*In carrying out the ac-*
4 *tivities under this section, the Secretary shall, on a competi-*
5 *tive basis, award grants for a period of not more than 5*
6 *years to entities to enable such entities to carry out evi-*
7 *dence-based programs to help individuals in recovery from*
8 *a substance use disorder transition from treatment to inde-*
9 *pendent living and the workforce. Such entities shall coordi-*
10 *nate, as applicable, with Indian tribes or tribal organiza-*
11 *tions (as applicable), State boards and local boards (as de-*
12 *finied in section 3 of the Workforce Innovation and Oppor-*
13 *tunity Act (29 U.S.C. 3102), lead State agencies with re-*
14 *sponsibility for a workforce investment activity (as defined*
15 *in such section 3), and State agencies responsible for car-*
16 *rying out substance use disorder prevention and treatment*
17 *programs.*

18 (c) *PRIORITY.*—*In awarding grants under this section,*
19 *the Secretary shall give priority to entities located in a*
20 *State with—*

21 (1) *an age-adjusted rate of drug overdose deaths*
22 *that is above the national overdose mortality rate, as*
23 *determined by the Director of the Centers for Disease*
24 *Control and Prevention;*

1 (2) *a rate of unemployment, based on data pro-*
2 *vided by the Bureau of Labor Statistics for calendar*
3 *years 2013 through 2017, that is above the national*
4 *average; and*

5 (3) *a rate of labor force participation, based on*
6 *data provided by the Bureau of Labor Statistics for*
7 *calendar years 2013 through 2017, that is below the*
8 *national average.*

9 (d) *PREFERENCE.—In awarding grants under this*
10 *section, the Secretary shall, as appropriate, give preference*
11 *to entities located in an area with an age-adjusted rate of*
12 *drug overdose deaths that is above the national overdose*
13 *mortality rate.*

14 (e) *APPLICATIONS.—An eligible entity shall submit an*
15 *application at such time and in such manner as the Sec-*
16 *retary may require. In submitting an application, the enti-*
17 *ty shall demonstrate the ability to partner with local stake-*
18 *holders, which may include local employers, community*
19 *stakeholders, the local workforce development board, and*
20 *local and State governments, to—*

21 (1) *identify gaps in the workforce due to the*
22 *prevalence of substance use disorders;*

23 (2) *in coordination with statewide employment*
24 *and training activities, including coordination and*
25 *alignment of activities carried out by entities pro-*

1 *vided grant funds under section 1410, help individ-*
 2 *uals in recovery from a substance use disorder transi-*
 3 *tion into the workforce, including by providing career*
 4 *services, training services as described in paragraph*
 5 *(2) of section 134(c) of the Workforce Innovation and*
 6 *Opportunity Act (29 U.S.C. 3174(c)), and related*
 7 *services described in section 134(a)(3) of such Act (42*
 8 *U.S.C. 3174(a)); and*

9 *(3) assist employers with informing their em-*
 10 *ployees of the resources, such as resources related to*
 11 *substance use disorders that are available to their em-*
 12 *ployees.*

13 *(f) USE OF FUNDS.—An entity receiving a grant*
 14 *under this section shall use the funds to conduct one or more*
 15 *of the following activities:*

16 *(1) Hire case managers, care coordinators, pro-*
 17 *viders of peer recovery support services, as described*
 18 *in section 547(a) of the Public Health Service Act (42*
 19 *U.S.C. 290ee–2(a)), or other professionals, as appro-*
 20 *priate, to provide services that support treatment, re-*
 21 *covery, and rehabilitation, and prevent relapse, re-*
 22 *cidivism, and overdose, including by encouraging—*

23 *(A) the development of daily living skills;*

24 *and*

1 (B) the use of counseling, care coordination,
2 and other services, as appropriate, to support re-
3 covery from substance use disorders.

4 (2) Implement or utilize innovative technologies,
5 which may include the use of telemedicine.

6 (3) In coordination with the lead State agency
7 with responsibility for a workforce investment activ-
8 ity or local board described in subsection (b), pro-
9 vide—

10 (A) short-term prevocational training serv-
11 ices; and

12 (B) training services that are directly
13 linked to the employment opportunities in the
14 local area or the planning region.

15 (g) *SUPPORT FOR STATE STRATEGY.*—An eligible enti-
16 ty shall include in its application under subsection (e) in-
17 formation describing how the services and activities pro-
18 posed in such application are aligned with the State, out-
19 lying area, or Tribal strategy, as applicable, for addressing
20 issues described in such application and how such entity
21 will coordinate with existing systems to deliver services as
22 described in such application.

23 (h) *AUTHORIZATION OF APPROPRIATIONS.*—There is
24 authorized to be appropriated such sums as may be nec-

1 *essary for each of fiscal years 2019 through 2023 for pur-*
 2 *poses of carrying out this section.*

3 **SEC. 1412. PILOT PROGRAM TO HELP INDIVIDUALS IN RE-**
 4 **COVERY FROM A SUBSTANCE USE DISORDER**
 5 **BECOME STABLY HOUSED.**

6 (a) *AUTHORIZATION OF APPROPRIATIONS.—There is*
 7 *authorized to be appropriated under this section such sums*
 8 *as may be necessary for each of fiscal years 2019 through*
 9 *2023 for assistance to States to provide individuals in re-*
 10 *covery from a substance use disorder stable, temporary*
 11 *housing for a period of not more than 2 years or until the*
 12 *individual secures permanent housing, whichever is earlier.*

13 (b) *ALLOCATION OF APPROPRIATED AMOUNTS.—*

14 (1) *IN GENERAL.—The amounts appropriated or*
 15 *otherwise made available to States under this section*
 16 *shall be allocated based on a funding formula estab-*
 17 *lished by the Secretary of Housing and Urban Devel-*
 18 *opment (referred to in this section as the “Secretary”)*
 19 *not later than 60 days after the date of enactment of*
 20 *this Act.*

21 (2) *CRITERIA.—The funding formula required*
 22 *under paragraph (1) shall ensure that any amounts*
 23 *appropriated or otherwise made available under this*
 24 *section are allocated to States with an age-adjusted*
 25 *rate of drug overdose deaths that is above the national*

1 *overdose mortality rate, according to the Centers for*
 2 *Disease Control and Prevention. Among such States,*
 3 *priority shall be given to States with the greatest*
 4 *need, as such need is determined by the Secretary*
 5 *based on—*

6 *(A) the highest average rates of unemploy-*
 7 *ment based on data provided by the Bureau of*
 8 *Labor Statistics for calendar years 2013 through*
 9 *2017;*

10 *(B) the lowest average labor force participa-*
 11 *tion rates based on data provided by the Bureau*
 12 *of Labor Statistics for calendar years 2013*
 13 *through 2017; and*

14 *(C) the highest prevalence of opioid use dis-*
 15 *order based on data provided by the Substance*
 16 *Abuse and Mental Health Services Administra-*
 17 *tion for calendar years 2013 through 2017.*

18 *(3) DISTRIBUTION.—Amounts appropriated or*
 19 *otherwise made available under this section shall be*
 20 *distributed according to the funding formula estab-*
 21 *lished by the Secretary under paragraph (1) not later*
 22 *than 30 days after the establishment of such formula.*

23 *(c) USE OF FUNDS.—*

24 *(1) IN GENERAL.—Any State that receives*
 25 *amounts pursuant to this section shall expend at least*

1 30 percent of such funds within one year of the date
 2 funds become available to the grantee for obligation.

3 (2) *PRIORITY.*—Any State that receives amounts
 4 pursuant to this section shall distribute such amounts
 5 giving priority to entities with the greatest need and
 6 ability to deliver effective assistance in a timely man-
 7 ner.

8 (3) *ADMINISTRATIVE COSTS.*—Any State that re-
 9 ceives amounts pursuant to this section may use up
 10 to 5 percent of any grant for administrative costs.

11 (d) *RULES OF CONSTRUCTION.*—

12 (1) *IN GENERAL.*—Except as otherwise provided
 13 by this section, amounts appropriated, or amounts
 14 otherwise made available to States under this section
 15 shall be treated as though such funds were community
 16 development block grant funds under title I of the
 17 Housing and Community Development Act of 1974
 18 (42 U.S.C. 5301 et seq.).

19 (2) *NO MATCH.*—No matching funds shall be re-
 20 quired in order for a State to receive any amounts
 21 under this section.

22 (e) *AUTHORITY TO WAIVE OR SPECIFY ALTERNATIVE*
 23 *REQUIREMENTS.*—

24 (1) *IN GENERAL.*—In administering any
 25 amounts appropriated or otherwise made available

1 *under this section, the Secretary may waive or specify*
2 *alternative requirements for any provision of any*
3 *statute or regulation in connection with the obligation*
4 *by the Secretary or the use of funds except for require-*
5 *ments related to fair housing, nondiscrimination,*
6 *labor standards, and the environment, upon a finding*
7 *that such a waiver is necessary to expedite or facili-*
8 *tate the use of such funds.*

9 (2) *NOTICE.—The Secretary shall provide writ-*
10 *ten notice of its intent to exercise the authority to*
11 *specify alternative requirements under paragraph (1)*
12 *to the Committee on Banking, Housing, and Urban*
13 *Affairs of the Senate and the Committee on Financial*
14 *Services of the House of Representatives not later*
15 *than 5 business days before such exercise of authority*
16 *occurs.*

17 (f) *TECHNICAL ASSISTANCE.—For the 2-year period*
18 *following the date of enactment of this Act, the Secretary*
19 *may use not more than 2 percent of the funds made avail-*
20 *able under this section for technical assistance to grantees.*

21 (g) *STATE.—For purposes of this section the term*
22 *“State” includes any State as defined in section 102 of the*
23 *Housing and Community Development Act of 1974 (42*
24 *U.S.C. 5302) and the District of Columbia.*

1 **SEC. 1413. YOUTH PREVENTION AND RECOVERY.**

2 (a) *SUBSTANCE ABUSE TREATMENT SERVICES FOR*
 3 *CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.*—Section
 4 *514 of the Public Health Service Act (42 U.S.C. 290bb–*
 5 *7) is amended—*

6 (1) *in the section heading, by striking “CHIL-*
 7 *DREN AND ADOLESCENTS” and inserting “CHIL-*
 8 *DREN, ADOLESCENTS, AND YOUNG ADULTS”;*

9 (2) *in subsection (a)(2), by striking “children,*
 10 *including” and inserting “children, adolescents, and*
 11 *young adults, including”;* and

12 (3) *by striking “children and adolescents” each*
 13 *place it appears and inserting “children, adolescents,*
 14 *and young adults”.*

15 (b) *RESOURCE CENTER.*—*The Secretary, acting*
 16 *through the Assistant Secretary for Mental Health and Sub-*
 17 *stance Use and, as appropriate, in consultation with the*
 18 *Secretary of Education and other agencies, shall establish*
 19 *a resource center to provide technical support to recipients*
 20 *of grants under subsection (c).*

21 (c) *YOUTH PREVENTION AND RECOVERY INITIATIVE.*—

22 (1) *IN GENERAL.*—*The Secretary, in consultation*
 23 *with the Secretary of Education, shall administer a*
 24 *program to provide support for communities to sup-*
 25 *port the prevention of, treatment of, and recovery*

1 *from, substance use disorders for children, adolescents,*
2 *and young adults.*

3 (2) *DEFINITIONS.—In this subsection:*

4 (A) *ELIGIBLE ENTITY.—The term “eligible*
5 *entity” means—*

6 (i) *a local educational agency that is*
7 *seeking to establish or expand substance use*
8 *prevention or recovery support services at*
9 *one or more high schools;*

10 (ii) *a State educational agency;*

11 (iii) *an institution of higher education*
12 *(or consortia of such institutions), which*
13 *may include a recovery program at an in-*
14 *stitution of higher education;*

15 (iv) *a local board or one-stop operator;*

16 (v) *a nonprofit organization with ap-*
17 *propriate expertise in providing services or*
18 *programs for children, adolescents, or young*
19 *adults, excluding a school;*

20 (vi) *a State, political subdivision of a*
21 *State, Indian Tribe, or tribal organization;*
22 *or*

23 (vii) *a high school or dormitory serv-*
24 *ing high school students that receives fund-*
25 *ing from the Bureau of Indian Education.*

1 (B) *EVIDENCE-BASED.*—The term “evi-
2 dence-based” has the meaning given such term in
3 section 8101 of the *Elementary and Secondary*
4 *Education Act* (20 U.S.C. 7801).

5 (C) *FOSTER CARE.*—The term “foster care”
6 has the meaning given such term in section
7 1355.20(a) of title 45, *Code of Federal Regula-*
8 *tions* (or any successor regulations).

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

13 (E) *HOMELESS YOUTH.*—The term “home-
14 less youth” has the meaning given the term
15 “homeless children or youths” in section 725 of
16 the *McKinney-Vento Homeless Assistance Act* (42
17 U.S.C. 11434a);

18 (F) *INSTITUTION OF HIGHER EDUCATION.*—
19 The term “institution of higher education” has
20 the meaning given such term in section 101 of
21 the *Higher Education Act of 1965* (20 U.S.C.
22 1001) and includes a “postsecondary vocational
23 institution” as defined in section 102(c) of such
24 *Act* (20 U.S.C. 1002(c)).

1 (G) *LOCAL EDUCATIONAL AGENCY.*—*The*
 2 *term “local educational agency” has the meaning*
 3 *given the term in section 8101 of the Elementary*
 4 *and Secondary Education Act of 1965 (20*
 5 *U.S.C. 7801).*

6 (H) *LOCAL BOARD; ONE-STOP OPERATOR.*—
 7 *The terms “local board” and “one-stop operator”*
 8 *have the meanings given such terms in section 3*
 9 *of the Workforce Innovation and Opportunity*
 10 *Act (29 U.S.C. 3102).*

11 (I) *OUT OF SCHOOL YOUTH.*—*The term*
 12 *“out-of-school youth” has the meaning given such*
 13 *term in section 129(a)(1)(B) of the Workforce In-*
 14 *novation and Opportunity Act (29 U.S.C.*
 15 *3164(a)(1)(B)).*

16 (J) *RECOVERY PROGRAM.*—*The term “recov-*
 17 *ery program” means a program—*

18 (i) *to help children, adolescents, or*
 19 *young adults who are recovering from sub-*
 20 *stance use disorders to initiate, stabilize,*
 21 *and maintain healthy and productive lives*
 22 *in the community; and*

23 (ii) *that includes peer-to-peer support*
 24 *delivered by individuals with lived experi-*
 25 *ence in recovery, and communal activities*

1 to build recovery skills and supportive so-
2 cial networks.

3 (K) STATE EDUCATIONAL AGENCY.—The
4 term “State educational agency” has the mean-
5 ing given the term in section 8101 of the Ele-
6 mentary and Secondary Education Act (20
7 U.S.C. 7801).

8 (3) BEST PRACTICES.—The Secretary, in con-
9 sultation with the Secretary of Education, shall—

10 (A) identify or facilitate the development of
11 evidence-based best practices for prevention of
12 substance misuse and abuse by children, adoles-
13 cents, and young adults, including for specific
14 populations such as youth in foster care, home-
15 less youth, out-of-school youth, and youth who
16 are at risk of or have experienced trafficking that
17 address—

18 (i) primary prevention;

19 (ii) appropriate recovery support serv-
20 ices;

21 (iii) appropriate use of medication-as-
22 sisted treatment for such individuals, if ap-
23 plicable, and ways of overcoming barriers to
24 the use of medication-assisted treatment in
25 such population; and

1 (iv) *efficient and effective communica-*
 2 *tion, which may include the use of social*
 3 *media, to maximize outreach efforts;*

4 (B) *disseminate such best practices to State*
 5 *educational agencies, local educational agencies,*
 6 *schools and dormitories funded by the Bureau of*
 7 *Indian Education, institutions of higher edu-*
 8 *cation, recovery programs at institutions of high-*
 9 *er education, local boards, one-stop operators,*
 10 *family and youth homeless providers, and non-*
 11 *profit organizations, as appropriate;*

12 (C) *conduct a rigorous evaluation of each*
 13 *grant funded under this subsection, particularly*
 14 *its impact on the indicators described in para-*
 15 *graph (8)(B); and*

16 (D) *provide technical assistance for grantees*
 17 *under this subsection.*

18 (4) *GRANTS AUTHORIZED.—The Secretary, in*
 19 *consultation with the Secretary of Education, shall*
 20 *award 3-year grants, on a competitive basis, to eligi-*
 21 *ble entities to enable such entities, in coordination*
 22 *with Indian Tribes, if applicable, and State agencies*
 23 *responsible for carrying out substance use disorder*
 24 *prevention and treatment programs, to carry out evi-*
 25 *dence-based programs for—*

1 (A) *prevention of substance misuse and*
 2 *abuse by children, adolescents, and young adults,*
 3 *which may include primary prevention;*

4 (B) *recovery support services for children,*
 5 *adolescents, and young adults, which may in-*
 6 *clude counseling, job training, linkages to com-*
 7 *munity-based services, family support groups,*
 8 *peer mentoring, and recovery coaching; or*

9 (C) *treatment or referrals for treatment of*
 10 *substance use disorders, which may include the*
 11 *use of medication-assisted treatment, as appro-*
 12 *priate.*

13 (5) *SPECIAL CONSIDERATION.—In awarding*
 14 *grants under this subsection, the Secretary shall give*
 15 *special consideration to the unique needs of tribal,*
 16 *urban, suburban, and rural populations.*

17 (6) *APPLICATION.—To be eligible for a grant*
 18 *under this subsection, an entity shall submit to the*
 19 *Secretary an application at such time, in such man-*
 20 *ner, and containing such information as the Sec-*
 21 *retary may require. Such application shall include—*

22 (A) *a description of—*

23 (i) *the impact of substance use dis-*
 24 *orders in the population that will be served*
 25 *by the grant program;*

1 (ii) how the eligible entity has solicited
2 input from relevant stakeholders, which
3 may include faculty, teachers, staff, fami-
4 lies, students, and experts in substance use
5 prevention and treatment in developing
6 such application;

7 (iii) the goals of the proposed project,
8 including the intended outcomes;

9 (iv) how the eligible entity plans to use
10 grant funds for evidence-based activities, in
11 accordance with this subsection to prevent,
12 provide recovery support for, or treat sub-
13 stance use disorders amongst such individ-
14 uals, or a combination of such activities;
15 and

16 (v) how the eligible entity will collabo-
17 rate with relevant partners, which may in-
18 clude State educational agencies, local edu-
19 cational agencies, institutions of higher edu-
20 cation, juvenile justice agencies, prevention
21 and recovery support providers, local service
22 providers, including substance use disorder
23 treatment programs, providers of mental
24 health services, youth serving organizations,
25 family and youth homeless providers, child

1 welfare agencies, and primary care pro-
2 viders, in carrying out the grant program;
3 and

4 (B) an assurance that the eligible entity
5 will participate in the evaluation described in
6 paragraph (3)(C).

7 (7) *PRIORITY.*—In awarding grants under this
8 subsection, the Secretary shall give priority to eligible
9 entities that propose to use grant funds for activities
10 that meet the criteria described in subclauses (I) and
11 (II) of section 8101(21)(A)(i) of the Elementary and
12 Secondary Education Act (20 U.S.C. 7801(21)(A)(i)).

13 (8) *REPORTS TO THE SECRETARY.*—Each eligible
14 entity awarded a grant under this subsection shall
15 submit to the Secretary a report at such time and in
16 such manner as the Secretary may require. Such re-
17 port shall include—

18 (A) a description of how the eligible entity
19 used grant funds, in accordance with this sub-
20 section, including the number of children, adoles-
21 cents, and young adults reached through pro-
22 gramming; and

23 (B) a description, including relevant data,
24 of how the grant program has made an impact

on the intended outcomes described in paragraph
(6)(A)(iii), including—

(i) indicators of student success, which,
if the eligible entity is an educational institution,
shall include student well-being and
academic achievement;

(ii) substance use disorders amongst
children, adolescents, and young adults, including
the number of overdoses and deaths
amongst children, adolescents, and young
adults during the grant period; and

(iii) other indicators, as the Secretary
determines appropriate.

(9) *REPORT TO CONGRESS.*—The Secretary shall,
not later than October 1, 2022, submit a report to the
Committee on Health, Education, Labor, and Pensions
of the Senate, and the Committee on Energy and
Commerce and the Committee on Education and
the Workforce of the House of Representatives, a report
summarizing the effectiveness of the grant program
under this subsection, based on the information
submitted in reports required under paragraph (8).

(10) *AUTHORIZATION OF APPROPRIATIONS.*—

There is authorized to be appropriated such sums as

1 *may be necessary to carry out this subsection for each*
 2 *of fiscal years 2019 through 2023.*

3 **SEC. 1414. PLANS OF SAFE CARE.**

4 *Section 105(a) of the Child Abuse Prevention and*
 5 *Treatment Act (42 U.S.C. 5106(a)) is amended by adding*
 6 *at the end the following:*

7 “(7) GRANTS TO STATES TO IMPROVE AND CO-
 8 ORDINATE THEIR RESPONSE TO ENSURE THE SAFETY,
 9 PERMANENCY, AND WELL-BEING OF INFANTS AF-
 10 FECTED BY SUBSTANCE USE.—

11 “(A) PROGRAM AUTHORIZED.—*The Sec-*
 12 *retary shall make grants to States for the pur-*
 13 *pose of assisting child welfare agencies, social*
 14 *services agencies, substance use disorder treat-*
 15 *ment agencies, hospitals with labor and delivery*
 16 *units, medical staff, public health and mental*
 17 *health agencies, and maternal and child health*
 18 *agencies to facilitate collaboration in developing,*
 19 *updating, implementing, and monitoring plans*
 20 *of safe care described in section*
 21 *106(b)(2)(B)(iii).*

22 “(B) DISTRIBUTION OF FUNDS.—

23 “(i) RESERVATIONS.—*Of the amounts*
 24 *appropriated under subparagraph (H), the*
 25 *Secretary shall reserve—*

1 “(I) no more than 3 percent for
2 the purposes described in subparagraph
3 (G); and

4 “(II) up to 3 percent for grants to
5 Indian Tribes and tribal organizations
6 to address the needs of infants born
7 with, and identified as being affected
8 by, substance abuse or withdrawal
9 symptoms resulting from prenatal drug
10 exposure or a fetal alcohol spectrum
11 disorder and their families or care-
12 givers, which to the extent practicable,
13 shall be consistent with the uses of
14 funds described under subparagraph
15 (D).

16 “(ii) ALLOTMENTS TO STATES AND
17 TERRITORIES.—The Secretary shall allot
18 the amount appropriated under subpara-
19 graph (H) that remains after application of
20 clause (i) to each State that applies for such
21 a grant, in an amount equal to the sum
22 of—

23 “(I) \$500,000; and

24 “(II) an amount that bears the
25 same relationship to any funds appro-

1 *priated under subparagraph (H) and*
2 *remaining after application of clause*
3 *(i), as the number of live births in the*
4 *State in the previous calendar year*
5 *bears to the number of live births in all*
6 *States in such year.*

7 “(iii) *RATABLE REDUCTION.*—*If the*
8 *amount appropriated under subparagraph*
9 *(H) is insufficient to satisfy the require-*
10 *ments of clause (ii), the Secretary shall rat-*
11 *ably reduce each allotment to a State.*

12 “(C) *APPLICATION.*—*A State desiring a*
13 *grant under this paragraph shall submit an ap-*
14 *plication to the Secretary at such time and in*
15 *such manner as the Secretary may require. Such*
16 *application shall include—*

17 “(i) *a description of—*

18 “(I) *the impact of substance use*
19 *disorder in such State, including with*
20 *respect to the substance or class of sub-*
21 *stances with the highest incidence of*
22 *abuse in the previous year in such*
23 *State, including—*

24 “(aa) *the prevalence of sub-*
25 *stance use disorder in such State;*

1 “(bb) the aggregate rate of
2 births in the State of infants af-
3 fected by substance abuse or with-
4 drawal symptoms or a fetal alco-
5 hol spectrum disorder (as deter-
6 mined by hospitals, insurance
7 claims, claims submitted to the
8 State Medicaid program, or other
9 records), if available and to the
10 extent practicable; and

11 “(cc) the number of infants
12 identified, for whom a plan of safe
13 care was developed, and for whom
14 a referral was made for appro-
15 priate services, as reported under
16 section 106(d)(18);

17 “(II) the challenges the State faces
18 in developing, implementing, and mon-
19 itoring plans of safe care in accordance
20 with section 106(b)(2)(B)(iii);

21 “(III) the State’s lead agency for
22 the grant program and how that agen-
23 cy will coordinate with relevant State
24 entities and programs, including the
25 child welfare agency, the substance use

1 *disorder treatment agency, hospitals*
2 *with labor and delivery units, health*
3 *care providers, the public health and*
4 *mental health agencies, programs fund-*
5 *ed by the Substance Abuse and Mental*
6 *Health Services Administration that*
7 *provide substance use disorder treat-*
8 *ment for women, the State Medicaid*
9 *program, the State agency admin-*
10 *istering the block grant program under*
11 *title V of the Social Security Act (42*
12 *U.S.C. 701 et seq.), the State agency*
13 *administering the programs funded*
14 *under part C of the Individuals with*
15 *Disabilities Education Act (20 U.S.C.*
16 *1431 et seq.), the maternal, infant, and*
17 *early childhood home visiting program*
18 *under section 511 of the Social Secu-*
19 *rity Act (42 U.S.C. 711), the State ju-*
20 *dicial system, and other agencies, as*
21 *determined by the Secretary, and In-*
22 *dian Tribes and tribal organizations,*
23 *as appropriate;*

24 *“(IV) how the State will monitor*
25 *local development and implementation*

1 *of plans of safe care, in accordance*
2 *with section 106(b)(2)(B)(iii)(II), in-*
3 *cluding how the State will monitor to*
4 *ensure plans of safe care address dif-*
5 *ferences between substance use disorder*
6 *and medically supervised substance*
7 *use, including for the treatment of a*
8 *substance use disorder;*

9 *“(V) how the State meets the re-*
10 *quirements of section 1927 of the Pub-*
11 *lic Health Service Act (42 U.S.C.*
12 *300x-27);*

13 *“(VI) how the State plans to uti-*
14 *lize funding authorized under part E*
15 *of title IV of the Social Security Act*
16 *(42 U.S.C. 670 et seq.) to assist in car-*
17 *rying out any plan of safe care, in-*
18 *cluding such funding authorized under*
19 *section 471(e) of such Act (as in effect*
20 *on October 1, 2018) for mental health*
21 *and substance abuse prevention and*
22 *treatment services and in-home parent*
23 *skill-based programs and funding au-*
24 *thorized under such section 472(j) (as*
25 *in effect on October 1, 2018) for chil-*

1 *dren with a parent in a licensed resi-*
2 *dential family-based treatment facility*
3 *for substance abuse; and*

4 “(VII) *an assessment of the treat-*
5 *ment and other services and programs*
6 *available in the State, to effectively*
7 *carry out any plan of safe care devel-*
8 *oped, including identification of needed*
9 *treatment, and other services and pro-*
10 *grams to ensure the well-being of*
11 *young children and their families af-*
12 *ected by substance use disorder, such*
13 *as programs carried out under part C*
14 *of the Individuals with Disabilities*
15 *Education Act and comprehensive*
16 *early childhood development services*
17 *and programs such as Head Start pro-*
18 *grams;*

19 “(ii) *a description of how the State*
20 *plans to use funds for activities described in*
21 *subparagraph (D) for the purposes of ensur-*
22 *ing State compliance with requirements*
23 *under clauses (ii) and (iii) of section*
24 *106(b)(2)(B); and*

1 “(iii) an assurance that the State
2 will—

3 “(I) comply with this Act and
4 parts B and E of title IV of the Social
5 Security Act (42 U.S.C. 621 et seq.,
6 670 et seq.); and

7 “(II) comply with requirements to
8 refer a child identified as substance-ex-
9 posed to early intervention services as
10 required pursuant to a grant under
11 part C of the Individuals with Disabil-
12 ities Education Act (20 U.S.C. 1431 et
13 seq.).

14 “(D) USES OF FUNDS.—Funds awarded to
15 a State under this paragraph may be used for
16 the following activities, which may be carried
17 out by the State directly, or through grants or
18 subgrants, contracts, or cooperative agreements:

19 “(i) Improving State and local systems
20 with respect to the development and imple-
21 mentation of plans of safe care, which—

22 “(I) shall include parent and
23 caregiver engagement, as required
24 under section 106(b)(2)(B)(iii)(I), re-
25 garding available treatment and serv-

1 ice options, which may include re-
2 sources available for pregnant,
3 perinatal, and postnatal women; and

4 “(II) may include activities such
5 as—

6 “(aa) developing policies,
7 procedures, or protocols for the
8 administration or development of
9 evidence-based and validated
10 screening tools for infants who
11 may be affected by substance use
12 withdrawal symptoms or a fetal
13 alcohol spectrum disorder and
14 pregnant, perinatal, and post-
15 natal women whose infants may
16 be affected by substance use with-
17 drawal symptoms or a fetal alco-
18 hol spectrum disorder;

19 “(bb) improving assessments
20 used to determine the needs of the
21 infant and family;

22 “(cc) improving ongoing case
23 management services; and

24 “(dd) improving access to
25 treatment services, which may be

1 prior to the pregnant woman’s de-
2 livery date.

3 “(ii) *Developing policies, procedures,*
4 *or protocols in consultation and coordina-*
5 *tion with health professionals, public and*
6 *private health facilities, and substance use*
7 *disorder treatment agencies to ensure that—*

8 “(I) *appropriate notification to*
9 *child protective services is made in a*
10 *timely manner;*

11 “(II) *a plan of safe care is in*
12 *place, in accordance with section*
13 *106(b)(2)(B)(iii), before the infant is*
14 *discharged from the birth or health*
15 *care facility; and*

16 “(III) *such health and related*
17 *agency professionals are trained on*
18 *how to follow such protocols and are*
19 *aware of the supports that may be pro-*
20 *vided under a plan of safe care.*

21 “(iii) *Training health professionals*
22 *and health system leaders, child welfare*
23 *workers, substance use disorder treatment*
24 *agencies, and other related professionals*

1 *such as home visiting agency staff and law*
2 *enforcement in relevant topics including—*

3 *“(I) State mandatory reporting*
4 *laws and the referral and process re-*
5 *quirements for notification to child*
6 *protective services when child abuse or*
7 *neglect reporting is not mandated;*

8 *“(II) the co-occurrence of preg-*
9 *nancy and substance use disorder, and*
10 *implications of prenatal exposure;*

11 *“(III) the clinical guidance about*
12 *treating substance use disorder in*
13 *pregnant and postpartum women;*

14 *“(IV) appropriate screening and*
15 *interventions for infants affected by*
16 *substance use disorder, withdrawal*
17 *symptoms, or a fetal alcohol spectrum*
18 *disorder and the requirements under*
19 *section 106(b)(2)(B)(iii); and*

20 *“(V) appropriate*
21 *multigenerational strategies to address*
22 *the mental health needs of the parent*
23 *and child together.*

24 *“(iv) Establishing partnerships, agree-*
25 *ments, or memoranda of understanding be-*

1 *tween the lead agency and health profes-*
2 *sionals, health facilities, child welfare pro-*
3 *fessionals, juvenile and family court judges,*
4 *substance use and mental disorder treat-*
5 *ment programs, early childhood education*
6 *programs, and maternal and child health*
7 *and early intervention professionals, includ-*
8 *ing home visiting providers, peer-to-peer re-*
9 *covery programs such as parent mentoring*
10 *programs, and housing agencies to facilitate*
11 *the implementation of, and compliance with*
12 *section 106(b)(2) and clause (ii) of this sub-*
13 *paragraph, in areas which may include—*

14 *“(I) developing a comprehensive,*
15 *multi-disciplinary assessment and*
16 *intervention process for infants, preg-*
17 *nant women, and their families who*
18 *are affected by substance use disorder,*
19 *withdrawal symptoms, or a fetal alco-*
20 *hol spectrum disorder, that includes*
21 *meaningful engagement with and takes*
22 *into account the unique needs of each*
23 *family and addresses differences be-*
24 *tween medically supervised substance*
25 *use, including for the treatment of sub-*

1 *stance use disorder, and substance use*
2 *disorder;*

3 “(II) ensuring that treatment ap-
4 *proaches for serving infants, pregnant*
5 *women, and perinatal and postnatal*
6 *women whose infants may be affected*
7 *by substance use, withdrawal symp-*
8 *toms, or a fetal alcohol spectrum dis-*
9 *order, are designed to, where appro-*
10 *priate, keep infants with their mothers*
11 *during both inpatient and outpatient*
12 *treatment; and*

13 “(III) increasing access to all evi-
14 *dence-based medication-assisted treat-*
15 *ment approved by the Food and Drug*
16 *Administration, behavioral therapy,*
17 *and counseling services for the treat-*
18 *ment of substance use disorders, as ap-*
19 *propriate.*

20 “(v) *Developing and updating systems*
21 *of technology for improved data collection*
22 *and monitoring under section*
23 *106(b)(2)(B)(iii), including existing elec-*
24 *tronic medical records, to measure the out-*
25 *comes achieved through the plans of safe*

1 *care, including monitoring systems to meet*
2 *the requirements of this Act and submission*
3 *of performance measures.*

4 “(E) *REPORTING.*—*Each State that receives*
5 *funds under this paragraph, for each year such*
6 *funds are received, shall submit a report to the*
7 *Secretary, disaggregated by geographic location,*
8 *economic status, and major racial and ethnic*
9 *groups, except that such disaggregation shall not*
10 *be required if the results would reveal personally*
11 *identifiable information on, with respect to in-*
12 *ants identified under section 106(b)(2)(B)(ii)—*

13 “(i) *the number who experienced re-*
14 *moval associated with parental substance*
15 *use;*

16 “(ii) *the number who experienced re-*
17 *moval and subsequently are reunified with*
18 *parents, and the length of time between such*
19 *removal and reunification;*

20 “(iii) *the number who are referred to*
21 *community providers without a child pro-*
22 *tection case;*

23 “(iv) *the number who receive services*
24 *while in the care of their birth parents;*

1 “(v) the number who receive post-re-
 2 unification services within 1 year after a
 3 reunification has occurred; and

4 “(vi) the number who experienced a re-
 5 turn to out-of-home care within 1 year after
 6 reunification.

7 “(F) SECRETARY’S REPORT TO CON-
 8 GRESS.—The Secretary shall submit an annual
 9 report to the Committee on Health, Education,
 10 Labor, and Pensions and the Committee on Ap-
 11 propriations of the Senate and the Committee on
 12 Education and the Workforce and the Committee
 13 on Appropriations of the House of Representa-
 14 tives that includes the information described in
 15 subparagraph (E) and recommendations or ob-
 16 servations on the challenges, successes, and les-
 17 sons derived from implementation of the grant
 18 program.

19 “(G) RESERVATION OF FUNDS.—The Sec-
 20 retary shall use the amount reserved under sub-
 21 paragraph (B)(i)(I) for the purposes of—

22 “(i) providing technical assistance, in-
 23 cluding programs of in-depth technical as-
 24 sistance, to additional States, territories,
 25 and Indian Tribes and tribal organizations

1 *in accordance with the substance-exposed*
2 *infant initiative developed by the National*
3 *Center on Substance Abuse and Child Wel-*
4 *fare;*

5 “(ii) *issuing guidance on the require-*
6 *ments of this Act with respect to infants*
7 *born with and identified as being affected*
8 *by substance use or withdrawal symptoms*
9 *or fetal alcohol spectrum disorder, as de-*
10 *scribed in clauses (ii) and (iii) of section*
11 *106(b)(2)(B), including by—*

12 “(I) *clarifying key terms; and*

13 “(II) *disseminating best practices*
14 *on implementation of plans of safe*
15 *care, on such topics as differential re-*
16 *sponse, collaboration and coordination,*
17 *and identification and delivery of serv-*
18 *ices for different populations;*

19 “(iii) *supporting State efforts to de-*
20 *velop information technology systems to*
21 *manage plans of safe care; and*

22 “(iv) *preparing the Secretary’s report*
23 *to Congress described in subparagraph (F).*

24 “(H) *AUTHORIZATION OF APPROPRIA-*
25 *TIONS.—To carry out the program under this*

1 *paragraph, there is authorized to be appro-*
 2 *priated \$60,000,000 for each of fiscal years 2019*
 3 *through 2023.”.*

4 **SEC. 1415. REGULATIONS RELATING TO SPECIAL REGISTRA-**
 5 **TION FOR TELEMEDICINE.**

6 *Section 311(h) of the Controlled Substances Act (21*
 7 *U.S.C. 831(h)) is amended by striking paragraph (2) and*
 8 *inserting the following:*

9 “(2) *REGULATIONS.*—

10 “(A) *IN GENERAL.*—Not later than 1 year
 11 *after the date of enactment of the Opioid Crisis*
 12 *Response Act of 2018, in consultation with the*
 13 *Secretary, and in accordance with the procedure*
 14 *described in subparagraph (B), the Attorney*
 15 *General shall promulgate final regulations speci-*
 16 *fying—*

17 “(i) *the limited circumstances in which*
 18 *a special registration under this subsection*
 19 *may be issued; and*

20 “(ii) *the procedure for obtaining a spe-*
 21 *cial registration under this subsection.*

22 “(B) *PROCEDURE.*—In promulgating final
 23 *regulations under subparagraph (A), the Attor-*
 24 *ney General shall—*

1 “(i) issue a notice of proposed rule-
 2 making that includes a copy of the proposed
 3 regulations;

4 “(ii) provide a period of not less than
 5 60 days for comments on the proposed regu-
 6 lations;

7 “(iii) finalize the proposed regulation
 8 not later than 6 months after the close of the
 9 comment period; and

10 “(iv) publish the final regulations not
 11 later than 30 days before the effective date
 12 of the final regulations.”.

13 **SEC. 1416. NATIONAL HEALTH SERVICE CORPS BEHAV-**
 14 **IORAL AND MENTAL HEALTH PROFES-**
 15 **SIONALS PROVIDING OBLIGATED SERVICE IN**
 16 **SCHOOLS AND OTHER COMMUNITY-BASED**
 17 **SETTINGS.**

18 *Subpart III of part D of title III of the Public Health*
 19 *Service Act (42 U.S.C. 254l et seq.) is amended by adding*
 20 *at the end the following:*

1 **“SEC. 338N. BEHAVIORAL AND MENTAL HEALTH PROFES-**
 2 **SIONALS PROVIDING OBLIGATED SERVICE IN**
 3 **SCHOOLS AND OTHER COMMUNITY-BASED**
 4 **SETTINGS.**

5 “(a) *SCHOOLS AND COMMUNITY-BASED SETTINGS.*—
 6 *An entity to which a participant in the Scholarship Pro-*
 7 *gram or the Loan Repayment Program (referred to in this*
 8 *section as a ‘participant’)* is assigned under section 333
 9 *may direct such participant to provide service as a behav-*
 10 *ioral or mental health professional at a school or other com-*
 11 *munity-based setting located in a health professional short-*
 12 *age area.*

13 “(b) *OBLIGATED SERVICE.*—

14 “(1) *IN GENERAL.*—*Any service described in sub-*
 15 *section (a) that a participant provides may count to-*
 16 *wards such participant’s completion of any obligated*
 17 *service requirements under the Scholarship Program*
 18 *or the Loan Repayment Program, subject to any limi-*
 19 *tation imposed under paragraph (2).*

20 “(2) *LIMITATION.*—*The Secretary may impose a*
 21 *limitation on the number of hours of service described*
 22 *in subsection (a) that a participant may credit to-*
 23 *wards completing obligated service requirements, pro-*
 24 *vided that the limitation allows a member to credit*
 25 *service described in subsection (a) for not less than 50*

1 *percent of the total hours required to complete such*
 2 *obligated service requirements.*

3 “(c) *RULE OF CONSTRUCTION.*—*The authorization*
 4 *under subsection (a) shall be notwithstanding any other*
 5 *provision of this subpart or subpart II.”.*

6 **SEC. 1417. LOAN REPAYMENT FOR SUBSTANCE USE DIS-**
 7 **ORDER TREATMENT PROVIDERS.**

8 (a) *LOAN REPAYMENT FOR SUBSTANCE USE TREAT-*
 9 *MENT PROVIDERS.*—*The Secretary shall enter into con-*
 10 *tracts under section 338B of the Public Health Service Act*
 11 *(42 U.S.C. 254l–1) with eligible health professionals pro-*
 12 *viding substance use disorder treatment services in sub-*
 13 *stance use disorder treatment facilities, as defined by the*
 14 *Secretary.*

15 (b) *PROVISION OF SUBSTANCE USE DISORDER TREAT-*
 16 *MENT.*—*In carrying out the activities described in sub-*
 17 *section (a)—*

18 (1) *each such facility shall be located in or serv-*
 19 *ing a mental health professional shortage area des-*
 20 *ignated under section 332 of the Public Health Serv-*
 21 *ice Act (42 U.S.C. 254e), or, as the Secretary deter-*
 22 *mines appropriate, an area with an age-adjusted rate*
 23 *of drug overdose deaths that is above the national*
 24 *overdose mortality rate;*

1 (2) *section 331(a)(3)(D) of such Act (42 U.S.C.*
2 *254d(a)(3)(D)) shall be applied as if the term “pri-*
3 *mary health services” includes health services regard-*
4 *ing substance use disorder treatment and infections*
5 *associated with illicit drug use;*

6 (3) *section 331(a)(3)(E)(i) of such Act (42*
7 *U.S.C. 254d(a)(3)(E)(i)) shall be applied as if the*
8 *term “behavioral and mental health professionals” in-*
9 *cludes master’s level, licensed substance use disorder*
10 *treatment counselors, and other relevant professionals*
11 *or paraprofessionals, as the Secretary determines ap-*
12 *propriate; and*

13 (4) *such professionals and facilities shall pro-*
14 *vide—*

15 (A) *directly, or through the use of telehealth*
16 *technology, and pursuant to Federal and State*
17 *law, counseling by a program counselor or other*
18 *certified professional who is licensed and quali-*
19 *fied by education, training, or experience to as-*
20 *sess the psychological and sociological back-*
21 *ground of patients, to contribute to the appro-*
22 *priate treatment plan for the patient, and to*
23 *monitor progress; and*

24 (B) *medication-assisted treatment, includ-*
25 *ing, to the extent practicable, all drugs approved*

1 *by the Food and Drug Administration to treat*
 2 *substance use disorders, pursuant to Federal and*
 3 *State law.*

4 (c) *AUTHORIZATION OF APPROPRIATIONS.—There is*
 5 *authorized to be appropriated to carry out this section*
 6 *\$25,000,000 for each of fiscal years 2019 through 2023.*

7 **SEC. 1418. PROTECTING MOMS AND INFANTS.**

8 (a) *REPORT.—*

9 (1) *IN GENERAL.—Not later than 60 days after*
 10 *the date of enactment of this Act, the Secretary shall*
 11 *submit to the appropriate committees of Congress and*
 12 *make available to the public on the internet website*
 13 *of the Department of Health and Human Services a*
 14 *report regarding the implementation of the rec-*
 15 *ommendations in the strategy relating to prenatal*
 16 *opioid use, including neonatal abstinence syndrome,*
 17 *developed pursuant to section 2 of the Protecting Our*
 18 *Infants Act of 2015 (Public Law 114–91). Such re-*
 19 *port shall include—*

20 (A) *an update on the implementation of the*
 21 *recommendations in the strategy, including in-*
 22 *formation regarding the agencies involved in the*
 23 *implementation; and*

24 (B) *information on additional funding or*
 25 *authority the Secretary requires, if any, to im-*

(b) *RESIDENTIAL TREATMENT PROGRAMS FOR PREG-*
NANT AND POSTPARTUM WOMEN.—Section 508(s) of the
Public Health Service Act (42 U.S.C. 290bb–1(s)) is amend-
ed by striking “\$16,900,000 for each of fiscal years 2017
through 2021” and inserting “\$29,931,000 for each of fiscal
years 2019 through 2023”.

15 (a) *DEVELOPMENT OF EDUCATIONAL MATERIALS BY*
16 *CENTER FOR SUBSTANCE ABUSE PREVENTION.—Section*
17 *515(b) of the Public Health Service Act (42 U.S.C. 290bb–*
18 *21(b)) is amended—*

(2) in paragraph (14), by striking the period at the end and inserting “; and”; and

24 “(15) in cooperation with relevant stakeholders
25 and the Director of the Centers for Disease Control

1 *and Prevention, develop educational materials for cli-*
 2 *nicians to use with pregnant women for shared deci-*
 3 *sionmaking regarding pain management during preg-*
 4 *nancy.”.*

5 *(b) GUIDELINES AND RECOMMENDATIONS BY CENTER*
 6 *FOR SUBSTANCE ABUSE TREATMENT.—Section 507(b) of*
 7 *the Public Health Service Act (42 U.S.C. 290bb(b)) is*
 8 *amended—*

9 *(1) in paragraph (13), by striking “and” at the*
 10 *end;*

11 *(2) in paragraph (14), by striking the period at*
 12 *the end and inserting a semicolon; and*

13 *(3) by adding at the end the following:*

14 *“(15) in cooperation with the Secretary, imple-*
 15 *ment and disseminate, as appropriate, the rec-*
 16 *ommendations in the report entitled ‘Protecting Our*
 17 *Infants Act: Final Strategy’ issued by the Depart-*
 18 *ment of Health and Human Services in 2017; and”.*

19 *(c) SUPPORT OF PARTNERSHIPS BY CENTER FOR SUB-*
 20 *STANCE ABUSE TREATMENT.—Section 507(b) of the Public*
 21 *Health Service Act (42 U.S.C. 290bb(b)), as amended by*
 22 *subsection (b), is further amended by adding at the end the*
 23 *following:*

24 *“(16) in cooperation with relevant stakeholders,*
 25 *support public-private partnerships to assist with*

1 *education about, and support with respect to, sub-*
 2 *stance use disorder for pregnant women and health*
 3 *care providers who treat pregnant women and ba-*
 4 *bies.”.*

5 **SEC. 1420. REPORT ON INVESTIGATIONS REGARDING PAR-**
 6 **ITY IN MENTAL HEALTH AND SUBSTANCE USE**
 7 **DISORDER BENEFITS.**

8 *(a) IN GENERAL.—Section 13003 of the 21st Century*
 9 *Cures Act (Public Law 114–255) is amended—*

10 *(1) in subsection (a), by striking “with findings*
 11 *of any serious violation regarding” and inserting*
 12 *“concerning”; and*

13 *(2) in subsection (b)(1)—*

14 *(A) by inserting “complaints received and*
 15 *number of” before “closed”; and*

16 *(B) by inserting before the period “, and,*
 17 *for each such investigation closed, which agency*
 18 *conducted the investigation, whether the health*
 19 *plan that is the subject of the investigation is*
 20 *fully insured or not fully insured and a sum-*
 21 *mary of any coordination between the applicable*
 22 *State regulators and the Department of Labor,*
 23 *the Department of Health and Human Services,*
 24 *or the Department of the Treasury, and ref-*

1 *erences to any guidance provided by the agencies*
 2 *addressing the category of violation committed”.*

3 *(b) APPLICABILITY.—The amendments made by sub-*
 4 *section (a) shall apply with respect to the second annual*
 5 *report required under such section 13003 and each such an-*
 6 *nual report thereafter.*

7 ***Subtitle E—Prevention***

8 ***SEC. 1501. STUDY ON PRESCRIBING LIMITS.***

9 *Not later than 2 years after the date of enactment of*
 10 *this Act, the Secretary, in consultation with the Attorney*
 11 *General, shall submit to the Committee on Health, Edu-*
 12 *cation, Labor, and Pensions of the Senate and the Com-*
 13 *mittee on Energy and Commerce of the House of Represent-*
 14 *atives a report on the impact of Federal and State laws*
 15 *and regulations that limit the length, quantity, or dosage*
 16 *of opioid prescriptions. Such report shall address—*

17 *(1) the impact of such limits on—*

18 *(A) the incidence and prevalence of overdose*
 19 *related to prescription opioids;*

20 *(B) the incidence and prevalence of overdose*
 21 *related to illicit opioids;*

22 *(C) the prevalence of opioid use disorders;*

23 *(D) medically appropriate use of, and ac-*
 24 *cess to, opioids, including any impact on travel*
 25 *expenses and pain management outcomes for pa-*

tients, whether such limits are associated with significantly higher rates of negative health outcomes, including suicide, and whether the impact of such limits differs based on the clinical indication for which opioids are prescribed;

(2) whether such limits lead to a significant increase in burden for prescribers of opioids or prescribers of treatments for opioid use disorder, including any impact on patient access to treatment, and whether any such burden is mitigated by any factors such as electronic prescribing or telemedicine; and

(3) the impact of such limits on diversion or misuse of any controlled substance in schedule II, III, or IV of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)).

SEC. 1502. PROGRAMS FOR HEALTH CARE WORKFORCE.

(a) *PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.*—Section 759 of the Public Health Service Act (42 U.S.C. 294i) is amended—

(1) in subsection (a), by striking “hospices, and other public and private entities” and inserting “hospices, tribal health programs (as defined in section 4 of the Indian Health Care Improvement Act), and other public and nonprofit private entities”;

(2) in subsection (b)—

1 (A) in the matter preceding paragraph (1),
2 by striking “award may be made under sub-
3 section (a) only if the applicant for the award
4 agrees that the program carried out with the
5 award will include” and inserting “entity re-
6 ceiving an award under this section shall develop
7 a comprehensive education and training plan
8 that includes”;

9 (B) in paragraph (1)—

10 (i) by inserting “preventing,” after
11 “diagnosing,”; and

12 (ii) by inserting “non-addictive med-
13 ical products and non-pharmacologic treat-
14 ments and” after “including”;

15 (C) in paragraph (2)—

16 (i) by inserting “Federal, State, and
17 local” after “applicable”; and

18 (ii) by striking “the degree to which”
19 and all that follows through “effective pain
20 care” and inserting “opioids”;

21 (D) in paragraph (3), by inserting “, inte-
22 grated, evidence-based pain management, and, as
23 appropriate, non-pharmacotherapy” before the
24 semicolon;

1 (E) in paragraph (4), by striking “; and”
 2 and inserting “;”; and

3 (F) by striking paragraph (5) and inserting
 4 the following:

5 “(5) recent findings, developments, and advance-
 6 ments in pain care research and the provision of pain
 7 care, which may include non-addictive medical prod-
 8 ucts and non-pharmacologic treatments intended to
 9 treat pain; and

10 “(6) the dangers of opioid abuse and misuse, de-
 11 tection of early warning signs of opioid use disorders
 12 (which may include best practices related to screening
 13 for opioid use disorders, training on screening, brief
 14 intervention, and referral to treatment), and safe dis-
 15 posal options for prescription medications (including
 16 such options provided by law enforcement or other in-
 17 novative deactivation mechanisms).”;

18 (3) in subsection (d), by inserting “prevention,”
 19 after “diagnosis,”; and

20 (4) in subsection (e), by striking “2010 through
 21 2012” and inserting “2019 through 2023”.

22 (b) *MENTAL AND BEHAVIORAL HEALTH EDUCATION*
 23 *AND TRAINING PROGRAM*.—Section 756(a) of the Public
 24 Health Service Act (42 U.S.C. 294e–1(a)) is amended—

1 (1) in paragraph (1), by inserting “, trauma,”
 2 after “focus on child and adolescent mental health”;
 3 and

4 (2) in paragraphs (2) and (3), by inserting
 5 “trauma-informed care and” before “substance use
 6 disorder prevention and treatment services”.

7 **SEC. 1503. EDUCATION AND AWARENESS CAMPAIGNS.**

8 Section 102 of the Comprehensive Addiction and Re-
 9 covery Act of 2016 (Public Law 114–198) is amended—
 10 (1) by amending subsection (a) to read as fol-
 11 lows:

12 “(a) *IN GENERAL.*—The Secretary of Health and
 13 Human Services, acting through the Director of the Centers
 14 for Disease Control and Prevention and in coordination
 15 with the heads of other departments and agencies, shall ad-
 16 vance education and awareness regarding the risks related
 17 to misuse and abuse of opioids, as appropriate, which may
 18 include developing or improving existing programs, con-
 19 ducting activities, and awarding grants that advance the
 20 education and awareness of—

21 “(1) the public, including patients and con-
 22 sumers;

23 “(2) patients, consumers, and other appropriate
 24 members of the public, regarding such risks related to
 25 unused opioids and the dispensing options under sec-

1 *tion 309(f) of the Controlled Substances Act, as appli-*
2 *cable;*

3 *“(3) providers, which may include—*

4 *“(A) providing for continuing education on*
5 *appropriate prescribing practices;*

6 *“(B) education related to applicable State*
7 *or local prescriber limit laws, information on the*
8 *use of non-addictive alternatives for pain man-*
9 *agement, and the use of overdose reversal drugs,*
10 *as appropriate;*

11 *“(C) disseminating and improving the use*
12 *of evidence-based opioid prescribing guidelines*
13 *across relevant health care settings, as appro-*
14 *priate, and updating guidelines as necessary;*

15 *“(D) implementing strategies, such as best*
16 *practices, to encourage and facilitate the use of*
17 *prescriber guidelines, in accordance with State*
18 *and local law;*

19 *“(E) disseminating information to pro-*
20 *viders about prescribing options for controlled*
21 *substances, including such options under section*
22 *309(f) of the Controlled Substances Act, as appli-*
23 *cable; and*

24 *“(F) disseminating information, as appro-*
25 *priate, on the National Pain Strategy developed*

by or in consultation with the Assistant Secretary for Health; and

“(4) other appropriate entities.”; and
(2) in subsection (b)—

(A) by striking “opioid abuse” each place such term appears and inserting “opioid misuse and abuse”; and

(B) in paragraph (2), by striking “safe disposal of prescription medications and other” and inserting “non-addictive treatment options, safe disposal options for prescription medications, and other applicable”.

**SEC. 1504. ENHANCED CONTROLLED SUBSTANCE
OVERDOSES DATA COLLECTION, ANALYSIS,
AND DISSEMINATION.**

Part J of title III of the Public Health Service Act is amended by inserting after section 392 (42 U.S.C. 280b—
1) the following:

**“SEC. 392A. ENHANCED CONTROLLED SUBSTANCE
OVERDOSES DATA COLLECTION, ANALYSIS,
AND DISSEMINATION.**

“(a) *IN GENERAL.*—The Director of the Centers for Disease Control and Prevention, using the authority provided to the Director under section 392, may—

1 “(1) to the extent practicable, carry out and ex-
2 pand any controlled substance overdose data collec-
3 tion, analysis, and dissemination activity described
4 in subsection (b);

5 “(2) provide training and technical assistance to
6 States, localities, and Indian Tribes for the purpose
7 of carrying out any such activity; and

8 “(3) award grants to States, localities, and In-
9 dian Tribes for the purpose of carrying out any such
10 activity.

11 “(b) CONTROLLED SUBSTANCE OVERDOSE DATA COL-
12 LECTION AND ANALYSIS ACTIVITIES.—A controlled sub-
13 stance overdose data collection, analysis, and dissemination
14 activity described in this subsection is any of the following
15 activities:

16 “(1) Improving the timeliness of reporting aggre-
17 gate data to the public, including data on fatal and
18 nonfatal controlled substance overdoses.

19 “(2) Enhancing the comprehensiveness of con-
20 trolled substance overdose data by collecting informa-
21 tion on such overdoses from appropriate sources such
22 as toxicology reports, autopsy reports, death scene in-
23 vestigations, and emergency department services.

1 “(3) *Modernizing the system for coding causes of*
2 *death related to controlled substance overdoses to use*
3 *an electronic-based system.*

4 “(4) *Using data to help identify risk factors as-*
5 *sociated with controlled substance overdoses, including*
6 *the delivery of certain health care services.*

7 “(5) *Supporting entities involved in reporting*
8 *information on controlled substance overdoses, such as*
9 *coroners and medical examiners, to improve accurate*
10 *testing and standardized reporting of causes and con-*
11 *tributing factors of such overdoses, and analysis of*
12 *various opioid analogues to controlled substance*
13 *overdoses.*

14 “(6) *Working to enable and encourage the access,*
15 *exchange, and use of data regarding controlled sub-*
16 *stances overdoses among data sources and entities.*

17 “(c) *DEFINITIONS.—In this section—*

18 “(1) *the term ‘controlled substance’ has the*
19 *meaning given that term in section 102 of the Con-*
20 *trolled Substances Act; and*

21 “(2) *the term ‘Indian Tribe’ has the meaning*
22 *given the term ‘Indian tribe’ in section 4 of the In-*
23 *dian Self-Determination and Education Assistance*
24 *Act.”.*

1 **SEC. 1505. PREVENTING OVERDOSES OF CONTROLLED SUB-**
2 **STANCES.**

3 *Part J of title III of the Public Health Service Act*
4 *(42 U.S.C. 280b et seq.), as amended by section 504, is fur-*
5 *ther amended by inserting after section 392A the following:*

6 **“SEC. 392B. PREVENTING OVERDOSES OF CONTROLLED**
7 **SUBSTANCES.**

8 *“(a) PREVENTION ACTIVITIES.—*

9 *“(1) IN GENERAL.—The Director of the Centers*
10 *for Disease Control and Prevention (referred to in*
11 *this section as the ‘Director’), using the authority*
12 *provided to the Director under section 392, may—*

13 *“(A) to the extent practicable, carry out and*
14 *expand any prevention activity described in*
15 *paragraph (2);*

16 *“(B) provide training and technical assist-*
17 *ance to States, localities, and Indian Tribes to*
18 *carry out any such activity; and*

19 *“(C) award grants to States, localities, and*
20 *Indian Tribes for the purpose of carrying out*
21 *any such activity.*

22 *“(2) PREVENTION ACTIVITIES.—A prevention ac-*
23 *tivity described in this paragraph is an activity to*
24 *improve the efficiency and use of a new or currently*
25 *operating prescription drug monitoring program,*
26 *such as—*

1 “(A) encouraging all authorized users (as
2 specified by the State or other entity) to register
3 with and use the program;

4 “(B) enabling such users to access any data
5 updates in as close to real-time as practicable;

6 “(C) providing for a mechanism for the pro-
7 gram to notify authorized users of any potential
8 misuse or abuse of controlled substances and any
9 detection of inappropriate prescribing or dis-
10 pensing practices relating to such substances;

11 “(D) encouraging the analysis of prescrip-
12 tion drug monitoring data for purposes of pro-
13 viding de-identified, aggregate reports based on
14 such analysis to State public health agencies,
15 State alcohol and drug agencies, State licensing
16 boards, and other appropriate State agencies, as
17 permitted under applicable Federal and State
18 law and the policies of the prescription drug
19 monitoring program and not containing any
20 protected health information, to prevent inappro-
21 priate prescribing, drug diversion, or abuse and
22 misuse of controlled substances, and to facilitate
23 better coordination among agencies;

24 “(E) enhancing interoperability between the
25 program and any health information technology

1 *(including certified health information tech-*
 2 *nology), including by integrating program data*
 3 *into such technology;*

4 *“(F) updating program capabilities to re-*
 5 *spond to technological innovation for purposes of*
 6 *appropriately addressing the occurrence and evo-*
 7 *lution of controlled substance overdoses;*

8 *“(G) developing or enhancing data exchange*
 9 *with other sources such as the Medicaid agency,*
 10 *the Medicare program, pharmacy benefit man-*
 11 *agers, coroners’ reports, and workers’ compensa-*
 12 *tion data;*

13 *“(H) facilitating and encouraging data ex-*
 14 *change between the program and the prescription*
 15 *drug monitoring programs of other States;*

16 *“(I) enhancing data collection and quality,*
 17 *including improving patient matching and*
 18 *proactively monitoring data quality; and*

19 *“(J) providing prescriber and dispenser*
 20 *practice tools, including prescriber practice in-*
 21 *sight reports for practitioners to review their*
 22 *prescribing patterns in comparison to such pat-*
 23 *terns of other practitioners in the specialty.*

24 *“(b) ADDITIONAL GRANTS.—The Director may award*
 25 *grants to States, localities, and Indian Tribes—*

1 “(1) to carry out innovative projects for grantees
 2 to rapidly respond to controlled substance misuse,
 3 abuse, and overdoses, including changes in patterns of
 4 controlled substance use; and

5 “(2) for any other evidence-based activity for
 6 preventing controlled substance misuse, abuse, and
 7 overdoses as the Director determines appropriate.

8 “(c) *RESEARCH.*—The Director, in coordination with
 9 the Assistant Secretary for Mental Health and Substance
 10 Use and the National Mental Health and Substance Use
 11 Policy Laboratory established under section 501A, as ap-
 12 propriate and applicable, may conduct studies and evalua-
 13 tions to address substance use disorders, including pre-
 14 venting substance use disorders or other related topics the
 15 Director determines appropriate.

16 “(d) *PUBLIC AND PRESCRIBER EDUCATION.*—Pursu-
 17 ant to section 102 of the Comprehensive Addiction and Re-
 18 covery Act of 2016, the Director may advance the education
 19 and awareness of prescribers and the public regarding the
 20 risk of abuse and misuse of prescription opioids.

21 “(e) *DEFINITIONS.*—In this section—

22 “(1) the term ‘controlled substance’ has the
 23 meaning given that term in section 102 of the Con-
 24 trolled Substances Act; and

1 “(2) the term ‘Indian Tribe’ has the meaning
 2 given the term ‘Indian tribe’ in section 4 of the In-
 3 dian Self-Determination and Education Assistance
 4 Act.

5 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—For pur-
 6 poses of carrying out this section, section 392A of this Act,
 7 and section 102 of the Comprehensive Addiction and Recov-
 8 ery Act of 2016, there is authorized to be appropriated
 9 \$486,000,000 for each of fiscal years 2019 through 2024.”.

10 **SEC. 1506. CDC SURVEILLANCE AND DATA COLLECTION FOR**
 11 **CHILD, YOUTH, AND ADULT TRAUMA.**

12 (a) *DATA COLLECTION.*—The Director of the Centers
 13 for Disease Control and Prevention (referred to in this sec-
 14 tion as the “Director”) may, in cooperation with the States,
 15 collect and report data on adverse childhood experiences
 16 through the Behavioral Risk Factor Surveillance System,
 17 the Youth Risk Behavior Surveillance System, and other
 18 relevant public health surveys or questionnaires.

19 (b) *TIMING.*—The collection of data under subsection
 20 (a) may occur in fiscal year 2019 and every 2 years there-
 21 after.

22 (c) *DATA FROM RURAL AREAS.*—The Director shall
 23 encourage each State that participates in collecting and re-
 24 porting data under subsection (a) to collect and report data

1 *from tribal and rural areas within such State, in order to*
 2 *generate a statistically reliable representation of such areas.*

3 (d) *DATA FROM TRIBAL AREAS.—The Director may,*
 4 *in cooperation with Indian Tribes and pursuant to a writ-*
 5 *ten request from an Indian Tribe, provide technical assist-*
 6 *ance to such Indian Tribe to collect and report data on*
 7 *adverse childhood experiences through the Behavioral Risk*
 8 *Factor Surveillance System, the Youth Risk Behavior Sur-*
 9 *veillance System, or another relevant public health survey*
 10 *or questionnaire.*

11 (e) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
 12 *out this section, there is authorized to be appropriated such*
 13 *sums as may be necessary for the period of fiscal years 2019*
 14 *through 2021.*

15 **SEC. 1507. REAUTHORIZATION OF NASPER.**

16 *Section 399O of the Public Health Service Act (42*
 17 *U.S.C. 280g–3) is amended—*

18 (1) *in subsection (a)—*

19 (A) *in paragraph (1), in the matter pre-*
 20 *ceding subparagraph (A), by striking “in con-*
 21 *sultation with the Administrator of the Sub-*
 22 *stance Abuse and Mental Health Services Ad-*
 23 *ministration and Director of the Centers for Dis-*
 24 *ease Control and Prevention” and inserting “in*
 25 *coordination with the Director of the Centers for*

1 *Disease Control and the heads of other depart-*
2 *ments and agencies as appropriate”; and*

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

4 “(4) *STATES AND LOCAL GOVERNMENTS.—*

5 “(A) *IN GENERAL.—In the case of a State*
6 *that does not have a prescription drug moni-*
7 *toring program, a county or other unit of local*
8 *government within the State that has a prescrip-*
9 *tion drug monitoring program shall be treated as*
10 *a State for purposes of this section, including for*
11 *purposes of eligibility for grants under para-*
12 *graph (1).*

13 “(B) *PLAN FOR INTEROPERABILITY.—For*
14 *purposes of meeting the interoperability require-*
15 *ments under subsection (c)(3), a county or other*
16 *unit of local government shall submit a plan out-*
17 *lining the methods such county or unit of local*
18 *government will use to ensure the capability of*
19 *data sharing with other counties and units of*
20 *local government within the State and with other*
21 *States, as applicable.”;*

22 *(2) in subsection (c)—*

23 *(A) in paragraph (1)(A)(iii)—*

1 (i) by inserting “as such standards be-
2 come available,” after “interoperability
3 standards,”; and

4 (ii) by striking “generated or identified
5 by the Secretary or his or her designee” and
6 inserting “recognized by the Office of the
7 National Coordinator for Health Informa-
8 tion Technology”; and

9 (B) in paragraph (3)(A), by inserting “in-
10 cluding electronic health records,” after “tech-
11 nology systems,”;

12 (3) in subsection (d)(1), by striking “not later
13 than 1 week after the date of such dispensing” and
14 inserting “in as close to real time as practicable”;

15 (4) in subsection (f)—

16 (A) in paragraph (1)(D), by striking “med-
17 icaid” and inserting “Medicaid”; and

18 (B) in paragraph (2)—

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

21 (ii) in subparagraph (B), by striking
22 the period and inserting a semicolon; and

23 (iii) by adding at the end the fol-
24 lowing:

1 “(C) may conduct analyses of controlled
2 substance program data for purposes of pro-
3 viding appropriate State agencies with aggregate
4 reports based on such analyses in as close to
5 real-time as practicable, regarding prescription
6 patterns flagged as potentially presenting a risk
7 of misuse, abuse, addiction, overdose, and other
8 aggregate information, as appropriate and in
9 compliance with applicable Federal and State
10 laws and provided that such reports shall not in-
11 clude protected health information; and

12 “(D) may access information about pre-
13 scriptions, such as claims data, to ensure that
14 such prescribing and dispensing history is up-
15 dated in as close to real-time as practicable, in
16 compliance with applicable Federal and State
17 laws and provided that such information shall
18 not include protected health information.”;

19 (5) in subsection (i), by inserting “, in collabora-
20 tion with the National Coordinator for Health Infor-
21 mation Technology and the Director of the National
22 Institute of Standards and Technology,” after “The
23 Secretary”; and

24 (6) in subsection (n), by striking “2021” and in-
25 serting “2026”.

1 **SEC. 1508. JESSIE’S LAW.**

2 *(a) BEST PRACTICES.—*

3 *(1) IN GENERAL.—Not later than 1 year after*
4 *the date of enactment of this Act, the Secretary, in*
5 *consultation with appropriate stakeholders, including*
6 *a patient with a history of opioid use disorder, an ex-*
7 *pert in electronic health records, an expert in the con-*
8 *fidentiality of patient health information and records,*
9 *and a health care provider, shall identify or facilitate*
10 *the development of best practices regarding—*

11 *(A) the circumstances under which informa-*
12 *tion that a patient has provided to a health care*
13 *provider regarding such patient’s history of*
14 *opioid use disorder should, only at the patient’s*
15 *request, be prominently displayed in the medical*
16 *records (including electronic health records) of*
17 *such patient;*

18 *(B) what constitutes the patient’s request*
19 *for the purpose described in subparagraph (A);*
20 *and*

21 *(C) the process and methods by which the*
22 *information should be so displayed.*

23 *(2) DISSEMINATION.—The Secretary shall dis-*
24 *seminate the best practices developed under para-*
25 *graph (1) to health care providers and State agencies.*

1 (b) *REQUIREMENTS.*—*In identifying or facilitating*
2 *the development of best practices under subsection (a), as*
3 *applicable, the Secretary, in consultation with appropriate*
4 *stakeholders, shall consider the following:*

5 (1) *The potential for addiction relapse or over-*
6 *dose, including overdose death, when opioid medica-*
7 *tions are prescribed to a patient recovering from*
8 *opioid use disorder.*

9 (2) *The benefits of displaying information about*
10 *a patient's opioid use disorder history in a manner*
11 *similar to other potentially lethal medical concerns,*
12 *including drug allergies and contraindications.*

13 (3) *The importance of prominently displaying*
14 *information about a patient's opioid use disorder*
15 *when a physician or medical professional is pre-*
16 *scribing medication, including methods for avoiding*
17 *alert fatigue in providers.*

18 (4) *The importance of a variety of appropriate*
19 *medical professionals, including physicians, nurses,*
20 *and pharmacists, having access to information de-*
21 *scribed in this section when prescribing or dispensing*
22 *opioid medication, consistent with Federal and State*
23 *laws and regulations.*

24 (5) *The importance of protecting patient pri-*
25 *vacY, including the requirements related to consent*

1 *for disclosure of substance use disorder information*
2 *under all applicable laws and regulations.*

3 *(6) All applicable Federal and State laws and*
4 *regulations.*

5 **SEC. 1509. DEVELOPMENT AND DISSEMINATION OF MODEL**
6 **TRAINING PROGRAMS FOR SUBSTANCE USE**
7 **DISORDER PATIENT RECORDS.**

8 *(a) INITIAL PROGRAMS AND MATERIALS.—Not later*
9 *than 1 year after the date of the enactment of this Act, the*
10 *Secretary, in consultation with appropriate experts, shall*
11 *identify the following model programs and materials (or*
12 *if no such programs or materials exist, recognize private*
13 *or public entities to develop and disseminate such programs*
14 *and materials):*

15 *(1) Model programs and materials for training*
16 *health care providers (including physicians, emer-*
17 *gency medical personnel, psychiatrists, psychologists,*
18 *counselors, therapists, nurse practitioners, physician*
19 *assistants, behavioral health facilities and clinics,*
20 *care managers, and hospitals, including individuals*
21 *such as general counsels or regulatory compliance*
22 *staff who are responsible for establishing provider pri-*
23 *vacv policies) concerning the permitted uses and dis-*
24 *closures, consistent with the standards and regula-*
25 *tions governing the privacy and security of substance*

1 *use disorder patient records promulgated by the Sec-*
2 *retary under section 543 of the Public Health Service*
3 *Act (42 U.S.C. 290dd-2) for the confidentiality of pa-*
4 *tient records.*

5 (2) *Model programs and materials for training*
6 *patients and their families regarding their rights to*
7 *protect and obtain information under the standards*
8 *and regulations described in paragraph (1).*

9 (b) *REQUIREMENTS.—The model programs and mate-*
10 *rials described in paragraphs (1) and (2) of subsection (a)*
11 *shall address circumstances under which disclosure of sub-*
12 *stance use disorder patient records is needed to—*

13 (1) *facilitate communication between substance*
14 *use disorder treatment providers and other health care*
15 *providers to promote and provide the best possible in-*
16 *tegrated care;*

17 (2) *avoid inappropriate prescribing that can*
18 *lead to dangerous drug interactions, overdose, or re-*
19 *lapse; and*

20 (3) *notify and involve families and caregivers*
21 *when individuals experience an overdose.*

22 (c) *PERIODIC UPDATES.—The Secretary shall—*

23 (1) *periodically review and update the model*
24 *program and materials identified or developed under*
25 *subsection (a); and*

1 (2) *disseminate such updated programs and ma-*
2 *terials to the individuals described in subsection*
3 *(a)(1).*

4 (d) *INPUT OF CERTAIN ENTITIES.—In identifying, re-*
5 *viewing, or updating the model programs and materials*
6 *under this section, the Secretary shall solicit the input of*
7 *relevant stakeholders.*

8 (e) *AUTHORIZATION OF APPROPRIATIONS.—There is*
9 *authorized to be appropriated to carry out this section, such*
10 *sums as may be necessary for each of fiscal years 2019*
11 *through 2023.*

12 **SEC. 1510. COMMUNICATION WITH FAMILIES DURING EMER-**
13 **GENCIES.**

14 (a) *PROMOTING AWARENESS OF AUTHORIZED DISCLO-*
15 *SURES DURING EMERGENCIES.—The Secretary shall annu-*
16 *ally notify health care providers regarding permitted disclo-*
17 *tures during emergencies, including overdoses, of certain*
18 *health information to families and caregivers under Federal*
19 *health care privacy laws and regulations.*

20 (b) *USE OF MATERIAL.—For the purposes of carrying*
21 *out subsection (a), the Secretary may use material produced*
22 *under section 1509 of this Act or under section 11004 of*
23 *the 21st Century Cures Act (42 U.S.C. 1320d–2 note).*

1 **SEC. 1511. PRENATAL AND POSTNATAL HEALTH.**

2 *Section 317L of the Public Health Service Act (42*
3 *U.S.C. 247b–13) is amended—*

4 *(1) in subsection (a)—*

5 *(A) by amending paragraph (1) to read as*
6 *follows:*

7 *“(1) to collect, analyze, and make available data*
8 *on prenatal smoking and alcohol and substance abuse*
9 *and misuse, including—*

10 *“(A) data on—*

11 *“(i) the incidence, prevalence, and im-*
12 *plications of such activities; and*

13 *“(ii) the incidence and prevalence of*
14 *implications and outcomes, including neo-*
15 *natal abstinence syndrome and other mater-*
16 *nal and child health outcomes associated*
17 *with such activities; and*

18 *“(B) to inform such analysis, additional in-*
19 *formation or data on family health history,*
20 *medication exposures during pregnancy, demo-*
21 *graphic information, such as race, ethnicity, geo-*
22 *graphic location, and family history, and other*
23 *relevant information, as appropriate;”;*

24 *(B) in paragraph (2)—*

1 (i) by striking “prevention of” and in-
2 serting “prevention and long-term outcomes
3 associated with”; and

4 (ii) by striking “illegal drug use” and
5 inserting “substance abuse and misuse”;

6 (C) in paragraph (3), by striking “and ces-
7 sation programs; and” and inserting “, treat-
8 ment, and cessation programs;”;

9 (D) in paragraph (4), by striking “illegal
10 drug use.” and inserting “substance abuse and
11 misuse; and”; and

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

13 “(5) to issue public reports on the analysis of
14 data described in paragraph (1), including analysis
15 of—

16 “(A) long-term outcomes of children affected
17 by neonatal abstinence syndrome;

18 “(B) health outcomes associated with pre-
19 natal smoking, alcohol, and substance abuse and
20 misuse; and

21 “(C) relevant studies, evaluations, or infor-
22 mation the Secretary determines to be appro-
23 priate.”;

24 (2) in subsection (b), by inserting “tribal enti-
25 ties,” after “local governments,”;

1 (3) by redesignating subsection (c) as subsection
2 (d);

3 (4) by inserting after subsection (b) the fol-
4 lowing:

5 “(c) *COORDINATING ACTIVITIES.*—To carry out this
6 section, the Secretary may—

7 “(1) provide technical and consultative assist-
8 ance to entities receiving grants under subsection (b);

9 “(2) ensure a pathway for data sharing between
10 States, tribal entities, and the Centers for Disease
11 Control and Prevention;

12 “(3) ensure data collection under this section is
13 consistent with applicable State, Federal, and Tribal
14 privacy laws; and

15 “(4) coordinate with the National Coordinator
16 for Health Information Technology, as appropriate,
17 to assist States and Tribes in implementing systems
18 that use standards recognized by such National Coor-
19 dinator, as such recognized standards are available,
20 in order to facilitate interoperability between such
21 systems and health information technology systems,
22 including certified health information technology.”;
23 and

1 (5) *in subsection (d), as so redesignated, by*
 2 *striking “2001 through 2005” and inserting “2019*
 3 *through 2023”.*

4 **SEC. 1512. SURVEILLANCE AND EDUCATION REGARDING IN-**
 5 **FECTIONS ASSOCIATED WITH ILLICIT DRUG**
 6 **USE AND OTHER RISK FACTORS.**

7 *Section 317N of the Public Health Service Act (42*
 8 *U.S.C. 247b–15) is amended—*

9 (1) *by amending the section heading to read as*
 10 *follows: “**SURVEILLANCE AND EDUCATION RE-***
 11 **GARDING INFECTIONS ASSOCIATED WITH IL-**
 12 **LICIT DRUG USE AND OTHER RISK FACTORS”;**

13 (2) *in subsection (a)—*

14 (A) *in the matter preceding paragraph (1),*
 15 *by inserting “activities” before the colon;*

16 (B) *in paragraph (1)—*

17 (i) *by inserting “or maintaining” after*
 18 *“implementing”;*

19 (ii) *by striking “hepatitis C virus in-*
 20 *fection (in this section referred to as ‘HCV*
 21 *infection’)” and inserting “infections com-*
 22 *monly associated with illicit drug use,*
 23 *which may include viral hepatitis, human*
 24 *immunodeficiency virus, and infective endo-*
 25 *carditis,”; and*

1 (iii) by striking “such infection” and
2 all that follows through the period at the
3 end and inserting “such infections, which
4 may include the reporting of cases of such
5 infections.”;

6 (C) in paragraph (2), by striking “HCV in-
7 fection” and all that follows through the period
8 at the end and inserting “infections as a result
9 of illicit drug use, receiving blood transfusions
10 prior to July 1992, or other risk factors.”;

11 (D) in paragraphs (4) and (5), by striking
12 “HCV infection” each place such term appears
13 and inserting “infections described in paragraph
14 (1)”; and

15 (E) in paragraph (5), by striking “pediatri-
16 cians and other primary care physicians, and
17 obstetricians and gynecologists” and inserting
18 “substance use disorder treatment providers, pe-
19 diatricians, other primary care providers, and
20 obstetrician-gynecologists”;

21 (3) in subsection (b)—

22 (A) by striking “directly and” and insert-
23 ing “directly or”; and

24 (B) by striking “hepatitis C,” and all that
25 follows through the period at the end and insert-

1 ing “infections described in subsection (a)(1).”;
 2 and
 3 (4) in subsection (c), by striking “such sums as
 4 may be necessary for each of the fiscal years 2001
 5 through 2005” and inserting “\$40,000,000 for each of
 6 fiscal years 2019 through 2023”.

7 **SEC. 1513. TASK FORCE TO DEVELOP BEST PRACTICES FOR**
 8 **TRAUMA-INFORMED IDENTIFICATION, REFER-**
 9 **RAL, AND SUPPORT.**

10 (a) *ESTABLISHMENT.*—There is established a task
 11 force, to be known as the Interagency Task Force on Trau-
 12 ma-Informed Care (in this section referred to as the “task
 13 force”) that shall identify, evaluate, and make recommenda-
 14 tions regarding best practices with respect to children and
 15 youth, and their families as appropriate, who have experi-
 16 enced or are at risk of experiencing trauma.

17 (b) *MEMBERSHIP.*—

18 (1) *COMPOSITION.*—The task force shall be com-
 19 posed of the heads of the following Federal depart-
 20 ments and agencies, or their designees:

21 (A) *The Centers for Medicare & Medicaid*
 22 *Services.*

23 (B) *The Substance Abuse and Mental*
 24 *Health Services Administration.*

1 (C) *The Agency for Healthcare Research*
2 *and Quality.*

3 (D) *The Centers for Disease Control and*
4 *Prevention.*

5 (E) *The Indian Health Service.*

6 (F) *The Department of Veterans Affairs.*

7 (G) *The National Institutes of Health.*

8 (H) *The Food and Drug Administration.*

9 (I) *The Health Resources and Services Ad-*
10 *ministration.*

11 (J) *The Department of Defense.*

12 (K) *The Office of Minority Health.*

13 (L) *The Administration for Children and*
14 *Families.*

15 (M) *The Office of the Assistant Secretary*
16 *for Planning and Evaluation.*

17 (N) *The Office for Civil Rights of the De-*
18 *partment of Health and Human Services.*

19 (O) *The Office of Juvenile Justice and De-*
20 *linquency Prevention of the Department of Jus-*
21 *tice.*

22 (P) *The Office of Community Oriented Po-*
23 *licing Services of the Department of Justice.*

24 (Q) *The Office on Violence Against Women*
25 *of the Department of Justice.*

1 (R) *The National Center for Education*
2 *Evaluation and Regional Assistance of the De-*
3 *partment of Education.*

4 (S) *The National Center for Special Edu-*
5 *cation Research of the Institute of Education*
6 *Science.*

7 (T) *The Office of Elementary and Sec-*
8 *ondary Education of the Department of Edu-*
9 *cation.*

10 (U) *The Office for Civil Rights of the De-*
11 *partment of Education.*

12 (V) *The Office of Special Education and*
13 *Rehabilitative Services of the Department of*
14 *Education.*

15 (W) *The Bureau of Indian Affairs of the*
16 *Department of the Interior.*

17 (X) *The Veterans Health Administration of*
18 *the Department of Veterans Affairs.*

19 (Y) *The Office of Special Needs Assistance*
20 *Programs of the Department of Housing and*
21 *Urban Development.*

22 (Z) *The Office of Head Start of the Admin-*
23 *istration for Children and Families.*

24 (AA) *The Children's Bureau of the Admin-*
25 *istration for Children and Families.*

1 (BB) *The Bureau of Indian Education of*
 2 *the Department of the Interior.*

3 (CC) *Such other Federal agencies as the*
 4 *Secretaries determine to be appropriate.*

5 (2) *DATE OF APPOINTMENTS.—The heads of Fed-*
 6 *eral departments and agencies shall appoint the cor-*
 7 *responding members of the task force not later than*
 8 *6 months after the date of enactment of this Act.*

9 (3) *CHAIRPERSON.—The task force shall be*
 10 *chaired by the Assistant Secretary for Mental Health*
 11 *and Substance Use.*

12 (c) *TASK FORCE DUTIES.—The task force shall—*

13 (1) *solicit input from stakeholders, including*
 14 *frontline service providers, educators, mental health*
 15 *professionals, researchers, experts in infant, child, and*
 16 *youth trauma, child welfare professionals, and the*
 17 *public, in order to inform the activities under para-*
 18 *graph (2); and*

19 (2) *identify, evaluate, make recommendations,*
 20 *and update such recommendations not less than an-*
 21 *nually, to the general public, the Secretary of Edu-*
 22 *cation, the Secretary of Health and Human Services,*
 23 *the Secretary of Labor, the Secretary of the Interior,*
 24 *the Attorney General, and other relevant cabinet Sec-*
 25 *retaries, and Congress regarding—*

1 (A) a set of evidence-based, evidence-in-
2 formed, and promising best practices with re-
3 spect to—

4 (i) the identification of infants, chil-
5 dren and youth, and their families as ap-
6 propriate, who have experienced or are at
7 risk of experiencing trauma; and

8 (ii) the expeditious referral to and im-
9 plementation of trauma-informed practices
10 and supports that prevent and mitigate the
11 effects of trauma;

12 (B) a national strategy on how the task
13 force and member agencies will collaborate,
14 prioritize options for, and implement a coordi-
15 nated approach which may include data sharing
16 and the awarding of grants that support infants,
17 children, and youth, and their families as appro-
18 priate, who have experienced or are at risk of ex-
19 periencing trauma; and

20 (C) existing Federal authorities at the De-
21 partment of Education, Department of Health
22 and Human Services, Department of Justice,
23 Department of Labor, Department of the Inte-
24 rior, and other relevant agencies, and specific
25 Federal grant programs to disseminate best

1 *practices on, provide training in, or deliver serv-*
2 *ices through, trauma-informed practices, and*
3 *disseminate such information—*

4 *(i) in writing to relevant program of-*
5 *fices at such agencies to encourage grant*
6 *applicants in writing to use such funds,*
7 *where appropriate, for trauma-informed*
8 *practices; and*

9 *(ii) to the general public through the*
10 *internet website of the task force.*

11 *(d) BEST PRACTICES.—In identifying, evaluating,*
12 *and recommending the set of best practices under subsection*
13 *(c), the task force shall—*

14 *(1) include guidelines for providing professional*
15 *development for front-line services providers, includ-*
16 *ing school personnel, early childhood education pro-*
17 *gram providers, providers from child- or youth-serv-*
18 *ing organizations, housing and homeless providers,*
19 *primary and behavioral health care providers, child*
20 *welfare and social services providers, juvenile and*
21 *family court personnel, health care providers, individ-*
22 *uals who are mandatory reporters of child abuse or*
23 *neglect, trained nonclinical providers (including peer*
24 *mentors and clergy), and first responders, in—*

1 (A) understanding and identifying early
2 signs and risk factors of trauma in infants, chil-
3 dren, and youth, and their families as appro-
4 priate, including through screening processes;

5 (B) providing practices to prevent and
6 mitigate the impact of trauma, including by fos-
7 tering safe and stable environments and relation-
8 ships; and

9 (C) developing and implementing policies,
10 procedures, or systems that—

11 (i) are designed to quickly refer in-
12 fants, children, youth, and their families as
13 appropriate, who have experienced or are at
14 risk of experiencing trauma to the appro-
15 priate trauma-informed screening and sup-
16 port, including age-appropriate treatment,
17 and to ensure such infants, children, youth,
18 and family members receive such support;

19 (ii) utilize and develop partnerships
20 with early childhood education programs,
21 local social services organizations, such as
22 organizations serving youth, and clinical
23 mental health or health care service pro-
24 viders with expertise in providing support
25 services (including age-appropriate trauma-

1 informed and evidence-based treatment)
2 aimed at preventing or mitigating the ef-
3 fects of trauma;

4 (iii) educate children and youth to—

5 (I) understand and identify the
6 signs, effects, or symptoms of trauma;
7 and

8 (II) build the resilience and cop-
9 ing skills to mitigate the effects of expe-
10 riencing trauma;

11 (iv) promote and support multi-
12 generational practices that assist parents,
13 foster parents, and kinship and other care-
14 givers in accessing resources related to, and
15 developing environments conducive to, the
16 prevention and mitigation of trauma; and

17 (v) collect and utilize data from
18 screenings, referrals, or the provision of
19 services and supports to evaluate and im-
20 prove processes for trauma-informed sup-
21 port and outcomes that are culturally sen-
22 sitive, linguistically appropriate, and spe-
23 cific to age ranges and sex, as applicable;
24 and

1 (2) *recommend best practices that are designed*
2 *to avoid unwarranted custody loss or criminal pen-*
3 *alties for parents or guardians in connection with in-*
4 *fants, children, and youth who have experienced or*
5 *are at risk of experiencing trauma.*

6 (e) *OPERATING PLAN.*—*Not later than 1 year after the*
7 *date of enactment of this Act, the task force shall hold the*
8 *first meeting. Not later than 2 years after such date of en-*
9 *actment, the task force shall submit to the Secretary of Edu-*
10 *cation, Secretary of Health and Human Services, Secretary*
11 *of Labor, Secretary of the Interior, the Attorney General,*
12 *and Congress an operating plan for carrying out the activi-*
13 *ties of the task force described in subsection (c)(2). Such*
14 *operating plan shall include—*

15 (1) *a list of specific activities that the task force*
16 *plans to carry out for purposes of carrying out duties*
17 *described in subsection (c)(2), which may include*
18 *public engagement;*

19 (2) *a plan for carrying out the activities under*
20 *subsection (c)(2);*

21 (3) *a list of members of the task force and other*
22 *individuals who are not members of the task force*
23 *that may be consulted to carry out such activities;*

24 (4) *an explanation of Federal agency involve-*
25 *ment and coordination needed to carry out such ac-*

1 *tivities, including any statutory or regulatory bar-*
 2 *riers to such coordination;*

3 *(5) a budget for carrying out such activities; and*

4 *(6) other information that the task force deter-*
 5 *mines appropriate.*

6 *(f) FINAL REPORT.—Not later than 3 years after the*
 7 *date of the first meeting of the task force, the task force shall*
 8 *submit to the general public, Secretary of Education, Sec-*
 9 *retary of Health and Human Services, Secretary of Labor,*
 10 *Secretary of the Interior, the Attorney General, and other*
 11 *relevant cabinet Secretaries, and Congress, a final report*
 12 *containing all of the findings and recommendations re-*
 13 *quired under this section.*

14 *(g) DEFINITION.—In this section, the term “early*
 15 *childhood education program” has the meaning given such*
 16 *term in section 103 of the Higher Education Act of 1965*
 17 *(20 U.S.C. 1003).*

18 *(h) AUTHORIZATION OF APPROPRIATIONS.—To carry*
 19 *out this section, there is authorized to be appropriated such*
 20 *sums as may be necessary for each of fiscal years 2019*
 21 *through 2022.*

22 *(i) SUNSET.—The task force shall on the date that is*
 23 *60 days after the submission of the final report under sub-*
 24 *section (f), but not later than September 30, 2022.*

1 **SEC. 1514. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**
2 **ICES AND MENTAL HEALTH CARE FOR CHIL-**
3 **DREN AND YOUTH IN EDUCATIONAL SET-**
4 **TINGS.**

5 (a) GRANTS, CONTRACTS, AND COOPERATIVE AGREE-
6 MENTS AUTHORIZED.—*The Secretary, in coordination with*
7 *the Assistant Secretary for Mental Health and Substance*
8 *Use, is authorized to award grants to, or enter into con-*
9 *tracts or cooperative agreements with, State educational*
10 *agencies, local educational agencies, Head Start agencies*
11 *(including Early Head Start agencies), State or local agen-*
12 *cies that administer public preschool programs, Indian*
13 *Tribes or their tribal educational agencies, a school operated*
14 *by the Bureau of Indian Education, a Regional Corpora-*
15 *tion (as defined in section 3 of the Alaska Native Claims*
16 *Settlement Act (43 U.S.C. 1602)), or a Native Hawaiian*
17 *educational organization (as defined in section 6207 of the*
18 *Elementary and Secondary Education Act of 1965 (20*
19 *U.S.C. 7517)), for the purpose of increasing student access*
20 *to evidence-based trauma support services and mental*
21 *health care by developing innovative initiatives, activities,*
22 *or programs to link local school systems with local trauma-*
23 *informed support and mental health systems, including*
24 *those under the Indian Health Service.*

25 (b) DURATION.—*With respect to a grant, contract, or*
26 *cooperative agreement awarded or entered into under this*

1 *section, the period during which payments under such*
2 *grant, contract or agreement are made to the recipient may*
3 *not exceed 4 years.*

4 *(c) USE OF FUNDS.—An entity that receives a grant,*
5 *contract, or cooperative agreement under this section shall*
6 *use amounts made available through such grant, contract,*
7 *or cooperative agreement for evidence-based activities,*
8 *which shall include any of the following:*

9 *(1) Collaborative efforts between school-based*
10 *service systems and trauma-informed support and*
11 *mental health service systems to provide, develop, or*
12 *improve prevention, screening, referral, and treatment*
13 *and support services to students, such as by providing*
14 *universal trauma screenings to identify students in*
15 *need of specialized support.*

16 *(2) To implement schoolwide multi-tiered posi-*
17 *tive behavioral interventions and supports, or other*
18 *trauma-informed models of support.*

19 *(3) To provide professional development to teach-*
20 *ers, teacher assistants, school leaders, specialized in-*
21 *structional support personnel, and mental health pro-*
22 *fessionals that—*

23 *(A) fosters safe and stable learning environ-*
24 *ments that prevent and mitigate the effects of*

1 *trauma, including through social and emotional*
2 *learning;*

3 *(B) improves school capacity to identify,*
4 *refer, and provide services to students in need of*
5 *trauma support or behavioral health services; or*

6 *(C) reflects the best practices developed by*
7 *the Interagency Task Force on Trauma-Informed*
8 *Care established under section 513.*

9 *(4) To create or enhance services at a full-service*
10 *community school that focuses on trauma-informed*
11 *supports, which may include establishing a school-site*
12 *advisory team, managing, coordinating, or delivering*
13 *pipeline services, hiring a full-time site coordinator,*
14 *or other activities consistent with section 4625 of the*
15 *Elementary and Secondary Education Act of 1965*
16 *(20 U.S.C. 7275).*

17 *(5) Engaging families and communities in ef-*
18 *forts to increase awareness of child and youth trau-*
19 *ma, which may include sharing best practices with*
20 *law enforcement regarding trauma-informed care and*
21 *working with mental health professionals to provide*
22 *interventions, as well as longer term coordinated care*
23 *within the community for children and youth who*
24 *have experienced trauma and their families.*

1 (6) *To provide technical assistance to school sys-*
2 *tems and mental health agencies.*

3 (7) *To evaluate the effectiveness of the program*
4 *carried out under this section in increasing student*
5 *access to evidence-based trauma support services and*
6 *mental health care.*

7 (d) *APPLICATIONS.—To be eligible to receive a grant,*
8 *contract, or cooperative agreement under this section, an*
9 *entity described in subsection (a) shall submit an applica-*
10 *tion to the Secretary at such time, in such manner, and*
11 *containing such information as the Secretary may reason-*
12 *ably require, which shall include the following:*

13 (1) *A description of the innovative initiatives,*
14 *activities, or programs to be funded under the grant,*
15 *contract, or cooperative agreement, including how*
16 *such program will increase access to evidence-based*
17 *trauma support services and mental health care for*
18 *students, and, as applicable, the families of such stu-*
19 *dents.*

20 (2) *A description of how the program will pro-*
21 *vide linguistically appropriate and culturally com-*
22 *petent services.*

23 (3) *A description of how the program will sup-*
24 *port students and the school in improving the school*

1 *climate in order to support an environment conducive*
 2 *to learning.*

3 *(4) An assurance that—*

4 *(A) persons providing services under the*
 5 *grant, contract, or cooperative agreement are*
 6 *adequately trained to provide such services; and*

7 *(B) teachers, school leaders, administrators,*
 8 *specialized instructional support personnel, rep-*
 9 *resentatives of local Indian Tribes or tribal orga-*
 10 *nizations as appropriate, other school personnel,*
 11 *and parents or guardians of students partici-*
 12 *pating in services under this section will be en-*
 13 *gaged and involved in the design and implemen-*
 14 *tation of the services.*

15 *(5) A description of how the applicant will sup-*
 16 *port and integrate existing school-based services with*
 17 *the program in order to provide mental health serv-*
 18 *ices for students, as appropriate.*

19 *(e) INTERAGENCY AGREEMENTS.—*

20 *(1) DESIGNATION OF LEAD AGENCY.—A recipient*
 21 *of a grant, contract, or cooperative agreement under*
 22 *this section shall designate a lead agency to direct the*
 23 *establishment of an interagency agreement among*
 24 *local educational agencies, agencies responsible for*
 25 *early childhood education programs, juvenile justice*

1 *authorities, mental health agencies, child welfare*
2 *agencies, and other relevant entities in the State or*
3 *Indian Tribe, in collaboration with local entities.*

4 (2) *CONTENTS.—The interagency agreement*
5 *shall ensure the provision of the services described in*
6 *subsection (c), specifying with respect to each agency,*
7 *authority, or entity—*

8 (A) *the financial responsibility for the serv-*
9 *ices;*

10 (B) *the conditions and terms of responsi-*
11 *bility for the services, including quality, account-*
12 *ability, and coordination of the services; and*

13 (C) *the conditions and terms of reimburse-*
14 *ment among the agencies, authorities, or entities*
15 *that are parties to the interagency agreement,*
16 *including procedures for dispute resolution.*

17 (f) *EVALUATION.—The Secretary shall reserve not to*
18 *exceed 3 percent of the funds made available under sub-*
19 *section (l) for each fiscal year to—*

20 (1) *conduct a rigorous, independent evaluation*
21 *of the activities funded under this section; and*

22 (2) *disseminate and promote the utilization of*
23 *evidence-based practices regarding trauma support*
24 *services and mental health care.*

1 (g) *DISTRIBUTION OF AWARDS.*—*The Secretary shall*
 2 *ensure that grants, contracts, and cooperative agreements*
 3 *awarded or entered into under this section are equitably*
 4 *distributed among the geographical regions of the United*
 5 *States and among tribal, urban, suburban, and rural popu-*
 6 *lations.*

7 (h) *RULE OF CONSTRUCTION.*—*Nothing in this section*
 8 *shall be construed—*

9 (1) *to prohibit an entity involved with a pro-*
 10 *gram carried out under this section from reporting a*
 11 *crime that is committed by a student to appropriate*
 12 *authorities; or*

13 (2) *to prevent Federal, State, and tribal law en-*
 14 *forcement and judicial authorities from exercising*
 15 *their responsibilities with regard to the application of*
 16 *Federal, tribal, and State law to crimes committed by*
 17 *a student.*

18 (i) *SUPPLEMENT, NOT SUPPLANT.*—*Any services pro-*
 19 *vided through programs carried out under this section shall*
 20 *supplement, and not supplant, existing mental health serv-*
 21 *ices, including any special education and related services*
 22 *provided under the Individuals with Disabilities Education*
 23 *Act (20 U.S.C. 1400 et seq.).*

24 (j) *CONSULTATION WITH INDIAN TRIBES.*—*In car-*
 25 *rying out subsection (a), the Secretary shall, in a timely*

1 manner, meaningfully consult, engage, and cooperate with
 2 Indian Tribes and their representatives to ensure notice of
 3 eligibility.

4 (k) *DEFINITIONS.—In this section:*

5 (1) *ELEMENTARY OR SECONDARY SCHOOL.—The*
 6 *term “elementary or secondary school” means a pub-*
 7 *lic elementary and secondary school as such term is*
 8 *defined in section 8101 of the Elementary and Sec-*
 9 *ondary Education Act of 1965 (20 U.S.C. 7801).*

10 (2) *EVIDENCE-BASED.—The term “evidence-*
 11 *based” has the meaning given such term in section*
 12 *8101(21)(A)(i) of the Elementary and Secondary*
 13 *Education Act of 1965 (20 U.S.C. 7801(21)(A)(i)).*

14 (3) *NATIVE HAWAIIAN EDUCATIONAL ORGANIZA-*
 15 *TION.—The term “Native Hawaiian educational or-*
 16 *ganization” has the meaning given such term in sec-*
 17 *tion 6207 of the Elementary and Secondary Edu-*
 18 *cation Act of 1965 (20 U.S.C. 7517).*

19 (4) *PIPELINE SERVICES.—The term “pipeline*
 20 *services” has the meaning given such term in section*
 21 *4622 of the Elementary and Secondary Education*
 22 *Act of 1965 (20 U.S.C. 7517).*

23 (5) *SCHOOL LEADER.—The term “school leader”*
 24 *has the meaning given such term in section 8101 of*

1 *the Elementary and Secondary Education Act of*
 2 *1965 (20 U.S.C. 7801).*

3 (6) *SECRETARY.*—*The term “Secretary” means*
 4 *the Secretary of Education.*

5 (7) *SPECIALIZED INSTRUCTIONAL SUPPORT PER-*
 6 *SONNEL.*—*The term “specialized instructional sup-*
 7 *port personnel” has the meaning given such term in*
 8 *section 8101 of the Elementary and Secondary Edu-*
 9 *cation Act of 1965 (20 U.S.C. 7801).*

10 (1) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
 11 *authorized to be appropriated to carry out this section, such*
 12 *sums as may be necessary for each of fiscal years 2019*
 13 *through 2023.*

14 **SEC. 1515. NATIONAL CHILD TRAUMATIC STRESS INITIA-**
 15 **TIVE.**

16 Section 582(j) of the Public Health Service Act (42
 17 U.S.C. 290hh–1(j)) (relating to grants to address the prob-
 18 lems of persons who experience violence-related stress) is
 19 amended by striking “\$46,887,000 for each of fiscal years
 20 2018 through 2022” and inserting “\$53,887,000 for each
 21 of fiscal years 2019 through 2023”.

22 **SEC. 1516. NATIONAL MILESTONES TO MEASURE SUCCESS**
 23 **IN CURTAILING THE OPIOID CRISIS.**

24 (a) *IN GENERAL.*—*Not later than 180 days after the*
 25 *date of enactment of this Act, the Secretary, in consultation*

1 *with the Administrator of the Drug Enforcement Adminis-*
 2 *tration and the Director of the Office of National Drug Con-*
 3 *trol Policy, shall develop or identify existing national indi-*
 4 *cators (referred to in this section as the “national mile-*
 5 *stones”)* to measure success in curtailing the opioid crisis,
 6 *with the goal of significantly reversing the incidence and*
 7 *prevalence of opioid misuse and abuse, and opioid-related*
 8 *morbidity and mortality in the United States within 5*
 9 *years of such date of enactment.*

10 (b) *NATIONAL MILESTONES TO END THE OPIOID CRI-*
 11 *SIS.—The national milestones under subsection (a) shall in-*
 12 *clude the following:*

13 (1) *Not fewer than 10 indicators or metrics to*
 14 *accurately and expediently measure progress in meet-*
 15 *ing the goal described in subsection (a), which shall,*
 16 *as appropriate, include, indicators or metrics related*
 17 *to—*

18 (A) *the number of fatal and non-fatal*
 19 *opioid overdoses;*

20 (B) *the number of emergency room visits re-*
 21 *lated to opioid misuse and abuse;*

22 (C) *the number of individuals in sustained*
 23 *recovery from opioid use disorder;*

24 (D) *the number of infections associated with*
 25 *illicit drug use, such as HIV, viral hepatitis, and*

1 *infective endocarditis, and available capacity for*
 2 *treating such infections;*

3 *(E) the number of providers prescribing*
 4 *medication assisted treatment for opioid use dis-*
 5 *orders, including in primary care settings, com-*
 6 *munity health centers, jails, and prisons;*

7 *(F) the number of individuals receiving*
 8 *treatment for opioid use disorder; and*

9 *(G) additional indicators or metrics, as ap-*
 10 *propriate, such as metrics pertaining to specific*
 11 *populations, including women and children,*
 12 *American Indians and Alaskan Natives, individ-*
 13 *uals living in rural and non-urban areas, and*
 14 *justice-involved populations, that would further*
 15 *clarify the progress made in addressing the*
 16 *opioid misuse and abuse crisis.*

17 *(2) A reasonable goal, such as a percentage de-*
 18 *crease or other specified metric, that signifies progress*
 19 *in meeting the goal described in subsection (a), and*
 20 *annual targets to help achieve that goal.*

21 *(c) CONSIDERATION OF OTHER SUBSTANCE USE DIS-*
 22 *ORDERS.—In developing the national milestones under sub-*
 23 *section (b), the Secretary shall, as appropriate, consider*
 24 *other substance use disorders in addition to opioid use dis-*
 25 *order.*

1 (d) *EXTENSION OF PERIOD.*—If the Secretary deter-
2 mines that the goal described in subsection (a) will not be
3 achieved with respect to any indicator or metric established
4 under subsection (b)(2) within 5 years of the date of enact-
5 ment of this Act, the Secretary may extend the timeline for
6 meeting such goal with respect to that indicator or metric.
7 The Secretary shall include with any such extension a ra-
8 tionale for why additional time is needed and information
9 on whether significant changes are needed in order to
10 achieve such goal with respect to the indicator or metric.

11 (e) *ANNUAL STATUS UPDATE.*—Not later than one
12 year after the enactment of this Act, the Secretary shall
13 make available on the internet website of the Department
14 of Health and Human Services, and submit to the Com-
15 mittee on Health, Education, Labor, and Pensions of the
16 Senate and the Committee on Energy and Commerce of the
17 House of Representatives, an update on the progress, in-
18 cluding expected progress in the subsequent year, in achiev-
19 ing the goals detailed in the national milestones. Each such
20 update shall include the progress made in the first year or
21 since the previous report, as applicable, in meeting each in-
22 dicator or metric in the national milestones.

1 ***TITLE II—FINANCE***

2 ***SEC. 2001. SHORT TITLE.***

3 *This title may be cited as the “Helping to End Addic-*
 4 *tion and Lessen Substance Use Disorders Act of 2018” or*
 5 *the “HEAL Act of 2018”.*

6 ***Subtitle A—Medicare***

7 ***SEC. 2101. MEDICARE OPIOID SAFETY EDUCATION.***

8 *(a) IN GENERAL.—Section 1804 of the Social Security*
 9 *Act (42 U.S.C. 1395b–2) is amended by adding at the end*
 10 *the following new subsection:*

11 *“(d) The notice provided under subsection (a) shall in-*
 12 *clude—*

13 *“(1) references to educational resources regarding*
 14 *opioid use and pain management;*

15 *“(2) a description of categories of alternative,*
 16 *non-opioid pain management treatments covered*
 17 *under this title; and*

18 *“(3) a suggestion for the beneficiary to talk to a*
 19 *physician regarding opioid use and pain manage-*
 20 *ment.”.*

21 *(b) EFFECTIVE DATE.—The amendment made by sub-*
 22 *section (a) shall apply to notices distributed prior to each*
 23 *Medicare open enrollment period beginning after January*
 24 *1, 2019.*

1 **SEC. 2102. EXPANDING THE USE OF TELEHEALTH SERVICES**
 2 **FOR THE TREATMENT OF OPIOID USE DIS-**
 3 **ORDER AND OTHER SUBSTANCE USE DIS-**
 4 **ORDERS.**

5 (a) *IN GENERAL.*—Section 1834(m) of the Social Secu-
 6 rity Act (42 U.S.C. 1395m(m)) is amended—

7 (1) in paragraph (2)(B)—

8 (A) in clause (i), in the matter preceding
 9 subclause (I), by striking “clause (ii)” and in-
 10 serting “clause (ii) and paragraph (6)(C)”; and

11 (B) in clause (ii), in the heading, by strik-
 12 ing “FOR HOME DIALYSIS THERAPY”;

13 (2) in paragraph (4)(C)—

14 (A) in clause (i), by striking “paragraph
 15 (6)” and inserting “paragraphs (5), (6), and
 16 (7)”; and

17 (B) in clause (ii)(X), by inserting “or tele-
 18 health services described in paragraph (7)” be-
 19 fore the period at the end; and

20 (3) by adding at the end the following new para-
 21 graph:

22 “(7) *TREATMENT OF SUBSTANCE USE DISORDER*
 23 *SERVICES FURNISHED THROUGH TELEHEALTH.*—The
 24 geographic requirements described in paragraph
 25 (4)(C)(i) shall not apply with respect to telehealth
 26 services furnished on or after January 1, 2019, to an

1 *eligible telehealth individual with a substance use dis-*
 2 *order diagnosis for purposes of treatment of such dis-*
 3 *order, as determined by the Secretary, at an origi-*
 4 *nating site described in paragraph (4)(C)(ii) (other*
 5 *than an originating site described in subclause (IX)*
 6 *of such paragraph).”.*

7 **(b) IMPLEMENTATION.**—*The Secretary of Health and*
 8 *Human Services (in this section referred to as the “Sec-*
 9 *retary”)* may implement the amendments made by this sec-
 10 *tion by interim final rule.*

11 **(c) REPORT.**—*Not later than 5 years after the date of*
 12 *the enactment of this Act, the Secretary shall submit to Con-*
 13 *gress a report on the impact of the implementation of the*
 14 *amendments made by this section with respect to telehealth*
 15 *services under section 1834(m) of the Social Security Act*
 16 *(42 U.S.C. 1395m(m)) on—*

17 *(1) the utilization of health care items and serv-*
 18 *ices under title XVIII of such Act (42 U.S.C. 1395 et*
 19 *seq.) related to substance use disorders, including*
 20 *emergency department visits; and*

21 *(2) health outcomes related to substance use dis-*
 22 *orders, such as opioid overdose deaths.*

1 **SEC. 2103. COMPREHENSIVE SCREENINGS FOR SENIORS.**

2 (a) *INITIAL PREVENTIVE PHYSICAL EXAMINATION.*—

3 *Section 1861(w) of the Social Security Act (42 U.S.C.*

4 *1395x(w)) is amended—*

5 (1) *in paragraph (1)—*

6 (A) *by striking “paragraph (2) and” and*

7 *inserting “paragraph (2),”; and*

8 (B) *by inserting “and the furnishing of a*

9 *review of any current opioid prescriptions (as*

10 *defined in paragraph (4)),” after “upon the*

11 *agreement with the individual,”; and*

12 (2) *in paragraph (2)—*

13 (A) *by redesignating subparagraph (N) as*

14 *subparagraph (O); and*

15 (B) *by inserting after subparagraph (M) the*

16 *following new subparagraph:*

17 “(N) *Screening for potential substance use*

18 *disorders.”; and*

19 (3) *by adding at the end the following new para-*

20 *graph:*

21 “(4) *For purposes of paragraph (1), the term ‘a review*

22 *of any current opioid prescriptions’ means, with respect to*

23 *an individual determined to have a current prescription for*

24 *opioids—*

25 “(A) *a review of the potential risk factors to the*

26 *individual for opioid use disorder;*

1 “(B) an evaluation of the individual’s severity of
2 pain and current treatment plan;

3 “(C) the provision of information on non-opioid
4 treatment options; and

5 “(D) a referral to a pain management specialist,
6 as appropriate.”.

7 (b) *ANNUAL WELLNESS VISIT*.—Section 1861(hhh)(2)
8 of the Social Security Act (42 U.S.C. 1395x(hhh)(2)) is
9 amended—

10 (1) by redesignating subparagraph (G) as sub-
11 paragraph (I); and

12 (2) by inserting after subparagraph (F) the fol-
13 lowing new subparagraphs:

14 “(G) Screening for potential substance use
15 disorders and referral for treatment as appro-
16 priate.

17 “(H) The furnishing of a review of any cur-
18 rent opioid prescriptions (as defined in sub-
19 section (ww)(4)).”.

20 (c) *EFFECTIVE DATE*.—The amendments made by this
21 section shall apply to examinations and visits furnished on
22 or after January 1, 2019.

1 **SEC. 2104. EVERY PRESCRIPTION CONVEYED SECURELY.**

2 (a) *IN GENERAL.*—Section 1860D–4(e) of the Social
3 *Security Act* (42 U.S.C. 1395w–104(e)) is amended by add-
4 *ing at the end the following:*

5 “(7) *REQUIREMENT OF E-PRESCRIBING FOR CON-*
6 *TROLLED SUBSTANCES.*—

7 “(A) *IN GENERAL.*—Subject to subpara-
8 *graph (B), a prescription for a covered part D*
9 *drug under a prescription drug plan (or under*
10 *an MA–PD plan) for a schedule II, III, IV, or*
11 *V controlled substance shall be transmitted by a*
12 *health care practitioner electronically in accord-*
13 *ance with an electronic prescription drug pro-*
14 *gram that meets the requirements of paragraph*
15 *(2).*

16 “(B) *EXCEPTION FOR CERTAIN CIR-*
17 *CUMSTANCES.*—The Secretary shall, through
18 *rulemaking, specify circumstances and processes*
19 *by which the Secretary may waive the require-*
20 *ment under subparagraph (A), with respect to a*
21 *covered part D drug, including in the case of—*

22 “(i) *a prescription issued when the*
23 *practitioner and dispensing pharmacy are*
24 *the same entity;*

25 “(ii) *a prescription issued that cannot*
26 *be transmitted electronically under the most*

1 *recently implemented version of the Na-*
2 *tional Council for Prescription Drug Pro-*
3 *grams SCRIPT Standard;*

4 “(iii) a prescription issued by a prac-
5 *titioner who received a waiver or a renewal*
6 *thereof for a period of time as determined*
7 *by the Secretary, not to exceed one year,*
8 *from the requirement to use electronic pre-*
9 *scribing due to demonstrated economic*
10 *hardship, technological limitations that are*
11 *not reasonably within the control of the*
12 *practitioner, or other exceptional cir-*
13 *cumstance demonstrated by the practitioner;*

14 “(iv) a prescription issued by a practi-
15 *tioner under circumstances in which, not-*
16 *withstanding the practitioner’s ability to*
17 *submit a prescription electronically as re-*
18 *quired by this subsection, such practitioner*
19 *reasonably determines that it would be im-*
20 *practical for the individual involved to ob-*
21 *tain substances prescribed by electronic pre-*
22 *scription in a timely manner, and such*
23 *delay would adversely impact the individ-*
24 *ual’s medical condition involved;*

1 “(v) a prescription issued by a practi-
 2 tioner prescribing a drug under a research
 3 protocol;

4 “(vi) a prescription issued by a practi-
 5 tioner for a drug for which the Food and
 6 Drug Administration requires a prescrip-
 7 tion to contain elements that are not able to
 8 be included in electronic prescribing such
 9 as, a drug with risk evaluation and mitiga-
 10 tion strategies that include elements to as-
 11 sure safe use;

12 “(vii) a prescription issued by a prac-
 13 titioner—

14 “(I) for an individual who re-
 15 ceives hospice care under this title; and

16 “(II) that is not covered under the
 17 hospice benefit under this title; and

18 “(viii) a prescription issued by a prac-
 19 titioner for an individual who is—

20 “(I) a resident of a nursing facil-
 21 ity (as defined in section 1919(a)); and

22 “(II) dually eligible for benefits
 23 under this title and title XIX.

24 “(C) *DISPENSING.*—(i) Nothing in this
 25 paragraph shall be construed as requiring a

1 *sponsor of a prescription drug plan under this*
2 *part, MA organization offering an MA–PD plan*
3 *under part C, or a pharmacist to verify that a*
4 *practitioner, with respect to a prescription for a*
5 *covered part D drug, has a waiver (or is other-*
6 *wise exempt) under subparagraph (B) from the*
7 *requirement under subparagraph (A).*

8 *“(ii) Nothing in this paragraph shall be*
9 *construed as affecting the ability of the plan to*
10 *cover or the pharmacists’ ability to continue to*
11 *dispense covered part D drugs from otherwise*
12 *valid written, oral or fax prescriptions that are*
13 *consistent with laws and regulations.*

14 *“(iii) Nothing in this paragraph shall be*
15 *construed as affecting the ability of an indi-*
16 *vidual who is being prescribed a covered part D*
17 *drug to designate a particular pharmacy to dis-*
18 *pende the covered part D drug to the extent con-*
19 *sistent with the requirements under subsection*
20 *(b)(1) and under this paragraph.*

21 *“(D) ENFORCEMENT.—The Secretary shall,*
22 *through rulemaking, have authority to enforce*
23 *and specify appropriate penalties for non-com-*
24 *pliance with the requirement under subpara-*
25 *graph (A).”.*

1 (b) *EFFECTIVE DATE.*—*The amendment made by sub-*
 2 *section (a) shall apply to coverage of drugs prescribed on*
 3 *or after January 1, 2021.*

4 **SEC. 2105. STANDARDIZING ELECTRONIC PRIOR AUTHOR-**
 5 **IZATION FOR SAFE PRESCRIBING.**

6 *Section 1860D–4(e)(2) of the Social Security Act (42*
 7 *U.S.C. 1395w–104(e)(2)) is amended by adding at the end*
 8 *the following new subparagraph:*

9 “(E) *ELECTRONIC PRIOR AUTHORIZA-*
 10 *TION.*—

11 “(i) *IN GENERAL.*—*Not later than Jan-*
 12 *uary 1, 2021, the program shall provide for*
 13 *the secure electronic transmittal of—*

14 “(I) *a prior authorization request*
 15 *from the prescribing health care profes-*
 16 *sional for coverage of a covered part D*
 17 *drug for a part D eligible individual*
 18 *enrolled in a part D plan (as defined*
 19 *in section 1860D–23(a)(5)) to the PDP*
 20 *sponsor or Medicare Advantage organi-*
 21 *zation offering such plan; and*

22 “(II) *a response, in accordance*
 23 *with this subparagraph, from such*
 24 *PDP sponsor or Medicare Advantage*

1 *organization, respectively, to such pro-*
2 *fessional.*

3 “(ii) *ELECTRONIC TRANSMISSION.*—

4 “(I) *EXCLUSIONS.*—*For purposes*
5 *of this subparagraph, a facsimile, a*
6 *proprietary payer portal that does not*
7 *meet standards specified by the Sec-*
8 *retary, or an electronic form shall not*
9 *be treated as an electronic trans-*
10 *mission described in clause (i).*

11 “(II) *STANDARDS.*—*In order to be*
12 *treated, for purposes of this subpara-*
13 *graph, as an electronic transmission*
14 *described in clause (i), such trans-*
15 *mission shall comply with technical*
16 *standards adopted by the Secretary in*
17 *consultation with the National Council*
18 *for Prescription Drug Programs, other*
19 *standard setting organizations deter-*
20 *mined appropriate by the Secretary,*
21 *and stakeholders including PDP spon-*
22 *sors, Medicare Advantage organiza-*
23 *tions, health care professionals, and*
24 *health information technology software*
25 *vendors.*

1 “(III) *APPLICATION.*—Notwith-
 2 standing any other provision of law,
 3 for purposes of this subparagraph, the
 4 Secretary may require the use of such
 5 standards adopted under subclause (II)
 6 in lieu of any other applicable stand-
 7 ards for an electronic transmission de-
 8 scribed in clause (i) for a covered part
 9 D drug for a part D eligible indi-
 10 vidual.”.

11 **SEC. 2106. STRENGTHENING PARTNERSHIPS TO PREVENT**
 12 **OPIOID ABUSE.**

13 (a) *IN GENERAL.*—Section 1859 of the Social Security
 14 Act (42 U.S.C. 1395w–28) is amended by adding at the
 15 end the following new subsection:

16 “(i) *PROGRAM INTEGRITY TRANSPARENCY MEAS-*
 17 *URES.*—

18 “(1) *PROGRAM INTEGRITY PORTAL.*—

19 “(A) *IN GENERAL.*—Not later than 2 years
 20 after the date of the enactment of this subsection,
 21 the Secretary shall, after consultation with stake-
 22 holders, establish a secure Internet website portal
 23 that would allow a secure path for communica-
 24 tion between the Secretary, MA plans under this
 25 part, prescription drug plans under part D, and

1 *an eligible entity with a contract under section*
 2 *1893 (such as a Medicare drug integrity con-*
 3 *tractor or any successor entity to a Medicare*
 4 *drug integrity contractor), in accordance with*
 5 *subsection (j)(3) of such section, for the purpose*
 6 *of enabling through such portal—*

7 *“(i) the referral by such plans of sus-*
 8 *picious activities of a provider of services*
 9 *(including a prescriber) or supplier related*
 10 *to fraud, waste, and abuse for initiating or*
 11 *assisting investigations conducted by the eli-*
 12 *gible entity; and*

13 *“(ii) data sharing among such MA*
 14 *plans, prescription drug plans, and the Sec-*
 15 *retary.*

16 *“(B) REQUIRED USES OF PORTAL.—The*
 17 *Secretary shall disseminate the following infor-*
 18 *mation to MA plans under this part and pre-*
 19 *scription drug plans under part D through the*
 20 *secure Internet website portal established under*
 21 *subparagraph (A):*

22 *“(i) Providers of services and suppliers*
 23 *that have been referred pursuant to sub-*
 24 *paragraph (A)(i) during the previous 12-*
 25 *month period.*

1 “(ii) *Providers of services and sup-*
2 *pliers who are the subject of an active exclu-*
3 *sion under section 1128 or who are subject*
4 *to a suspension of payment under this title*
5 *pursuant to section 1862(o) or otherwise.*

6 “(iii) *Providers of services and sup-*
7 *pliers who are the subject of an active rev-*
8 *ocation of participation under this title, in-*
9 *cluding for not satisfying conditions of par-*
10 *ticipation.*

11 “(iv) *In the case of such a plan that*
12 *makes a referral under subparagraph (A)(i)*
13 *through the portal with respect to suspicious*
14 *activities of a provider of services (includ-*
15 *ing a prescriber) or supplier, if such pro-*
16 *vider (or prescriber) or supplier has been*
17 *the subject of an administrative action*
18 *under this title or title XI with respect to*
19 *similar activities, a notification to such*
20 *plan of such action so taken.*

21 “(C) *RULEMAKING.—For purposes of this*
22 *paragraph, the Secretary shall, through rule-*
23 *making, specify what constitutes suspicious ac-*
24 *tivities related to fraud, waste, and abuse, using*

1 *guidance such as what is provided in the Medi-*
2 *care Program Integrity Manual 4.7.1.*

3 “(2) *QUARTERLY REPORTS.*—*Beginning not*
4 *later than 2 years after the date of the enactment of*
5 *this subsection, the Secretary shall make available to*
6 *MA plans under this part and prescription drug*
7 *plans under part D in a timely manner (but no less*
8 *frequently than quarterly) and using information*
9 *submitted to an entity described in paragraph (1)*
10 *through the portal described in such paragraph or*
11 *pursuant to section 1893, information on fraud,*
12 *waste, and abuse schemes and trends in identifying*
13 *suspicious activity. Information included in each*
14 *such report shall—*

15 “(A) *include administrative actions, perti-*
16 *nent information related to opioid overpre-*
17 *scribing, and other data determined appropriate*
18 *by the Secretary in consultation with stake-*
19 *holders; and*

20 “(B) *be anonymized information submitted*
21 *by plans without identifying the source of such*
22 *information.*

23 “(3) *CLARIFICATION.*—*Nothing in this subsection*
24 *shall preclude or otherwise affect referrals to the In-*

1 *spector General of the Department of Health and*
 2 *Human Services or other law enforcement entities.”.*

3 *(b) CONTRACT REQUIREMENT TO COMMUNICATE PLAN*
 4 *CORRECTIVE ACTIONS AGAINST OPIOIDS OVER-PRE-*
 5 *SCRIBERS.—Section 1857(e)(4)(C) of the Social Security*
 6 *Act (42 U.S.C. 1395w–27(e)(4)(C)) is amended by adding*
 7 *at the end the following new paragraph:*

8 *“(5) COMMUNICATING PLAN CORRECTIVE AC-*
 9 *TIONS AGAINST OPIOIDS OVER-PRESCRIBERS.—*

10 *“(A) IN GENERAL.—Beginning with plan*
 11 *years beginning on or after January 1, 2021, a*
 12 *contract under this section with an MA organi-*
 13 *zation shall require the organization to submit to*
 14 *the Secretary, through the process established*
 15 *under subparagraph (B), information on credible*
 16 *evidence of suspicious activities of a provider of*
 17 *services (including a prescriber) or supplier re-*
 18 *lated to fraud and other actions taken by such*
 19 *plans related to inappropriate prescribing of*
 20 *opioids.*

21 *“(B) PROCESS.—Not later than January 1,*
 22 *2021, the Secretary shall, in consultation with*
 23 *stakeholders, establish a process under which MA*
 24 *plans and prescription drug plans shall submit*

1 to the Secretary information described in sub-
2 paragraph (A).

3 “(C) *REGULATIONS.*—For purposes of this
4 paragraph, including as applied under section
5 1860D–12(b)(3)(D), the Secretary shall, pursu-
6 ant to rulemaking—

7 “(i) specify a definition for the term
8 ‘inappropriate prescribing of opioids’ and a
9 method for determining if a provider of
10 services prescribes such a high volume; and

11 “(ii) establish the process described in
12 subparagraph (B) and the types of informa-
13 tion that may be submitted through such
14 process.”.

15 (c) *REFERENCE UNDER PART D TO PROGRAM INTEG-*
16 *RITY TRANSPARENCY MEASURES.*—Section 1860D–4 of the
17 Social Security Act (42 U.S.C. 1395w–104) is amended by
18 adding at the end the following new subsection:

19 “(m) *PROGRAM INTEGRITY TRANSPARENCY MEAS-*
20 *URES.*—For program integrity transparency measures ap-
21 plied with respect to prescription drug plan and MA plans,
22 see section 1859(i).”.

1 **SEC. 2107. COMMIT TO OPIOID MEDICAL PRESCRIBER AC-**
 2 **COUNTABILITY AND SAFETY FOR SENIORS.**

3 *Section 1860D–4(c)(4) of the Social Security Act (42*
 4 *U.S.C. 1395w–104(c)(4)) is amended by adding at the end*
 5 *the following new subparagraph:*

6 “(D) *NOTIFICATION AND ADDITIONAL RE-*
 7 *QUIREMENTS WITH RESPECT TO STATISTICAL*
 8 *OUTLIER PRESCRIBERS OF OPIOIDS.—*

9 “(i) *NOTIFICATION.—Not later than*
 10 *January 1, 2021, the Secretary shall, in the*
 11 *case of a prescriber identified by the Sec-*
 12 *retary under clause (ii) to be a statistical*
 13 *outlier prescriber of opioids, provide, subject*
 14 *to clause (iv), an annual notification to*
 15 *such prescriber that such prescriber has been*
 16 *so identified that includes resources on*
 17 *proper prescribing methods and other infor-*
 18 *mation as specified in accordance with*
 19 *clause (iii).*

20 “(ii) *IDENTIFICATION OF STATISTICAL*
 21 *OUTLIER PRESCRIBERS OF OPIOIDS.—*

22 “(I) *IN GENERAL.—The Secretary*
 23 *shall, subject to subclause (III), using*
 24 *the valid prescriber National Provider*
 25 *Identifiers included pursuant to sub-*
 26 *paragraph (A) on claims for covered*

1 *part D drugs for part D eligible indi-*
2 *viduals enrolled in prescription drug*
3 *plans under this part or MA–PD plans*
4 *under part C and based on the thresh-*
5 *olds established under subclause (II),*
6 *identify prescribers that are statistical*
7 *outlier opioids prescribers for a period*
8 *of time specified by the Secretary.*

9 “(II) *ESTABLISHMENT OF*
10 *THRESHOLDS.—For purposes of sub-*
11 *clause (I) and subject to subclause*
12 *(III), the Secretary shall, after con-*
13 *sultation with stakeholders, establish*
14 *thresholds, based on prescriber spe-*
15 *cialty and, as determined appropriate*
16 *by the Secretary, geographic area, for*
17 *identifying whether a prescriber in a*
18 *specialty and geographic area is a sta-*
19 *tistical outlier prescriber of opioids as*
20 *compared to other prescribers of*
21 *opioids within such specialty and area.*

22 “(III) *EXCLUSIONS.—The fol-*
23 *lowing shall not be included in the*
24 *analysis for identifying statistical*

1 *outlier prescribers of opioids under this*
2 *clause:*

3 “(aa) *Claims for covered*
4 *part D drugs for part D eligible*
5 *individuals who are receiving hos-*
6 *pice care under this title.*

7 “(bb) *Claims for covered part*
8 *D drugs for part D eligible indi-*
9 *viduals who are receiving oncol-*
10 *ogy services under this title.*

11 “(cc) *Prescribers who are the*
12 *subject of an investigation by the*
13 *Centers for Medicare & Medicaid*
14 *Services or the Inspector General*
15 *of the Department of Health and*
16 *Human Services.*

17 “(iii) *CONTENTS OF NOTIFICATION.—*
18 *The Secretary shall include the following in-*
19 *formation in the notifications provided*
20 *under clause (i):*

21 “(I) *Information on how such pre-*
22 *scriber compares to other prescribers*
23 *within the same specialty and, if deter-*
24 *mined appropriate by the Secretary,*
25 *geographic area.*

1 “(II) *Information on opioid pre-*
2 *scribing guidelines, based on input*
3 *from stakeholders, that may include the*
4 *Centers for Disease Control and Pre-*
5 *vention guidelines for prescribing*
6 *opioids for chronic pain and guidelines*
7 *developed by physician organizations.*

8 “(III) *Other information deter-*
9 *mined appropriate by the Secretary.*

10 “(iv) *MODIFICATIONS AND EXPAN-*
11 *SIONS.—*

12 “(I) *FREQUENCY.—Beginning 5*
13 *years after the date of the enactment of*
14 *this subparagraph, the Secretary may*
15 *change the frequency of the notifica-*
16 *tions described in clause (i) based on*
17 *stakeholder input and changes in*
18 *opioid prescribing utilization and*
19 *trends.*

20 “(II) *EXPANSION TO OTHER PRE-*
21 *SCRIPTIONS.—The Secretary may ex-*
22 *pand notifications under this subpara-*
23 *graph to include identifications and*
24 *notifications with respect to concurrent*
25 *prescriptions of covered Part D drugs*

1 *used in combination with opioids that*
2 *are considered to have adverse side ef-*
3 *fects when so used in such combina-*
4 *tion, as determined by the Secretary.*

5 “(v) *ADDITIONAL REQUIREMENTS FOR*
6 *PERSISTENT STATISTICAL OUTLIER PRE-*
7 *SCRIBERS.—In the case of a prescriber who*
8 *the Secretary determines is persistently*
9 *identified under clause (ii) as a statistical*
10 *outlier prescriber of opioids, the following*
11 *shall apply:*

12 “(I) *The Secretary shall provide*
13 *an opportunity for such prescriber to*
14 *receive technical assistance or edu-*
15 *cational resources on opioid pre-*
16 *scribing guidelines (such as the guide-*
17 *lines described in clause (iii)(II)) from*
18 *an entity that furnishes such assistance*
19 *or resources, which may include a*
20 *quality improvement organization*
21 *under part B of title XI, as available*
22 *and appropriate.*

23 “(II) *Such prescriber may be re-*
24 *quired to enroll in the program under*
25 *this title under section 1866(j) if such*

1 prescriber is not otherwise required to
2 enroll. The Secretary shall determine
3 the length of the period for which such
4 prescriber is required to maintain such
5 enrollment.

6 “(III) Not less frequently than an-
7 nually (and in a form and manner de-
8 termined appropriate by the Sec-
9 retary), the Secretary shall commu-
10 nicate information on such prescribers
11 to sponsors of a prescription drug plan
12 and Medicare Advantage organizations
13 offering an MA–PD plan.

14 “(vi) PUBLIC AVAILABILITY OF INFOR-
15 MATION.—The Secretary shall make aggre-
16 gate information under this subparagraph
17 available on the Internet website of the Cen-
18 ters for Medicare & Medicaid Services. Such
19 information shall be in a form and manner
20 determined appropriate by the Secretary
21 and shall not identify any specific pre-
22 scriber. In carrying out this clause, the Sec-
23 retary shall consult with interested stake-
24 holders.

“(vii) *OPIOIDS DEFINED.*—For purposes of this subparagraph, the term ‘opioids’ has such meaning as specified by the Secretary.

“(viii) *OTHER ACTIVITIES.*—Nothing in this subparagraph shall preclude the Secretary from conducting activities that provide prescribers with information as to how they compare to other prescribers that are in addition to the activities under this subparagraph, including activities that were being conducted as of the date of the enactment of this subparagraph.”.

SEC. 2108. FIGHTING THE OPIOID EPIDEMIC WITH SUNSHINE.

(a) *INCLUSION OF INFORMATION REGARDING PAYMENTS TO ADVANCE PRACTICE NURSES.*—

(1) *IN GENERAL.*—Section 1128G(e)(6) of the Social Security Act (42 U.S.C. 1320a–7h(e)(6)) is amended—

(A) in subparagraph (A), by adding at the end the following new clauses:

“(iii) A physician assistant, nurse practitioner, or clinical nurse specialist (as

1 such terms are defined in section
2 1861(aa)(5)).

3 “(iv) A certified registered nurse anes-
4 thetist (as defined in section 1861(bb)(2)).

5 “(v) A certified nurse-midwife (as de-
6 fined in section 1861(gg)(2)).”; and

7 (B) in subparagraph (B), by inserting “,
8 physician assistant, nurse practitioner, clinical
9 nurse specialist, certified nurse anesthetist, or
10 certified nurse-midwife” after “physician”.

11 (2) *EFFECTIVE DATE.*—The amendments made
12 by this subsection shall apply with respect to infor-
13 mation required to be submitted under section 1128G
14 of the Social Security Act (42 U.S.C. 1320a–7h) on
15 or after January 1, 2022.

16 (b) *SUNSET OF EXCLUSION OF NATIONAL PROVIDER*
17 *IDENTIFIER OF COVERED RECIPIENT IN INFORMATION*
18 *MADE PUBLICLY AVAILABLE.*—Section
19 1128G(c)(1)(C)(viii) of the Social Security Act (42 U.S.C.
20 1320a–7h(c)(1)(C)(viii))) is amended by striking “does not
21 contain” and inserting “in the case of information made
22 available under this subparagraph prior to January 1,
23 2022, does not contain”.

1 (c) *ADMINISTRATION.*—Chapter 35 of title 44, United
 2 States Code, shall not apply to this section or the amend-
 3 ments made by this section.

4 **SEC. 2109. DEMONSTRATION TESTING COVERAGE OF CER-**
 5 **TAIN SERVICES FURNISHED BY OPIOID**
 6 **TREATMENT PROGRAMS.**

7 *Title XVIII of the Social Security Act (42 U.S.C. 1395*
 8 *et seq.) is amended by inserting after section 1866E the fol-*
 9 *lowing:*

10 “*DEMONSTRATION TESTING COVERAGE OF CERTAIN*
 11 *SERVICES FURNISHED BY OPIOID TREATMENT PROGRAMS*

12 “*SEC. 1866F. (a) ESTABLISHMENT.*—

13 “(1) *IN GENERAL.*—The Secretary shall conduct
 14 a demonstration (in this section referred to as the
 15 ‘demonstration’) to test coverage of and payment for
 16 opioid use disorder treatment services (as defined in
 17 paragraph (2)(B)) furnished by opioid treatment pro-
 18 grams (as defined in paragraph (2)(A)) to individ-
 19 uals under part B using a bundled payment as de-
 20 scribed in paragraph (3).

21 “(2) *DEFINITIONS.*—In this section:

22 “(A) *OPIOID TREATMENT PROGRAM.*—The
 23 term ‘opioid treatment program’ means an enti-
 24 ty that is an opioid treatment program (as de-
 25 fined in section 8.2 of title 42 of the Code of Fed-

1 *eral Regulations, or any successor regulation)*
 2 *that—*

3 *“(i) is selected for participation in the*
 4 *demonstration;*

5 *“(ii) has in effect a certification by the*
 6 *Substance Abuse and Mental Health Serv-*
 7 *ices Administration for such a program;*

8 *“(iii) is accredited by an accrediting*
 9 *body approved by the Substance Abuse and*
 10 *Mental Health Services Administration;*

11 *“(iv) submits to the Secretary data*
 12 *and information needed to monitor the*
 13 *quality of services furnished and conduct*
 14 *the evaluation described in subsection (c);*
 15 *and*

16 *“(v) meets such additional require-*
 17 *ments as the Secretary may find necessary.*

18 *“(B) OPIOID USE DISORDER TREATMENT*
 19 *SERVICES.—The term ‘opioid use disorder treat-*
 20 *ment services’ means items and services that are*
 21 *furnished by an opioid treatment program for*
 22 *the treatment of opioid use disorder, including—*

23 *“(i) opioid agonist and antagonist*
 24 *treatment medications (including oral, in-*
 25 *jected, or implanted versions) that are ap-*

proved by the Food and Drug Administration under section 505 of the Federal Food, Drug and Cosmetic Act for use in the treatment of opioid use disorder;

“(ii) dispensing and administration of such medications, if applicable;

“(iii) substance use counseling by a professional to the extent authorized under State law to furnish such services;

“(iv) individual and group therapy with a physician or psychologist (or other mental health professional to the extent authorized under State law);

“(v) toxicology testing; and

“(vi) other items and services that the Secretary determines are appropriate (but in no case to include meals or transportation).

“(3) *BUNDLED PAYMENT UNDER PART B.*—

“(A) *IN GENERAL.*—The Secretary shall pay, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, to an opioid treatment program participating in the demonstration a bundled payment as determined by the Secretary for opioid use disorder treat-

1 *ment services that are furnished by such treat-*
2 *ment program to an individual under part B*
3 *during an episode of care (as defined by the Sec-*
4 *retary).*

5 “(B) *CONSIDERATIONS.—The Secretary*
6 *may implement this paragraph through one or*
7 *more bundles based on the type of medication*
8 *provided (such as buprenorphine, methadone,*
9 *naltrexone, or a new innovative drug), the fre-*
10 *quency of services furnished, the scope of services*
11 *furnished, characteristics of the individuals fur-*
12 *nished such services, or other factors as the Sec-*
13 *retary determines appropriate. In developing*
14 *such bundles, the Secretary may consider pay-*
15 *ment rates paid to opioid treatment programs*
16 *for comparable services under State plans under*
17 *title XIX or under the TRICARE program under*
18 *chapter 55 of title 10 of the United States Code.*

19 “(b) *IMPLEMENTATION.—*

20 “(1) *DURATION.—The demonstration shall be*
21 *conducted for a period of 5 years, beginning not later*
22 *than January 1, 2021.*

23 “(2) *SCOPE.—In carrying out the demonstra-*
24 *tion, the Secretary shall limit the number of bene-*

1 *ficiaries that may participate at any one time in the*
2 *demonstration to 2,000.*

3 “(3) *WAIVER.*—*The Secretary may waive such*
4 *provisions of this title and title XI as the Secretary*
5 *determines necessary in order to implement the dem-*
6 *onstration.*

7 “(4) *ADMINISTRATION.*—*Chapter 35 of title 44,*
8 *United States Code, shall not apply to this section.*

9 “(c) *EVALUATION AND REPORT.*—

10 “(1) *EVALUATION.*—*The Secretary shall conduct*
11 *an evaluation of the demonstration. Such evaluation*
12 *shall include analyses of—*

13 “(A) *the impact of the demonstration on—*

14 “(i) *utilization of health care items*
15 *and services related to opioid use disorder,*
16 *including hospitalizations and emergency*
17 *department visits;*

18 “(ii) *beneficiary health outcomes re-*
19 *lated to opioid use disorder, including*
20 *opioid overdose deaths; and*

21 “(iii) *overall expenditures under this*
22 *title; and*

23 “(B) *the performance of opioid treatment*
24 *programs participating in the demonstration*
25 *with respect to applicable quality and cost*

1 *metrics, including whether any additional qual-*
 2 *ity measures related to opioid use disorder treat-*
 3 *ment are needed with respect to such programs*
 4 *under this title.*

5 “(2) *REPORT.*—Not later than 2 years after the
 6 *completion of the demonstration, the Secretary shall*
 7 *submit to Congress a report containing the results of*
 8 *the evaluation conducted under paragraph (1), to-*
 9 *gether with recommendations for such legislation and*
 10 *administrative action as the Secretary determines ap-*
 11 *propriate.*

12 “(d) *FUNDING.*—For purposes of administering and
 13 *carrying out the demonstration, in addition to funds other-*
 14 *wise appropriated, there shall be transferred to the Sec-*
 15 *retary for the Center for Medicare & Medicaid Services Pro-*
 16 *gram Management Account from the Federal Supple-*
 17 *mentary Medical Insurance Trust Fund under section 1841*
 18 *\$5,000,000, to remain available until expended.”.*

19 **SEC. 2110. ENCOURAGING APPROPRIATE PRESCRIBING**
 20 **UNDER MEDICARE FOR VICTIMS OF OPIOID**
 21 **OVERDOSE.**

22 *Section 1860D–4(c)(5)(C) of the Social Security Act*
 23 *(42 U.S.C. 1395w–104(c)(5)(C)) is amended—*

1 (1) *in clause (i), in the matter preceding sub-*
 2 *clause (I), by striking “For purposes” and inserting*
 3 *“Except as provided in clause (v), for purposes”; and*
 4 (2) *by adding at the end the following new*
 5 *clause:*

6 “(v) *TREATMENT OF ENROLLEES WITH*
 7 *A HISTORY OF OPIOID-RELATED OVER-*
 8 *DOSE.—*

9 “(I) *IN GENERAL.—For plan*
 10 *years beginning not later than Janu-*
 11 *ary 1, 2021, a part D eligible indi-*
 12 *vidual who is not an exempted indi-*
 13 *vidual described in clause (ii) and who*
 14 *is identified under this clause as a*
 15 *part D eligible individual with a his-*
 16 *tory of opioid-related overdose (as de-*
 17 *finied by the Secretary) shall be in-*
 18 *cluded as a potentially at-risk bene-*
 19 *ficiary for prescription drug abuse*
 20 *under the drug management program*
 21 *under this paragraph.*

22 “(II) *IDENTIFICATION AND NO-*
 23 *TICE.—For purposes of this clause, the*
 24 *Secretary shall—*

“(aa) identify part D eligible individuals with a history of opioid-related overdose (as so defined); and

“(bb) notify the PDP sponsor of the prescription drug plan in which such an individual is enrolled of such identification.”.

SEC. 2111. AUTOMATIC ESCALATION TO EXTERNAL REVIEW
UNDER A MEDICARE PART D DRUG MANAGEMENT PROGRAM FOR AT-RISK BENEFICIARIES.

(a) *IN GENERAL.*—Section 1860D–4(c)(5) of the Social Security Act (42 U.S.C. 1395ww–10(c)(5)) is amended—

(1) in subparagraph (B), in each of clauses (ii)(III) and (iii)(IV), by striking “and the option of an automatic escalation to external review” and inserting “, including notice that if on reconsideration a PDP sponsor affirms its denial, in whole or in part, the case shall be automatically forwarded to the independent, outside entity contracted with the Secretary for review and resolution”; and

(2) in subparagraph (E), by striking “and the option” and all that follows and inserting the fol-

1 *lowing: “and if on reconsideration a PDP sponsor af-*
 2 *firms its denial, in whole or in part, the case shall*
 3 *be automatically forwarded to the independent, out-*
 4 *side entity contracted with the Secretary for review*
 5 *and resolution.”.*

6 *(b) EFFECTIVE DATE.—The amendments made by sub-*
 7 *section (a) shall apply beginning not later January 1, 2021.*

8 **SEC. 2112. TESTING OF INCENTIVE PAYMENTS FOR BEHAV-**
 9 **IORAL HEALTH PROVIDERS FOR ADOPTION**
 10 **AND USE OF CERTIFIED ELECTRONIC**
 11 **HEALTH RECORD TECHNOLOGY.**

12 *Section 1115A(b)(2)(B) of the Social Security Act (42*
 13 *U.S.C. 1315a(b)(2)(B)) is amended by adding at the end*
 14 *the following new clause:*

15 *“(xxv) Providing incentive payments*
 16 *to behavioral health providers for the adop-*
 17 *tion and use of certified electronic health*
 18 *record technology (as defined in section*
 19 *1848(o)(4)) to improve the quality and co-*
 20 *ordination of care through the electronic*
 21 *documentation and exchange of health infor-*
 22 *mation. Behavioral health providers may*
 23 *include—*

24 *“(I) psychiatric hospitals (as de-*
 25 *fined in section 1861(f));*

1 “(II) community mental health
2 centers (as defined in section
3 1861(ff)(3)(B));

4 “(III) clinical psychologists (as
5 defined in section 1861(ii));

6 “(IV) clinical social workers (as
7 defined in section 1861(hh)(1)); and

8 “(V) hospitals, treatment facili-
9 ties, and mental health or substance
10 use disorder providers that participate
11 in a State plan under title XIX or a
12 waiver of such plan.”.

13 **SEC. 2113. MEDICARE IMPROVEMENT FUND.**

14 Section 1898(b)(1) of the Social Security Act (42
15 U.S.C. 1395iii(b)(1)) is amended by striking “fiscal year
16 2021, \$0” and inserting “fiscal year 2024, \$65,000,000”.

17 ***Subtitle B—Medicaid***

18 **SEC. 2201. CARING RECOVERY FOR INFANTS AND BABIES.**

19 (a) *STATE PLAN AMENDMENT*.—Section 1902(a) of the
20 Social Security Act (42 U.S.C. 1396a(a)) is amended—

21 (1) in paragraph (82), by striking “and” after
22 the semicolon;

23 (2) in paragraph (83), by striking the period at
24 the end and inserting “; and”; and

1 (3) by inserting after paragraph (83), the fol-
 2 lowing new paragraph:

3 “(84) provide, at the option of the State, for
 4 making medical assistance available on an inpatient
 5 or outpatient basis at a residential pediatric recovery
 6 center (as defined in subsection (nn)) to infants with
 7 neonatal abstinence syndrome.”.

8 (b) *RESIDENTIAL PEDIATRIC RECOVERY CENTER DE-*
 9 *FINED.*—Section 1902 of such Act (42 U.S.C. 1396a) is
 10 amended by adding at the end the following new subsection:

11 “(nn) *RESIDENTIAL PEDIATRIC RECOVERY CENTER*
 12 *DEFINED.*—

13 “(1) *IN GENERAL.*—For purposes of section
 14 1902(a)(84), the term ‘residential pediatric recovery
 15 center’ means a center or facility that furnishes items
 16 and services for which medical assistance is available
 17 under the State plan to infants with the diagnosis of
 18 neonatal abstinence syndrome without any other sig-
 19 nificant medical risk factors.

20 “(2) *COUNSELING AND SERVICES.*—A residential
 21 pediatric recovery center may offer counseling and
 22 other services to mothers (and other appropriate fam-
 23 ily members and caretakers) of infants receiving
 24 treatment at such centers if such services are other-
 25 wise covered under the State plan under this title or

1 *under a waiver of such plan. Such other services may*
 2 *include the following:*

3 *“(A) Counseling or referrals for services.*

4 *“(B) Activities to encourage caregiver-in-*
 5 *fant bonding.*

6 *“(C) Training on caring for such infants.”.*

7 *(c) EFFECTIVE DATE.—The amendments made by this*
 8 *section take effect on the date of enactment of this Act and*
 9 *shall apply to medical assistance furnished on or after that*
 10 *date, without regard to final regulations to carry out such*
 11 *amendments being promulgated as of such date.*

12 **SEC. 2202. PEER SUPPORT ENHANCEMENT AND EVALUA-**
 13 **TION REVIEW.**

14 *(a) IN GENERAL.—Not later than 2 years after the*
 15 *date of the enactment of this Act, the Comptroller General*
 16 *of the United States shall submit to the Committee on En-*
 17 *ergy and Commerce of the House of Representatives, the*
 18 *Committee on Finance of the Senate, and the Committee*
 19 *on Health, Education, Labor, and Pensions of the Senate*
 20 *a report on the provision of peer support services under the*
 21 *Medicaid program.*

22 *(b) CONTENT OF REPORT.—*

23 *(1) IN GENERAL.—The report required under*
 24 *subsection (a) shall include the following information:*

1 (A) *Information on State coverage of peer*
2 *support services under Medicaid, including—*

3 (i) *the mechanisms through which*
4 *States may provide such coverage, including*
5 *through existing statutory authority or*
6 *through waivers;*

7 (ii) *the populations to which States*
8 *have provided such coverage;*

9 (iii) *the payment models, including*
10 *any alternative payment models, used by*
11 *States to pay providers of such services; and*

12 (iv) *where available, information on*
13 *Federal and State spending under Medicaid*
14 *for peer support services.*

15 (B) *Information on selected State experi-*
16 *ences in providing medical assistance for peer*
17 *support services under State Medicaid plans and*
18 *whether States measure the effects of providing*
19 *such assistance with respect to—*

20 (i) *improving access to behavioral*
21 *health services;*

22 (ii) *improving early detection, and*
23 *preventing worsening, of behavioral health*
24 *disorders;*

1 (iii) *reducing chronic and comorbid*
 2 *conditions; and*

3 (iv) *reducing overall health costs.*

4 (2) *RECOMMENDATIONS.—The report required*
 5 *under subsection (a) shall include recommendations,*
 6 *including recommendations for such legislative and*
 7 *administrative actions related to improving services,*
 8 *including peer support services, and access to peer*
 9 *support services under Medicaid as the Comptroller*
 10 *General of the United States determines appropriate.*

11 **SEC. 2203. MEDICAID SUBSTANCE USE DISORDER TREAT-**
 12 **MENT VIA TELEHEALTH.**

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

14 (1) *COMPTROLLER GENERAL.—The term “Comp-*
 15 *troller General” means the Comptroller General of the*
 16 *United States.*

17 (2) *SCHOOL-BASED HEALTH CENTER.—The term*
 18 *“school-based health center” has the meaning given*
 19 *that term in section 2110(c)(9) of the Social Security*
 20 *Act (42 U.S.C. 1397jj(c)(9)).*

21 (3) *SECRETARY.—The term “Secretary” means*
 22 *the Secretary of Health and Human Services.*

23 (4) *TELEHEALTH SERVICES.—The term “tele-*
 24 *health services” includes remote patient monitoring*
 25 *and other key modalities such as live video or syn-*

1 *chronous telehealth, store-and-forward or asyn-*
 2 *chronous telehealth, mobile health, telephonic con-*
 3 *sultation, and electronic consult including provider-*
 4 *to-provider e-consults.*

5 (5) *UNDERSERVED AREA.*—*The term “under-*
 6 *served area” means a health professional shortage*
 7 *area (as defined in section 332(a)(1)(A) of the Public*
 8 *Health Service Act (42 U.S.C. 254e(a)(1)(A))) and a*
 9 *medically underserved area (according to a designa-*
 10 *tion under section 330(b)(3)(A) of the Public Health*
 11 *Service Act (42 U.S.C. 254b(b)(3)(A))).*

12 (b) *GUIDANCE TO STATES REGARDING FEDERAL RE-*
 13 *IMBURSEMENT FOR FURNISHING SERVICES AND TREAT-*
 14 *MENT FOR SUBSTANCE USE DISORDERS UNDER MEDICAID*
 15 *USING TELEHEALTH SERVICES, INCLUDING IN SCHOOL-*
 16 *BASED HEALTH CENTERS.*—*Not later than 1 year after the*
 17 *date of enactment of this Act, the Secretary, acting through*
 18 *the Administrator of the Centers for Medicare & Medicaid*
 19 *Services, shall issue guidance to States on the following:*

20 (1) *State options for Federal reimbursement of*
 21 *expenditures under Medicaid for furnishing services*
 22 *and treatment for substance use disorders, including*
 23 *assessment, medication-assisted treatment, counseling,*
 24 *and medication management, using telehealth serv-*
 25 *ices. Such guidance shall also include guidance on*

1 *furnishing services and treatments that address the*
 2 *needs of high risk individuals, including at least the*
 3 *following groups:*

4 *(A) American Indians and Alaska Natives.*

5 *(B) Adults under the age of 40.*

6 *(C) Individuals with a history of nonfatal*
 7 *overdose.*

8 *(2) State options for Federal reimbursement of*
 9 *expenditures under Medicaid for education directed to*
 10 *providers serving Medicaid beneficiaries with sub-*
 11 *stance use disorders using the hub and spoke model,*
 12 *through contracts with managed care entities, through*
 13 *administrative claiming for disease management ac-*
 14 *tivities, and under Delivery System Reform Incentive*
 15 *Payment (“DSRIP”) programs.*

16 *(3) State options for Federal reimbursement of*
 17 *expenditures under Medicaid for furnishing services*
 18 *and treatment for substance use disorders for individ-*
 19 *uals enrolled in Medicaid in a school-based health*
 20 *center using telehealth services.*

21 *(c) GAO EVALUATION OF CHILDREN’S ACCESS TO*
 22 *SERVICES AND TREATMENT FOR SUBSTANCE USE DIS-*
 23 *ORDERS UNDER MEDICAID.—*

24 *(1) STUDY.—The Comptroller General shall*
 25 *evaluate children’s access to services and treatment*

1 *for substance use disorders under Medicaid. The eval-*
 2 *uation shall include an analysis of State options for*
 3 *improving children's access to such services and treat-*
 4 *ment and for improving outcomes, including by in-*
 5 *creasing the number of Medicaid providers who offer*
 6 *services or treatment for substance use disorders in a*
 7 *school-based health center using telehealth services,*
 8 *particularly in rural and underserved areas. The*
 9 *evaluation shall include an analysis of Medicaid pro-*
 10 *vider reimbursement rates for services and treatment*
 11 *for substance use disorders.*

12 (2) *REPORT.—Not later than 1 year after the*
 13 *date of enactment of this Act, the Comptroller General*
 14 *shall submit to Congress a report containing the re-*
 15 *sults of the evaluation conducted under paragraph*
 16 *(1), together with recommendations for such legisla-*
 17 *tion and administrative action as the Comptroller*
 18 *General determines appropriate.*

19 (d) *REPORT ON REDUCING BARRIERS TO USING TELE-*
 20 *HEALTH SERVICES AND REMOTE PATIENT MONITORING*
 21 *FOR PEDIATRIC POPULATIONS UNDER MEDICAID.—*

22 (1) *IN GENERAL.—Not later than 1 year after*
 23 *the date of enactment of this Act, the Secretary, act-*
 24 *ing through the Administrator of the Centers for*
 25 *Medicare & Medicaid Services, shall issue a report to*

1 *the Committee on Finance of the Senate and the Com-*
2 *mittee on Energy and Commerce of the House of Rep-*
3 *resentative identifying best practices and potential so-*
4 *lutions for reducing barriers to using telehealth serv-*
5 *ices to furnish services and treatment for substance*
6 *use disorders among pediatric populations under*
7 *Medicaid. The report shall include—*

8 *(A) analyses of the best practices, barriers,*
9 *and potential solutions for using telehealth serv-*
10 *ices to diagnose and provide services and treat-*
11 *ment for children with substance use disorders,*
12 *including opioid use disorder; and*

13 *(B) identification and analysis of the dif-*
14 *ferences, if any, in furnishing services and treat-*
15 *ment for children with substance use disorders*
16 *using telehealth services and using services deliv-*
17 *ered in person, such as, and to the extent fea-*
18 *sible, with respect to—*

19 *(i) utilization rates;*

20 *(ii) costs;*

21 *(iii) avoidable inpatient admissions*
22 *and readmissions;*

23 *(iv) quality of care; and*

24 *(v) patient, family, and provider satis-*
25 *faction.*

1 (2) *PUBLICATION.*—*The Secretary shall publish*
 2 *the report required under paragraph (1) on a public*
 3 *Internet website of the Department of Health and*
 4 *Human Services.*

5 **SEC. 2204. ENHANCING PATIENT ACCESS TO NON-OPIOID**
 6 **TREATMENT OPTIONS.**

7 *Not later than January 1, 2019, the Secretary of*
 8 *Health and Human Services, acting through the Adminis-*
 9 *trator of the Centers for Medicare & Medicaid Services,*
 10 *shall issue 1 or more final guidance documents, or update*
 11 *existing guidance documents, to States regarding manda-*
 12 *tory and optional items and services that may be provided*
 13 *under a State plan under title XIX of the Social Security*
 14 *Act (42 U.S.C. 1396 et seq.), or under a waiver of such*
 15 *a plan, for non-opioid treatment and management of pain,*
 16 *including, but not limited to, evidence-based non-opioid*
 17 *pharmacological therapies and non-pharmacological thera-*
 18 *pies.*

19 **SEC. 2205. ASSESSING BARRIERS TO OPIOID USE DISORDER**
 20 **TREATMENT.**

21 (a) *STUDY.*—

22 (1) *IN GENERAL.*—*The Comptroller General of*
 23 *the United States (in this section referred to as the*
 24 *“Comptroller General”)* *shall conduct a study regard-*
 25 *ing the barriers to providing medication used in the*

1 *treatment of substance use disorders under Medicaid*
2 *distribution models such as the “buy-and-bill” model,*
3 *and options for State Medicaid programs to remove*
4 *or reduce such barriers. The study shall include anal-*
5 *yses of each of the following models of distribution of*
6 *substance use disorder treatment medications, par-*
7 *ticularly buprenorphine, naltrexone, and*
8 *buprenorphine-naloxone combinations:*

9 (A) *The purchasing, storage, and adminis-*
10 *tration of substance use disorder treatment medi-*
11 *cations by providers.*

12 (B) *The dispensing of substance use dis-*
13 *order treatment medications by pharmacists.*

14 (C) *The ordering, prescribing, and obtain-*
15 *ing substance use disorder treatment medications*
16 *on demand from specialty pharmacies by pro-*
17 *viders.*

18 (2) *REQUIREMENTS.—For each model of dis-*
19 *tribution specified in paragraph (1), the Comptroller*
20 *General shall evaluate how each model presents bar-*
21 *riers or could be used by selected State Medicaid pro-*
22 *grams to reduce the barriers related to the provision*
23 *of substance use disorder treatment by examining*
24 *what is known about the effects of the model of dis-*
25 *tribution on—*

1 (A) *Medicaid beneficiaries’ access to sub-*
 2 *stance use disorder treatment medications;*

3 (B) *the differential cost to the program be-*
 4 *tween each distribution model for medication as-*
 5 *sisted treatment; and*

6 (C) *provider willingness to provide or pre-*
 7 *scribe substance use disorder treatment medica-*
 8 *tions.*

9 (b) *REPORT.*—*Not later than 15 months after the date*
 10 *of the enactment of this Act, the Comptroller General shall*
 11 *submit to Congress a report containing the results of the*
 12 *study conducted under subsection (a), together with rec-*
 13 *ommendations for such legislation and administrative ac-*
 14 *tion as the Comptroller General determines appropriate.*

15 **SEC. 2206. HELP FOR MOMS AND BABIES.**

16 (a) *MEDICAID STATE PLAN.*—*Section 1905(a) of the*
 17 *Social Security Act (42 U.S.C. 1396d(a)) is amended by*
 18 *adding at the end the following new sentence: “In the case*
 19 *of a woman who is eligible for medical assistance on the*
 20 *basis of being pregnant (including through the end of the*
 21 *month in which the 60-day period beginning on the last*
 22 *day of her pregnancy ends), who is a patient in an institu-*
 23 *tion for mental diseases for purposes of receiving treatment*
 24 *for a substance use disorder, and who was enrolled for med-*
 25 *ical assistance under the State plan immediately before be-*

1 *coming a patient in an institution for mental diseases or*
 2 *who becomes eligible to enroll for such medical assistance*
 3 *while such a patient, the exclusion from the definition of*
 4 *‘medical assistance’ set forth in the subdivision (B) fol-*
 5 *lowing paragraph (29) of the first sentence of this subsection*
 6 *shall not be construed as prohibiting Federal financial par-*
 7 *ticipation for medical assistance for items or services that*
 8 *are provided to the woman outside of the institution.”.*

9 (b) *EFFECTIVE DATE.*—

10 (1) *IN GENERAL.*—*Except as provided in para-*
 11 *graph (2), the amendment made by subsection (a)*
 12 *shall take effect on the date of enactment of this Act.*

13 (2) *RULE FOR CHANGES REQUIRING STATE LEG-*
 14 *ISLATION.*—*In the case of a State plan under title*
 15 *XIX of the Social Security Act which the Secretary*
 16 *of Health and Human Services determines requires*
 17 *State legislation (other than legislation appropriating*
 18 *funds) in order for the plan to meet the additional re-*
 19 *quirements imposed by the amendment made by sub-*
 20 *section (a), the State plan shall not be regarded as*
 21 *failing to comply with the requirements of such title*
 22 *solely on the basis of its failure to meet these addi-*
 23 *tional requirements before the first day of the first*
 24 *calendar quarter beginning after the close of the first*
 25 *regular session of the State legislature that begins*

1 *after the date of the enactment of this Act. For pur-*
 2 *poses of the previous sentence, in the case of a State*
 3 *that has a 2-year legislative session, each year of such*
 4 *session shall be deemed to be a separate regular ses-*
 5 *sion of the State legislature.*

6 **SEC. 2207. SECURING FLEXIBILITY TO TREAT SUBSTANCE**
 7 **USE DISORDERS.**

8 *Section 1903(m) of the Social Security Act (42 U.S.C.*
 9 *1396b(m)) is amended by adding at the end the following*
 10 *new paragraph:*

11 *“(7) Payment shall be made under this title to a State*
 12 *for expenditures for capitation payments described in sec-*
 13 *tion 438.6(e) of title 42, Code of Federal Regulations (or*
 14 *any successor regulation).”.*

15 **SEC. 2208. MACPAC STUDY AND REPORT ON MAT UTILIZA-**
 16 **TION CONTROLS UNDER STATE MEDICAID**
 17 **PROGRAMS.**

18 *(a) STUDY.—The Medicaid and CHIP Payment and*
 19 *Access Commission shall conduct a study and analysis of*
 20 *utilization control policies applied to medication-assisted*
 21 *treatment for substance use disorders under State Medicaid*
 22 *programs, including policies and procedures applied both*
 23 *in fee-for-service Medicaid and in risk-based managed care*
 24 *Medicaid, which shall—*

1 (1) *include an inventory of such utilization con-*
2 *trol policies and related protocols for ensuring access*
3 *to medically necessary treatment;*

4 (2) *determine whether managed care utilization*
5 *control policies and procedures for medication as-*
6 *sisted treatment for substance use disorders are con-*
7 *sistent with section 438.210(a)(4)(ii) of title 42, Code*
8 *of Federal Regulations; and*

9 (3) *identify policies that—*

10 (A) *limit an individual’s access to medica-*
11 *tion-assisted treatment for a substance use dis-*
12 *order by limiting the quantity of medication-as-*
13 *sisted treatment prescriptions, or the number of*
14 *refills for such prescriptions, available to the in-*
15 *dividual as part of a prior authorization process*
16 *or similar utilization protocols; and*

17 (B) *apply without evaluating individual*
18 *instances of fraud, waste, or abuse.*

19 (b) *REPORT.—Not later than 1 year after the date of*
20 *the enactment of this Act, the Medicaid and CHIP Payment*
21 *and Access Commission shall make publicly available a re-*
22 *port containing the results of the study conducted under*
23 *subsection (a).*

1 **SEC. 2209. OPIOID ADDICTION TREATMENT PROGRAMS EN-**
 2 **HANCEMENT.**

3 (a) *T-MSIS SUBSTANCE USE DISORDER DATA*
 4 *BOOK.*—

5 (1) *IN GENERAL.*—*Not later than the date that*
 6 *is 12 months after the date of enactment of this Act,*
 7 *the Secretary of Health and Human Services (in this*
 8 *section referred to as the “Secretary”) shall publish*
 9 *on the public website of the Centers for Medicare &*
 10 *Medicaid Services a report with comprehensive data*
 11 *on the prevalence of substance use disorders in the*
 12 *Medicaid beneficiary population and services pro-*
 13 *vided for the treatment of substance use disorders*
 14 *under Medicaid.*

15 (2) *CONTENT OF REPORT.*—*The report required*
 16 *under paragraph (1) shall include, at a minimum,*
 17 *the following data for each State (including, to the ex-*
 18 *tent available, for the District of Columbia, Puerto*
 19 *Rico, the Virgin Islands, Guam, the Northern Mar-*
 20 *iana Islands, and American Samoa):*

21 (A) *The number and percentage of individ-*
 22 *uals enrolled in the State Medicaid plan or*
 23 *waiver of such plan in each of the major enroll-*
 24 *ment categories (as defined in a public letter*
 25 *from the Medicaid and CHIP Payment and Ac-*
 26 *cess Commission to the Secretary) who have been*

1 *diagnosed with a substance use disorder and*
2 *whether such individuals are enrolled under the*
3 *State Medicaid plan or a waiver of such plan,*
4 *including the specific waiver authority under*
5 *which they are enrolled, to the extent available.*

6 *(B) A list of the substance use disorder*
7 *treatment services by each major type of service,*
8 *such as counseling, medication assisted treat-*
9 *ment, peer support, residential treatment, and*
10 *inpatient care, for which beneficiaries in each*
11 *State received at least 1 service under the State*
12 *Medicaid plan or a waiver of such plan.*

13 *(C) The number and percentage of individ-*
14 *uals with a substance use disorder diagnosis en-*
15 *rolled in the State Medicaid plan or waiver of*
16 *such plan who received substance use disorder*
17 *treatment services under such plan or waiver by*
18 *each major type of service under subparagraph*
19 *(B) within each major setting type, such as out-*
20 *patient, inpatient, residential, and other home*
21 *and community-based settings.*

22 *(D) The number of services provided under*
23 *the State Medicaid plan or waiver of such plan*
24 *per individual with a substance use disorder di-*

agnosis enrolled in such plan or waiver for each major type of service under subparagraph (B).

(E) The number and percentage of individuals enrolled in the State Medicaid plan or waiver, by major enrollment category, who received substance use disorder treatment through—

(i) a medicaid managed care entity (as defined in section 1932(a)(1)(B) of the Social Security Act (42 U.S.C. 1396u–2(a)(1)(B))), including the number of such individuals who received such assistance through a prepaid inpatient health plan or a prepaid ambulatory health plan;

(ii) a fee-for-service payment model; or

(iii) an alternative payment model, to the extent available.

(F) The number and percentage of individuals with a substance use disorder who receive substance use disorder treatment services in an outpatient or home and community-based setting after receiving treatment in an inpatient or residential setting, and the number of services received by such individuals in the outpatient or home and community-based setting.

(3) *ANNUAL UPDATES.*—*The Secretary shall issue an updated version of the report required under paragraph (1) not later than January 1 of each calendar year through 2024.*

(4) *USE OF T-MSIS DATA.*—*The report required under paragraph (1) and updates required under paragraph (3) shall—*

(A) *use data and definitions from the Transformed Medicaid Statistical Information System (“T-MSIS”) data set that is no more than 12 months old on the date that the report or update is published; and*

(B) *as appropriate, include a description with respect to each State of the quality and completeness of the data and caveats describing the limitations of the data reported to the Secretary by the State that is sufficient to communicate the appropriate uses for the information.*

(b) *MAKING T-MSIS DATA ON SUBSTANCE USE DISORDERS AVAILABLE TO RESEARCHERS.*—

(1) *IN GENERAL.*—*The Secretary shall publish in the Federal Register a system of records notice for the data specified in paragraph (2) for the Transformed Medicaid Statistical Information System, in accordance with section 552a(e)(4) of title 5, United States*

1 *Code. The notice shall outline policies that protect the*
 2 *security and privacy of the data that, at a minimum,*
 3 *meet the security and privacy policies of SORN 09–*
 4 *70–0541 for the Medicaid Statistical Information*
 5 *System.*

6 (2) *REQUIRED DATA.*—*The data covered by the*
 7 *systems of records notice required under paragraph*
 8 *(1) shall be sufficient for researchers and States to*
 9 *analyze the prevalence of substance use disorders in*
 10 *the Medicaid beneficiary population and the treat-*
 11 *ment of substance use disorders under Medicaid*
 12 *across all States (including the District of Columbia,*
 13 *Puerto Rico, the Virgin Islands, Guam, the Northern*
 14 *Mariana Islands, and American Samoa), forms of*
 15 *treatment, and treatment settings.*

16 (3) *INITIATION OF DATA-SHARING ACTIVITIES.*—
 17 *Not later than January 1, 2019, the Secretary shall*
 18 *initiate the data-sharing activities outlined in the no-*
 19 *tice required under paragraph (1).*

20 **SEC. 2210. BETTER DATA SHARING TO COMBAT THE OPIOID**
 21 **CRISIS.**

22 (a) *IN GENERAL.*—*Section 1903(m) of the Social Secu-*
 23 *rity Act (42 U.S.C. 1396b(m)), as amended by section 2207,*
 24 *is amended by adding at the end the following new para-*
 25 *graph:*

1 “(8)(A) *The State agency administering the State plan*
 2 *under this title may have reasonable access, as determined*
 3 *by the State, to 1 or more prescription drug monitoring*
 4 *program databases administered or accessed by the State*
 5 *to the extent the State agency is permitted to access such*
 6 *databases under State law.*

7 “(B) *Such State agency may facilitate reasonable ac-*
 8 *cess, as determined by the State, to 1 or more prescription*
 9 *drug monitoring program databases administered or*
 10 *accessed by the State, to same extent that the State agency*
 11 *is permitted under State law to access such databases, for—*

12 “(i) *any provider enrolled under the State plan*
 13 *to provide services to Medicaid beneficiaries; and*

14 “(ii) *any managed care entity (as defined under*
 15 *section 1932(a)(1)(B)) that has a contract with the*
 16 *State under this subsection or under section*
 17 *1905(t)(3).*

18 “(C) *Such State agency may share information in*
 19 *such databases, to the same extent that the State agency*
 20 *is permitted under State law to share information in such*
 21 *databases, with—*

22 “(i) *any provider enrolled under the State plan*
 23 *to provide services to Medicaid beneficiaries; and*

24 “(ii) *any managed care entity (as defined under*
 25 *section 1932(a)(1)(B)) that has a contract with the*

1 *State under this subsection or under section*
 2 *1905(t)(3).”.*

3 **(b) SECURITY AND PRIVACY.**—*All applicable State and*
 4 *Federal security and privacy protections and laws shall*
 5 *apply to any State agency, individual, or entity accessing*
 6 *1 or more prescription drug monitoring program databases*
 7 *or obtaining information in such databases in accordance*
 8 *with section 1903(m)(8) of the Social Security Act (42*
 9 *U.S.C. 1396b(m)(8)) (as added by subsection (a)).*

10 **(c) EFFECTIVE DATE.**—*The amendment made by sub-*
 11 *section (a) shall take effect on the date of enactment of this*
 12 *Act.*

13 **SEC. 2211. MANDATORY REPORTING WITH RESPECT TO**
 14 **ADULT BEHAVIORAL HEALTH MEASURES.**

15 *Section 1139B of the Social Security Act (42 U.S.C.*
 16 *1320b–9b) is amended—*

17 *(1) in subsection (b)—*

18 *(A) in paragraph (3)—*

19 *(i) by striking “Not later than Janu-*
 20 *ary 1, 2013” and inserting the following:*

21 **“(A) VOLUNTARY REPORTING.**—*Not later*
 22 *than January 1, 2013”; and*

23 *(ii) by adding at the end the following:*

24 **“(B) MANDATORY REPORTING WITH RE-**
 25 **SPECT TO BEHAVIORAL HEALTH MEASURES.—**

1 *Beginning with the State report required under*
 2 *subsection (d)(1) for 2024, the Secretary shall re-*
 3 *quire States to use all behavioral health meas-*
 4 *ures included in the core set of adult health qual-*
 5 *ity measures and any updates or changes to such*
 6 *measures to report information, using the stand-*
 7 *ardized format for reporting information and*
 8 *procedures developed under subparagraph (A),*
 9 *regarding the quality of behavioral health care*
 10 *for Medicaid eligible adults.”;*

11 *(B) in paragraph (5), by adding at the end*
 12 *the following new subparagraph:*

13 *“(C) BEHAVIORAL HEALTH MEASURES.—*
 14 *Beginning with respect to State reports required*
 15 *under subsection (d)(1) for 2024, the core set of*
 16 *adult health quality measures maintained under*
 17 *this paragraph (and any updates or changes to*
 18 *such measures) shall include behavioral health*
 19 *measures.”; and*

20 *(2) in subsection (d)(1)(A)—*

21 *(A) by striking “the such plan” and insert-*
 22 *ing “such plan”; and*

23 *(B) by striking “subsection (a)(5)” and in-*
 24 *serting “subsection (b)(5) and, beginning with*
 25 *the report for 2024, all behavioral health meas-*

1 ures included in the core set of adult health qual-
 2 ity measures maintained under such subsection
 3 (b)(5) and any updates or changes to such meas-
 4 ures (as required under subsection (b)(3))”.

5 **SEC. 2212. REPORT ON INNOVATIVE STATE INITIATIVES**
 6 **AND STRATEGIES TO PROVIDE HOUSING-RE-**
 7 **LATED SERVICES AND SUPPORTS TO INDIVID-**
 8 **UALS STRUGGLING WITH SUBSTANCE USE**
 9 **DISORDERS UNDER MEDICAID.**

10 (a) *IN GENERAL.*—Not later than 1 year after the date
 11 of enactment of this Act, the Secretary of Health and
 12 Human Services shall issue a report to Congress describing
 13 innovative State initiatives and strategies for providing
 14 housing-related services and supports under a State Med-
 15 icaid program to individuals with substance use disorders
 16 who are experiencing or at risk of experiencing homeless-
 17 ness.

18 (b) *CONTENT OF REPORT.*—The report required under
 19 subsection (a) shall describe the following:

20 (1) *Existing methods and innovative strategies*
 21 *developed and adopted by State Medicaid programs*
 22 *that have achieved positive outcomes in increasing*
 23 *housing stability among Medicaid beneficiaries with*
 24 *substance use disorders who are experiencing or at*

1 *risk of experiencing homelessness, including Medicaid*
2 *beneficiaries with substance use disorders who are—*

3 *(A) receiving treatment for substance use*
4 *disorders in inpatient, residential, outpatient, or*
5 *home and community-based settings;*

6 *(B) transitioning between substance use dis-*
7 *order treatment settings; or*

8 *(C) living in supportive housing or another*
9 *model of affordable housing.*

10 *(2) Strategies employed by Medicaid managed*
11 *care organizations, primary care case managers, hos-*
12 *pitals, accountable care organizations, and other care*
13 *coordination providers to deliver housing-related serv-*
14 *ices and supports and to coordinate services provided*
15 *under State Medicaid programs across different treat-*
16 *ment settings.*

17 *(3) Innovative strategies and lessons learned by*
18 *States with Medicaid waivers approved under section*
19 *1115 or 1915 of the Social Security Act (42 U.S.C.*
20 *1315, 1396n), including—*

21 *(A) challenges experienced by States in de-*
22 *signing, securing, and implementing such waiv-*
23 *ers or plan amendments;*

24 *(B) how States developed partnerships with*
25 *other organizations such as behavioral health*

1 *agencies, State housing agencies, housing pro-*
2 *viders, health care services agencies and pro-*
3 *viders, community-based organizations, and*
4 *health insurance plans to implement waivers or*
5 *State plan amendments; and*

6 *(C) how and whether States plan to provide*
7 *Medicaid coverage for housing-related services*
8 *and supports in the future, including by cov-*
9 *ering such services and supports under State*
10 *Medicaid plans or waivers.*

11 *(4) Existing opportunities for States to provide*
12 *housing-related services and supports through a Med-*
13 *icaid waiver under sections 1115 or 1915 of the So-*
14 *cial Security Act (42 U.S.C. 1315, 1396n) or through*
15 *a State Medicaid plan amendment, such as the As-*
16 *sistance in Community Integration Service pilot pro-*
17 *gram, which promotes supportive housing and other*
18 *housing-related supports under Medicaid for individ-*
19 *uals with substance use disorders and for which*
20 *Maryland has a waiver approved under such section*
21 *1115 to conduct the program.*

22 *(5) Innovative strategies and partnerships devel-*
23 *oped and implemented by State Medicaid programs*
24 *or other entities to identify and enroll eligible indi-*
25 *viduals with substance use disorders who are experi-*

1 *encing or at risk of experiencing homelessness in*
 2 *State Medicaid programs.*

3 **SEC. 2213. TECHNICAL ASSISTANCE AND SUPPORT FOR IN-**
 4 **NOVATIVE STATE STRATEGIES TO PROVIDE**
 5 **HOUSING-RELATED SUPPORTS UNDER MED-**
 6 **ICAID.**

7 (a) *IN GENERAL.*—*The Secretary of Health and*
 8 *Human Services shall provide technical assistance and sup-*
 9 *port to States regarding the development and expansion of*
 10 *innovative State strategies (including through State Med-*
 11 *icaid demonstration projects) to provide housing-related*
 12 *supports and services and care coordination services under*
 13 *Medicaid to individuals with substance use disorders.*

14 (b) *REPORT.*—*Not later than 180 days after the date*
 15 *of enactment of this Act, the Secretary shall issue a report*
 16 *to Congress detailing a plan of action to carry out the re-*
 17 *quirements of subsection (a).*

18 ***Subtitle C—Human Services***

19 **SEC. 2301. SUPPORTING FAMILY-FOCUSED RESIDENTIAL**
 20 **TREATMENT.**

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

22 (1) *FAMILY-FOCUSED RESIDENTIAL TREATMENT*
 23 *PROGRAM.*—*The term “family-focused residential*
 24 *treatment program” means a trauma-informed resi-*
 25 *dential program primarily for substance use disorder*

1 *treatment for pregnant and postpartum women and*
 2 *parents and guardians that allows children to reside*
 3 *with such women or their parents or guardians dur-*
 4 *ing treatment to the extent appropriate and applica-*
 5 *ble.*

6 (2) *MEDICAID PROGRAM.*—*The term “Medicaid*
 7 *program” means the program established under title*
 8 *XIX of the Social Security Act (42 U.S.C. 1396 et*
 9 *seq.).*

10 (3) *SECRETARY.*—*The term “Secretary” means*
 11 *the Secretary of Health and Human Services.*

12 (4) *TITLE IV–E PROGRAM.*—*The term “title IV–*
 13 *E program” means the program for foster care, pre-*
 14 *vention, and permanency established under part E of*
 15 *title IV of the Social Security Act (42 U.S.C. 670 et*
 16 *seq.).*

17 (b) *GUIDANCE ON FAMILY-FOCUSED RESIDENTIAL*
 18 *TREATMENT PROGRAMS.*—

19 (1) *IN GENERAL.*—*Not later than 180 days after*
 20 *the date of enactment of this Act, the Secretary, in*
 21 *consultation with divisions of the Department of*
 22 *Health and Human Services administering substance*
 23 *use disorder or child welfare programs, shall develop*
 24 *and issue guidance to States identifying opportunities*
 25 *to support family-focused residential treatment pro-*

1 *grams for the provision of substance use disorder*
2 *treatment. Before issuing such guidance, the Secretary*
3 *shall solicit input from representatives of States,*
4 *health care providers with expertise in addiction med-*
5 *icine, obstetrics and gynecology, neonatology, child*
6 *trauma, and child development, health plans, recipi-*
7 *ents of family-focused treatment services, and other*
8 *relevant stakeholders.*

9 (2) *ADDITIONAL REQUIREMENTS.—The guidance*
10 *required under paragraph (1) shall include descrip-*
11 *tions of the following:*

12 (A) *Existing opportunities and flexibilities*
13 *under the Medicaid program, including under*
14 *waivers authorized under section 1115 or 1915 of*
15 *the Social Security Act (42 U.S.C. 1315, 1396n),*
16 *for States to receive Federal Medicaid funding*
17 *for the provision of substance use disorder treat-*
18 *ment for pregnant and postpartum women and*
19 *parents and guardians and, to the extent appli-*
20 *cable, their children, in family-focused residen-*
21 *tial treatment programs.*

22 (B) *How States can employ and coordinate*
23 *funding provided under the Medicaid program,*
24 *the title IV-E program, and other programs ad-*
25 *ministered by the Secretary to support the provi-*

1 *sion of treatment and services provided by a*
2 *family-focused residential treatment facility such*
3 *as substance use disorder treatment and services,*
4 *including medication-assisted treatment, family,*
5 *group, and individual counseling, case manage-*
6 *ment, parenting education and skills develop-*
7 *ment, the provision, assessment, or coordination*
8 *of care and services for children, including nec-*
9 *essary assessments and appropriate interven-*
10 *tions, non-emergency transportation for nec-*
11 *essary care provided at or away from a program*
12 *site, transitional services and supports for fami-*
13 *lies leaving treatment, and other services.*

14 *(C) How States can employ and coordinate*
15 *funding provided under the Medicaid program*
16 *and the title IV–E program (including as*
17 *amended by the Family First Prevention Serv-*
18 *ices Act enacted under title VII of division E of*
19 *Public Law 115–123, and particularly with re-*
20 *spect to the authority under subsections (a)(2)(C)*
21 *and (j) of section 472 and section 474(a)(1) of*
22 *the Social Security Act (42 U.S.C. 672,*
23 *674(a)(1)) (as amended by section 50712 of Pub-*
24 *lic Law 115–123) to provide foster care mainte-*
25 *nance payments for a child placed with a parent*

1 *who is receiving treatment in a licensed residen-*
 2 *tial family-based treatment facility for a sub-*
 3 *stance use disorder) to support placing children*
 4 *with their parents in family-focused residential*
 5 *treatment programs.*

6 **SEC. 2302. IMPROVING RECOVERY AND REUNIFYING FAMI-**
 7 **LIES.**

8 *(a) FAMILY RECOVERY AND REUNIFICATION PROGRAM*
 9 *REPLICATION PROJECT.—Section 435 of the Social Secu-*
 10 *rity Act (42 U.S.C. 629e) is amended by adding at the end*
 11 *the following:*

12 *“(e) FAMILY RECOVERY AND REUNIFICATION PRO-*
 13 *GRAM REPLICATION PROJECT.—*

14 *“(1) PURPOSE.—The purpose of this subsection*
 15 *is to provide resources to the Secretary to support the*
 16 *conduct and evaluation of a family recovery and re-*
 17 *unification program replication project (referred to in*
 18 *this subsection as the ‘project’) and to determine the*
 19 *extent to which such programs may be appropriate*
 20 *for use at different intervention points (such as when*
 21 *a child is at risk of entering foster care or when a*
 22 *child is living with a guardian while a parent is in*
 23 *treatment). The family recovery and reunification*
 24 *program conducted under the project shall use a re-*
 25 *covery coach model that is designed to help reunify*

1 *families and protect children by working with parents*
2 *or guardians with a substance use disorder who have*
3 *temporarily lost custody of their children.*

4 “(2) *PROGRAM COMPONENTS.—The family recov-*
5 *ery and reunification program conducted under the*
6 *project shall adhere closely to the elements and pro-*
7 *TOCOL determined to be most effective in other recovery*
8 *coaching programs that have been rigorously evalu-*
9 *ated and shown to increase family reunification and*
10 *protect children and, consistent with such elements*
11 *and protocol, shall provide such items and services*
12 *as—*

13 “(A) *assessments to evaluate the needs of the*
14 *parent or guardian;*

15 “(B) *assistance in receiving the appropriate*
16 *benefits to aid the parent or guardian in recov-*
17 *ery;*

18 “(C) *services to assist the parent or guard-*
19 *ian in prioritizing issues identified in assess-*
20 *ments, establishing goals for resolving such issues*
21 *that are consistent with the goals of the treat-*
22 *ment provider, child welfare agency, courts, and*
23 *other agencies involved with the parent or guard-*
24 *ian or their children, and making a coordinated*
25 *plan for achieving such goals;*

1 “(D) home visiting services coordinated
2 with the child welfare agency and treatment pro-
3 vider involved with the parent or guardian or
4 their children;

5 “(E) case management services to remove
6 barriers for the parent or guardian to partici-
7 pate and continue in treatment, as well as to re-
8 engage a parent or guardian who is not partici-
9 pating or progressing in treatment;

10 “(F) access to services needed to monitor the
11 parent’s or guardian’s compliance with program
12 requirements;

13 “(G) frequent reporting between the treat-
14 ment provider, child welfare agency, courts, and
15 other agencies involved with the parent or guard-
16 ian or their children to ensure appropriate infor-
17 mation on the parent’s or guardian’s status is
18 available to inform decision-making; and

19 “(H) assessments and recommendations
20 provided by a recovery coach to the child welfare
21 caseworker responsible for documenting the par-
22 ent’s or guardian’s progress in treatment and re-
23 covery as well as the status of other areas identi-
24 fied in the treatment plan for the parent or
25 guardian, including a recommendation regard-

1 *ing the expected safety of the child if the child*
2 *is returned to the custody of the parent or guard-*
3 *ian that can be used by the caseworker and a*
4 *court to make permanency decisions regarding*
5 *the child.*

6 “(3) *RESPONSIBILITIES OF THE SECRETARY.*—

7 “(A) *IN GENERAL.*—*The Secretary shall,*
8 *through a grant or contract with 1 or more enti-*
9 *ties, conduct and evaluate the family recovery*
10 *and reunification program under the project.*

11 “(B) *REQUIREMENTS.*—*In identifying 1 or*
12 *more entities to conduct the evaluation of the*
13 *family recovery and reunification program, the*
14 *Secretary shall—*

15 “(i) *determine that the area or areas*
16 *in which the program will be conducted*
17 *have sufficient substance use disorder treat-*
18 *ment providers and other resources (other*
19 *than those provided with funds made avail-*
20 *able to carry out the project) to successfully*
21 *conduct the program;*

22 “(ii) *determine that the area or areas*
23 *in which the program will be conducted*
24 *have enough potential program partici-*
25 *pants, and will serve a sufficient number of*

1 *parents or guardians and their children, so*
2 *as to allow for the formation of a control*
3 *group, evaluation results to be adequately*
4 *powered, and preliminary results of the*
5 *evaluation to be available within 4 years of*
6 *the program’s implementation;*

7 *“(iii) provide the entity or entities*
8 *with technical assistance for the program*
9 *design, including by working with 1 or*
10 *more entities that are or have been involved*
11 *in recovery coaching programs that have*
12 *been rigorously evaluated and shown to in-*
13 *crease family reunification and protect chil-*
14 *dren so as to make sure the program con-*
15 *ducted under the project adheres closely to*
16 *the elements and protocol determined to be*
17 *most effective in such other recovery coach-*
18 *ing programs;*

19 *“(iv) assist the entity or entities in se-*
20 *curing adequate coaching, treatment, child*
21 *welfare, court, and other resources needed to*
22 *successfully conduct the family recovery and*
23 *reunification program under the project;*
24 *and*

1 “(v) *ensure the entity or entities will*
2 *be able to monitor the impacts of the pro-*
3 *gram in the area or areas in which it is*
4 *conducted for at least 5 years after parents*
5 *or guardians and their children are ran-*
6 *domly assigned to participate in the pro-*
7 *gram or to be part of the program’s control*
8 *group.*

9 “(4) *EVALUATION REQUIREMENTS.—*

10 “(A) *IN GENERAL.—The Secretary, in con-*
11 *sultation with the entity or entities conducting*
12 *the family recovery and reunification program*
13 *under the project, shall conduct an evaluation to*
14 *determine whether the program has been imple-*
15 *mented effectively and resulted in improvements*
16 *for children and families. The evaluation shall*
17 *have 3 components: a pilot phase, an impact*
18 *study, and an implementation study.*

19 “(B) *PILOT PHASE.—The pilot phase com-*
20 *ponent of the evaluation shall consist of the Sec-*
21 *retary providing technical assistance to the enti-*
22 *ty or entities conducting the family recovery and*
23 *reunification program under the project to en-*
24 *sure—*

1 “(i) the program’s implementation ad-
2 heres closely to the elements and protocol de-
3 termined to be most effective in other recov-
4 ery coaching programs that have been rigor-
5 ously evaluated and shown to increase fam-
6 ily reunification and protect children; and

7 “(ii) random assignment of parents or
8 guardians and their children to be partici-
9 pants in the program or to be part of the
10 program’s control group is being carried
11 out.

12 “(C) *IMPACT STUDY.*—The impact study
13 component of the evaluation shall determine the
14 impacts of the family recovery and reunification
15 program conducted under the project on the par-
16 ents and guardians and their children partici-
17 pating in the program. The impact study compo-
18 nent shall—

19 “(i) be conducted using an experi-
20 mental design that uses a random assign-
21 ment research methodology;

22 “(ii) consistent with previous studies of
23 other recovery coaching programs that have
24 been rigorously evaluated and shown to in-
25 crease family reunification and protect chil-

1 *dren, measure outcomes for parents and*
2 *guardians and their children over multiple*
3 *time periods, including for a period of 5*
4 *years; and*

5 *“(iii) include measurements of family*
6 *stability and parent, guardian, and child*
7 *safety for program participants and the*
8 *program control group that are consistent*
9 *with measurements of such factors for par-*
10 *ticipants and control groups from previous*
11 *studies of other recovery coaching programs*
12 *so as to allow results of the impact study to*
13 *be compared with the results of such prior*
14 *studies, including with respect to compari-*
15 *sons between program participants and the*
16 *program control group regarding—*

17 *“(I) safe family reunification;*

18 *“(II) time to reunification;*

19 *“(III) permanency (such as*
20 *through measures of reunification,*
21 *adoption, or placement with guard-*
22 *ians);*

23 *“(IV) safety (such as through*
24 *measures of subsequent maltreatment);*

1 “(V) parental or guardian treat-
2 ment persistence and engagement;

3 “(VI) parental or guardian sub-
4 stance use;

5 “(VII) juvenile delinquency;

6 “(VIII) cost; and

7 “(IX) other measurements agreed
8 upon by the Secretary and the entity
9 or entities operating the family recov-
10 ery and reunification program under
11 the project.

12 “(D) IMPLEMENTATION STUDY.—The imple-
13 mentation study component of the evaluation
14 shall be conducted concurrently with the conduct
15 of the impact study component and shall include,
16 in addition to such other information as the Sec-
17 retary may determine, descriptions and analyses
18 of—

19 “(i) the adherence of the family recov-
20 ery and reunification program conducted
21 under the project to other recovery coaching
22 programs that have been rigorously evalu-
23 ated and shown to increase family reunifi-
24 cation and protect children; and

1 “(ii) *the difference in services received*
2 *or proposed to be received by the program*
3 *participants and the program control*
4 *group.*

5 “(E) *REPORT.—The Secretary shall publish*
6 *on an internet website maintained by the Sec-*
7 *retary the following information:*

8 “(i) *A report on the pilot phase compo-*
9 *nent of the evaluation.*

10 “(ii) *A report on the impact study*
11 *component of the evaluation.*

12 “(iii) *A report on the implementation*
13 *study component of the evaluation.*

14 “(iv) *A report that includes—*

15 “(I) *analyses of the extent to*
16 *which the program has resulted in in-*
17 *creased reunifications, increased per-*
18 *manency, case closures, net savings to*
19 *the State or States involved (taking*
20 *into account both costs borne by States*
21 *and the Federal government), or other*
22 *outcomes, or if the program did not*
23 *produce such outcomes, an analysis of*
24 *why the replication of the program did*
25 *not yield such results;*

1 “(II) if, based on such analyses,
 2 the Secretary determines the program
 3 should be replicated, a replication
 4 plan; and

5 “(III) such recommendations for
 6 legislation and administrative action
 7 as the Secretary determines appro-
 8 priate.

9 “(5) *APPROPRIATION.*—In addition to any
 10 amounts otherwise made available to carry out this
 11 subpart, out of any money in the Treasury of the
 12 United States not otherwise appropriated, there are
 13 appropriated \$15,000,000 for fiscal year 2019 to
 14 carry out the project, which shall remain available
 15 through fiscal year 2026.”.

16 (b) *CLARIFICATION OF PAYER OF LAST RESORT AP-*
 17 *PLICATION TO CHILD WELFARE PREVENTION AND FAMILY*
 18 *SERVICES.*—Section 471(e)(10) of the Social Security Act
 19 (42 U.S.C. 671(e)(10)), as added by section 50711(a)(2) of
 20 division E of Public Law 115–123, is amended—

21 (1) in subparagraph (A), by inserting “, nor
 22 shall the provision of such services or programs be
 23 construed to permit the State to reduce medical or
 24 other assistance available to a recipient of such serv-
 25 ices or programs” after “under this Act”; and

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

2 “(C) *PAYER OF LAST RESORT.*—*In carrying*
 3 *out its responsibilities to ensure access to services*
 4 *or programs under this subsection, the State*
 5 *agency shall not be considered to be a legally lia-*
 6 *ble third party for purposes of satisfying a fi-*
 7 *nancial commitment for the cost of providing*
 8 *such services or programs with respect to any in-*
 9 *dividual for whom such cost would have been*
 10 *paid for from another public or private source*
 11 *but for the enactment of this subsection (except*
 12 *that whenever considered necessary to prevent a*
 13 *delay in the receipt of appropriate early inter-*
 14 *vention services by a child or family in a timely*
 15 *fashion, funds provided under section 474(a)(6)*
 16 *may be used to pay the provider of services or*
 17 *programs pending reimbursement from the pub-*
 18 *lic or private source that has ultimate responsi-*
 19 *bility for the payment).”.*

20 (c) *EFFECTIVE DATE.*—*The amendments made by sub-*
 21 *section (b) shall take effect as if included in section 50711*
 22 *of division E of Public Law 115–123.*

23 **SEC. 2303. BUILDING CAPACITY FOR FAMILY-FOCUSED RES-**
 24 **IDENTIAL TREATMENT.**

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

1 (1) *ELIGIBLE ENTITY*.—The term “eligible enti-
 2 ty” means a State, county, local, or tribal health or
 3 child welfare agency, a private nonprofit organiza-
 4 tion, a research organization, a treatment service pro-
 5 vider, an institution of higher education (as defined
 6 under section 101 of the Higher Education Act of
 7 1965 (20 U.S.C. 1001)), or another entity specified by
 8 the Secretary.

9 (2) *FAMILY-FOCUSED RESIDENTIAL TREATMENT*
 10 PROGRAM.—The term “family-focused residential
 11 treatment program” means a trauma-informed resi-
 12 dential program primarily for substance use disorder
 13 treatment for pregnant and postpartum women and
 14 parents and guardians that allows children to reside
 15 with such women or their parents or guardians dur-
 16 ing treatment to the extent appropriate and applica-
 17 ble.

18 (3) *SECRETARY*.—The term “Secretary” means
 19 the Secretary of Health and Human Services.

20 (b) *SUPPORT FOR THE DEVELOPMENT OF EVIDENCE-*
 21 *BASED FAMILY-FOCUSED RESIDENTIAL TREATMENT PRO-*
 22 *GRAMS*.—

23 (1) *AUTHORITY TO AWARD GRANTS*.—The Sec-
 24 retary shall award grants to eligible entities for pur-
 25 poses of developing, enhancing, or evaluating family-

1 *focused residential treatment programs to increase the*
2 *availability of such programs that meet the require-*
3 *ments for promising, supported, or well-supported*
4 *practices specified in section 471(e)(4)(C) of the So-*
5 *cial Security Act (42 U.S.C. 671(e)(4)(C))) (as added*
6 *by the Family First Prevention Services Act enacted*
7 *under title VII of division E of Public Law 115–123).*

8 (2) *EVALUATION REQUIREMENT.—The Secretary*
9 *shall require any evaluation of a family-focused resi-*
10 *dential treatment program by an eligible entity that*
11 *uses funds awarded under this section for all or part*
12 *of the costs of the evaluation be designed to assist in*
13 *the determination of whether the program may qual-*
14 *ify as a promising, supported, or well-supported prac-*
15 *tice in accordance with the requirements of such sec-*
16 *tion 471(e)(4)(C).*

17 (c) *AUTHORIZATION OF APPROPRIATIONS.—There is*
18 *authorized to be appropriated to the Secretary to carry out*
19 *this section, \$20,000,000 for fiscal year 2019, which shall*
20 *remain available through fiscal year 2023.*

1 ***Subtitle D—Synthetics Trafficking***
 2 ***and Overdose Prevention***

3 **SEC. 2401. SHORT TITLE.**

4 *This subtitle may be cited as the “Synthetics Traf-*
 5 *ficking and Overdose Prevention Act of 2018” or “STOP*
 6 *Act of 2018”.*

7 **SEC. 2402. CUSTOMS FEES.**

8 *(a) IN GENERAL.—Section 13031(b)(9) of the Consoli-*
 9 *dated Omnibus Budget Reconciliation Act of 1985 (19*
 10 *U.S.C. 58c(b)(9)) is amended by adding at the end the fol-*
 11 *lowing:*

12 *“(D)(i) With respect to the processing of items*
 13 *that are sent to the United States through the inter-*
 14 *national postal network by ‘Inbound Express Mail*
 15 *service’ or ‘Inbound EMS’ (as that service is described*
 16 *in the mail classification schedule referred to in sec-*
 17 *tion 3631 of title 39, United States Code), the fol-*
 18 *lowing payments are required:*

19 *“(I) \$1 per Inbound EMS item.*

20 *“(II) If an Inbound EMS item is formally*
 21 *entered, the fee provided for under subsection*
 22 *(a)(9), if applicable.*

23 *“(ii) Notwithstanding section 451 of the Tariff*
 24 *Act of 1930 (19 U.S.C. 1451), the payments required*
 25 *by clause (i), as allocated pursuant to clause (iii)(I),*

1 *shall be the only payments required for reimburse-*
2 *ment of U.S. Customs and Border Protection for cus-*
3 *tom services provided in connection with the proc-*
4 *essing of an Inbound EMS item.*

5 *“(iii)(I) The payments required by clause (i)(I)*
6 *shall be allocated as follows:*

7 *“(aa) 50 percent of the amount of the pay-*
8 *ments shall be paid on a quarterly basis by the*
9 *United States Postal Service to the Commis-*
10 *sioner of U.S. Customs and Border Protection in*
11 *accordance with regulations prescribed by the*
12 *Secretary of the Treasury to reimburse U.S. Cus-*
13 *tom services and Border Protection for customs services*
14 *provided in connection with the processing of In-*
15 *bound EMS items.*

16 *“(bb) 50 percent of the amount of the pay-*
17 *ments shall be retained by the Postal Service to*
18 *reimburse the Postal Service for services provided*
19 *in connection with the customs processing of In-*
20 *bound EMS items.*

21 *“(II) Payments received by U.S. Customs and*
22 *Border Protection under subclause (I)(aa) shall, in*
23 *accordance with section 524 of the Tariff Act of 1930*
24 *(19 U.S.C. 1524), be deposited in the Customs User*
25 *Fee Account and used to directly reimburse each ap-*

1 *appropriation for the amount paid out of that appro-*
 2 *priation for the costs incurred in providing services*
 3 *to international mail facilities. Amounts deposited in*
 4 *accordance with the preceding sentence shall be avail-*
 5 *able until expended for the provision of such services.*

6 *“(III) Payments retained by the Postal Service*
 7 *under subclause (I)(bb) shall be used to directly reim-*
 8 *burse the Postal Service for the costs incurred in pro-*
 9 *viding services in connection with the customs proc-*
 10 *essing of Inbound EMS items.*

11 *“(iv) Beginning in fiscal year 2021, the Sec-*
 12 *retary, in consultation with the Postmaster General,*
 13 *may adjust, not more frequently than once each fiscal*
 14 *year, the amount described in clause (i)(I) to an*
 15 *amount commensurate with the costs of services pro-*
 16 *vided in connection with the customs processing of In-*
 17 *bound EMS items, consistent with the obligations of*
 18 *the United States under international agreements.”.*

19 *(b) CONFORMING AMENDMENTS.—Section 13031(a) of*
 20 *the Consolidated Omnibus Budget Reconciliation Act of*
 21 *1985 (19 U.S.C. 58c(a)) is amended—*

22 *(1) in paragraph (6), by inserting “(other than*
 23 *an item subject to a fee under subsection (b)(9)(D))”*
 24 *after “customs officer”; and*

25 *(2) in paragraph (10)—*

(A) in subparagraph (C), in the matter preceding clause (i), by inserting “(other than Inbound EMS items described in subsection (b)(9)(D))” after “release”; and

(B) in the flush at the end, by inserting “or of Inbound EMS items described in subsection (b)(9)(D),” after “(C),”.

(c) *EFFECTIVE DATE.*—The amendments made by this section shall take effect on January 1, 2020.

SEC. 2403. MANDATORY ADVANCE ELECTRONIC INFORMATION FOR POSTAL SHIPMENTS.

(a) *MANDATORY ADVANCE ELECTRONIC INFORMATION.*—

(1) *IN GENERAL.*—Section 343(a)(3)(K) of the Trade Act of 2002 (Public Law 107–210; 19 U.S.C. 2071 note) is amended to read as follows:

“(K)(i) The Secretary shall prescribe regulations requiring the United States Postal Service to transmit the information described in paragraphs (1) and (2) to the Commissioner of U.S. Customs and Border Protection for international mail shipments by the Postal Service (including shipments to the Postal Service from foreign postal operators that are transported by

1 *private carrier) consistent with the requirements*
2 *of this subparagraph.*

3 “(ii) *In prescribing regulations under*
4 *clause (i), the Secretary shall impose require-*
5 *ments for the transmission to the Commissioner*
6 *of information described in paragraphs (1) and*
7 *(2) for mail shipments described in clause (i)*
8 *that are comparable to the requirements for the*
9 *transmission of such information imposed on*
10 *similar non-mail shipments of cargo, taking into*
11 *account the parameters set forth in subpara-*
12 *graphs (A) through (J).*

13 “(iii) *The regulations prescribed under*
14 *clause (i) shall require the transmission of the*
15 *information described in paragraphs (1) and (2)*
16 *with respect to a shipment as soon as practicable*
17 *in relation to the transportation of the shipment,*
18 *consistent with subparagraph (H).*

19 “(iv) *Regulations prescribed under clause*
20 *(i) shall allow for the requirements for the trans-*
21 *mission to the Commissioner of information de-*
22 *scribed in paragraphs (1) and (2) for mail ship-*
23 *ments described in clause (i) to be implemented*
24 *in phases, as appropriate, by—*

1 “(I) setting incremental targets for in-
2 creasing the percentage of such shipments
3 for which information is required to be
4 transmitted to the Commissioner; and

5 “(II) taking into consideration—

6 “(aa) the risk posed by such ship-
7 ments;

8 “(bb) the volume of mail shipped
9 to the United States by or through a
10 particular country; and

11 “(cc) the capacities of foreign
12 postal operators to provide that infor-
13 mation to the Postal Service.

14 “(v)(I) Notwithstanding clause (iv), the
15 Postal Service shall, not later than December 31,
16 2018, arrange for the transmission to the Com-
17 missioner of the information described in para-
18 graphs (1) and (2) for not less than 70 percent
19 of the aggregate number of mail shipments, in-
20 cluding 100 percent of mail shipments from the
21 People’s Republic of China, described in clause
22 (i).

23 “(II) If the requirements of subclause (I)
24 are not met, the Comptroller General of the
25 United States shall submit to the appropriate

1 *congressional committees, not later than June*
2 *30, 2019, a report—*

3 *“(aa) assessing the reasons for the fail-*
4 *ure to meet those requirements; and*

5 *“(bb) identifying recommendations to*
6 *improve the collection by the Postal Service*
7 *of the information described in paragraphs*
8 *(1) and (2).*

9 *“(vi)(I) Notwithstanding clause (iv), the*
10 *Postal Service shall, not later than December 31,*
11 *2020, arrange for the transmission to the Com-*
12 *missioner of the information described in para-*
13 *graphs (1) and (2) for 100 percent of the aggre-*
14 *gate number of mail shipments described in*
15 *clause (i).*

16 *“(II) The Commissioner, in consultation*
17 *with the Postmaster General, may determine to*
18 *exclude a country from the requirement described*
19 *in subclause (I) to transmit information for mail*
20 *shipments described in clause (i) from the coun-*
21 *try if the Commissioner determines that the*
22 *country—*

23 *“(aa) does not have the capacity to col-*
24 *lect and transmit such information;*

1 “(bb) represents a low risk for mail
2 shipments that violate relevant United
3 States laws and regulations; and

4 “(cc) accounts for low volumes of mail
5 shipments that can be effectively screened
6 for compliance with relevant United States
7 laws and regulations through an alternate
8 means.

9 “(III) The Commissioner shall, at a min-
10 imum on an annual basis, re-evaluate any deter-
11 mination made under subclause (II) to exclude a
12 country from the requirement described in sub-
13 clause (I). If, at any time, the Commissioner de-
14 termines that a country no longer meets the re-
15 quirements under subclause (II), the Commis-
16 sioner may not further exclude the country from
17 the requirement described in subclause (I).

18 “(IV) The Commissioner shall, on an an-
19 nual basis, submit to the appropriate congres-
20 sional committees—

21 “(aa) a list of countries with respect to
22 which the Commissioner has made a deter-
23 mination under subclause (II) to exclude the
24 countries from the requirement described in
25 subclause (I); and

1 “(bb) information used to support such
2 determination with respect to such coun-
3 tries.

4 “(vii)(I) The Postmaster General shall, in
5 consultation with the Commissioner, refuse any
6 shipments received after December 31, 2020, for
7 which the information described in paragraphs
8 (1) and (2) is not transmitted as required under
9 this subparagraph, except as provided in sub-
10 clause (II).

11 “(II) If remedial action is warranted in
12 lieu of refusal of shipments pursuant to sub-
13 clause (I), the Postmaster General and the Com-
14 missioner shall take remedial action with respect
15 to the shipments, including destruction, seizure,
16 controlled delivery or other law enforcement ini-
17 tiatives, or correction of the failure to provide
18 the information described in paragraphs (1) and
19 (2) with respect to the shipment.

20 “(viii) Nothing in this subparagraph shall
21 be construed to limit the authority of the Sec-
22 retary to obtain information relating to inter-
23 national mail shipments from private carriers or
24 other appropriate parties.

1 “(ix) In this subparagraph, the term ‘ap-
2 appropriate congressional committees’ means—

3 “(I) the Committee on Finance and the
4 Committee on Homeland Security and Gov-
5 ernmental Affairs of the Senate; and

6 “(II) the Committee on Ways and
7 Means, the Committee on Oversight and
8 Government Reform, and the Committee on
9 Homeland Security of the House of Rep-
10 resentatives.”.

11 (2) *JOINT STRATEGIC PLAN ON MANDATORY AD-
12 VANCE INFORMATION.*—Not later than 60 days after
13 the date of the enactment of this Act, the Secretary of
14 Homeland Security and the Postmaster General shall
15 develop and submit to the appropriate congressional
16 committees a joint strategic plan detailing specific
17 performance measures for achieving—

18 (A) the transmission of information as re-
19 quired by section 343(a)(3)(K) of the Trade Act
20 of 2002, as amended by paragraph (1); and

21 (B) the presentation by the Postal Service to
22 U.S. Customs and Border Protection of all mail
23 targeted by U.S. Customs and Border Protection
24 for inspection.

25 (b) *CAPACITY BUILDING.*—

1 (1) *IN GENERAL.*—Section 343(a) of the Trade
 2 Act of 2002 (Public Law 107–210; 19 U.S.C. 2071
 3 note) is amended by adding at the end the following:

4 “(5) *CAPACITY BUILDING.*—

5 “(A) *IN GENERAL.*—The Secretary, with the
 6 concurrence of the Secretary of State, and in co-
 7 ordination with the Postmaster General and the
 8 heads of other Federal agencies, as appropriate,
 9 may provide technical assistance, equipment,
 10 technology, and training to enhance the capacity
 11 of foreign postal operators—

12 “(i) to gather and provide the informa-
 13 tion required by paragraph (3)(K); and

14 “(ii) to otherwise gather and provide
 15 postal shipment information related to—

16 “(I) terrorism;

17 “(II) items the importation or in-
 18 troduction of which into the United
 19 States is prohibited or restricted, in-
 20 cluding controlled substances; and

21 “(III) such other concerns as the
 22 Secretary determines appropriate.

23 “(B) *PROVISION OF EQUIPMENT AND TECH-*
 24 *NOLOGY.*—With respect to the provision of equip-
 25 ment and technology under subparagraph (A),

1 the Secretary may lease, loan, provide, or other-
2 wise assist in the deployment of such equipment
3 and technology under such terms and conditions
4 as the Secretary may prescribe, including nonre-
5 imbursable loans or the transfer of ownership of
6 equipment and technology.”.

7 (2) *JOINT STRATEGIC PLAN ON CAPACITY BUILD-*
8 *ING.*—Not later than one year after the date of the en-
9 actment of this Act, the Secretary of Homeland Secu-
10 rity and the Postmaster General shall, in consultation
11 with the Secretary of State, jointly develop and sub-
12 mit to the appropriate congressional committees a
13 joint strategic plan—

14 (A) detailing the extent to which U.S. Cus-
15 toms and Border Protection and the United
16 States Postal Service are engaged in capacity
17 building efforts under section 343(a)(5) of the
18 Trade Act of 2002, as added by paragraph (1);

19 (B) describing plans for future capacity
20 building efforts; and

21 (C) assessing how capacity building has in-
22 creased the ability of U.S. Customs and Border
23 Protection and the Postal Service to advance the
24 goals of this subtitle and the amendments made
25 by this subtitle.

1 (c) *REPORT AND CONSULTATIONS BY SECRETARY OF*
2 *HOMELAND SECURITY AND POSTMASTER GENERAL.*—

3 (1) *REPORT.*—*Not later than 180 days after the*
4 *date of the enactment of this Act, and annually there-*
5 *after until 3 years after the Postmaster General has*
6 *met the requirement under clause (vi) of subpara-*
7 *graph (K) of section 343(a)(3) of the Trade Act of*
8 *2002, as amended by subsection (a)(1), the Secretary*
9 *of Homeland Security and the Postmaster General*
10 *shall, in consultation with the Secretary of State,*
11 *jointly submit to the appropriate congressional com-*
12 *mittees a report on compliance with that subpara-*
13 *graph that includes the following:*

14 (A) *An assessment of the status of the regu-*
15 *lations required to be promulgated under that*
16 *subparagraph.*

17 (B) *An update regarding new and existing*
18 *agreements reached with foreign postal operators*
19 *for the transmission of the information required*
20 *by that subparagraph.*

21 (C) *A summary of deliberations between the*
22 *United States Postal Service and foreign postal*
23 *operators with respect to issues relating to the*
24 *transmission of that information.*

1 (D) *A summary of the progress made in*
2 *achieving the transmission of that information*
3 *for the percentage of shipments required by that*
4 *subparagraph.*

5 (E) *An assessment of the quality of that in-*
6 *formation being received by foreign postal opera-*
7 *tors, as determined by the Secretary of Home-*
8 *land Security, and actions taken to improve the*
9 *quality of that information.*

10 (F) *A summary of policies established by*
11 *the Universal Postal Union that may affect the*
12 *ability of the Postmaster General to obtain the*
13 *transmission of that information.*

14 (G) *A summary of the use of technology to*
15 *detect illicit synthetic opioids and other illegal*
16 *substances in international mail parcels and*
17 *planned acquisitions and advancements in such*
18 *technology.*

19 (H) *Such other information as the Sec-*
20 *retary of Homeland Security and the Postmaster*
21 *General consider appropriate with respect to ob-*
22 *taining the transmission of information required*
23 *by that subparagraph.*

24 (2) *CONSULTATIONS.—Not later than 180 days*
25 *after the date of the enactment of this Act, and every*

1 180 days thereafter until the Postmaster General has
2 met the requirement under clause (vi) of section
3 343(a)(3)(K) of the Trade Act of 2002, as amended by
4 subsection (a)(1), to arrange for the transmission of
5 information with respect to 100 percent of the aggre-
6 gate number of mail shipments described in clause (i)
7 of that section, the Secretary of Homeland Security
8 and the Postmaster General shall provide briefings to
9 the appropriate congressional committees on the
10 progress made in achieving the transmission of that
11 information for that percentage of shipments.

12 (d) *GOVERNMENT ACCOUNTABILITY OFFICE RE-*
13 *PORT.*—Not later than June 30, 2019, the Comptroller Gen-
14 *eral of the United States shall submit to the appropriate*
15 *congressional committees a report—*

16 (1) *assessing the progress of the United States*
17 *Postal Service in achieving the transmission of the*
18 *information required by subparagraph (K) of section*
19 *343(a)(3) of the Trade Act of 2002, as amended by*
20 *subsection (a)(1), for the percentage of shipments re-*
21 *quired by that subparagraph;*

22 (2) *assessing the quality of the information re-*
23 *ceived from foreign postal operators for targeting pur-*
24 *poses;*

1 (3) *assessing the specific percentage of targeted*
2 *mail presented by the Postal Service to U.S. Customs*
3 *and Border Protection for inspection;*

4 (4) *describing the costs of collecting the informa-*
5 *tion required by such subparagraph (K) from foreign*
6 *postal operators and the costs of implementing the use*
7 *of that information;*

8 (5) *assessing the benefits of receiving that infor-*
9 *mation with respect to international mail shipments;*

10 (6) *assessing the feasibility of assessing a cus-*
11 *toms fee under section 13031(b)(9) of the Consolidated*
12 *Omnibus Budget Reconciliation Act of 1985, as*
13 *amended by section 2402, on international mail ship-*
14 *ments other than Inbound Express Mail service in a*
15 *manner consistent with the obligations of the United*
16 *States under international agreements; and*

17 (7) *identifying recommendations, including rec-*
18 *ommendations for legislation, to improve the compli-*
19 *ance of the Postal Service with such subparagraph*
20 *(K), including an assessment of whether the detection*
21 *of illicit synthetic opioids in the international mail*
22 *would be improved by—*

23 (A) *requiring the Postal Service to serve as*
24 *the consignee for international mail shipments*
25 *containing goods; or*

1 (B) designating a customs broker to act as
 2 an importer of record for international mail
 3 shipments containing goods.

4 (e) *TECHNICAL CORRECTION.*—Section 343 of the
 5 Trade Act of 2002 (Public Law 107–210; 19 U.S.C. 2071
 6 note) is amended in the section heading by striking “**AD-**
 7 **VANCED**” and inserting “**ADVANCE**”.

8 (f) *APPROPRIATE CONGRESSIONAL COMMITTEES DE-*
 9 *FINED.*—In this section, the term “appropriate congres-
 10 sional committees” means—

11 (1) the Committee on Finance and the Com-
 12 mittee on Homeland Security and Governmental Af-
 13 fairs of the Senate; and

14 (2) the Committee on Ways and Means, the Com-
 15 mittee on Oversight and Government Reform, and the
 16 Committee on Homeland Security of the House of
 17 Representatives.

18 **SEC. 2404. INTERNATIONAL POSTAL AGREEMENTS.**

19 (a) *EXISTING AGREEMENTS.*—

20 (1) *IN GENERAL.*—In the event that any provi-
 21 sion of this subtitle, or any amendment made by this
 22 subtitle, is determined to be in violation of obligations
 23 of the United States under any postal treaty, conven-
 24 tion, or other international agreement related to
 25 international postal services, or any amendment to

1 *such an agreement, the Secretary of State should ne-*
 2 *gotiate to amend the relevant provisions of the agree-*
 3 *ment so that the United States is no longer in viola-*
 4 *tion of the agreement.*

5 (2) *RULE OF CONSTRUCTION.*—*Nothing in this*
 6 *subsection shall be construed to permit delay in the*
 7 *implementation of this subtitle or any amendment*
 8 *made by this subtitle.*

9 (b) *FUTURE AGREEMENTS.*—

10 (1) *CONSULTATIONS.*—*Before entering into, on*
 11 *or after the date of the enactment of this Act, any*
 12 *postal treaty, convention, or other international*
 13 *agreement related to international postal services, or*
 14 *any amendment to such an agreement, that is related*
 15 *to the ability of the United States to secure the provi-*
 16 *sion of advance electronic information by foreign*
 17 *postal operators, the Secretary of State should consult*
 18 *with the appropriate congressional committees (as de-*
 19 *fin ed in section 2403(f)).*

20 (2) *EXPEDITED NEGOTIATION OF NEW AGREE-*
 21 *MENT.*—*To the extent that any new postal treaty,*
 22 *convention, or other international agreement related*
 23 *to international postal services would improve the*
 24 *ability of the United States to secure the provision of*
 25 *advance electronic information by foreign postal oper-*

1 *ators as required by regulations prescribed under sec-*
 2 *tion 343(a)(3)(K) of the Trade Act of 2002, as*
 3 *amended by section 2403(a)(1), the Secretary of State*
 4 *should expeditiously conclude such an agreement.*

5 **SEC. 2405. COST RECOUPMENT.**

6 *(a) IN GENERAL.—The United States Postal Service*
 7 *shall, to the extent practicable and otherwise recoverable by*
 8 *law, ensure that all costs associated with complying with*
 9 *this subtitle and amendments made by this subtitle are*
 10 *charged directly to foreign shippers or foreign postal opera-*
 11 *tors.*

12 *(b) COSTS NOT CONSIDERED REVENUE.—The recovery*
 13 *of costs under subsection (a) shall not be deemed revenue*
 14 *for purposes of subchapter I and II of chapter 36 of title*
 15 *39, United States Code, or regulations prescribed under that*
 16 *chapter.*

17 **SEC. 2406. DEVELOPMENT OF TECHNOLOGY TO DETECT IL-**
 18 **LICIT NARCOTICS.**

19 *(a) IN GENERAL.—The Postmaster General and the*
 20 *Commissioner of U.S. Customs and Border Protection, in*
 21 *coordination with the heads of other agencies as appro-*
 22 *priate, shall collaborate to identify and develop technology*
 23 *for the detection of illicit fentanyl, other synthetic opioids,*
 24 *and other narcotics and psychoactive substances entering*
 25 *the United States by mail.*

1 **(b) OUTREACH TO PRIVATE SECTOR.**—*The Postmaster*
 2 *General and the Commissioner shall conduct outreach to*
 3 *private sector entities to gather information regarding the*
 4 *current state of technology to identify areas for innovation*
 5 *relating to the detection of illicit fentanyl, other synthetic*
 6 *opioids, and other narcotics and psychoactive substances en-*
 7 *tering the United States.*

8 **SEC. 2407. CIVIL PENALTIES FOR POSTAL SHIPMENTS.**

9 *Section 436 of the Tariff Act of 1930 (19 U.S.C. 1436)*
 10 *is amended by adding at the end the following new sub-*
 11 *section:*

12 **“(e) CIVIL PENALTIES FOR POSTAL SHIPMENTS.—**

13 **“(1) CIVIL PENALTY.**—*A civil penalty shall be*
 14 *imposed against the United States Postal Service if*
 15 *the Postal Service accepts a shipment in violation of*
 16 *section 343(a)(3)(K)(vii)(I) of the Trade Act of 2002.*

17 **“(2) MODIFICATION OF CIVIL PENALTY.—**

18 **“(A) IN GENERAL.**—*U.S. Customs and Bor-*
 19 *der Protection shall reduce or dismiss a civil*
 20 *penalty imposed pursuant to paragraph (1) if*
 21 *U.S. Customs and Border Protection determines*
 22 *that the United States Postal Service—*

23 *“(i) has a low error rate in compliance*
 24 *with section 343(a)(3)(K) of the Trade Act*
 25 *of 2002;*

1 “(ii) is cooperating with U.S. Customs
2 and Border Protection with respect to the
3 violation of section 343(a)(3)(K)(vii)(I) of
4 the Trade Act of 2002; or

5 “(iii) has taken remedial action to pre-
6 vent future violations of section
7 343(a)(3)(K)(vii)(I) of the Trade Act of
8 2002.

9 “(B) WRITTEN NOTIFICATION.—U.S. Cus-
10 toms and Border Protection shall issue a written
11 notification to the Postal Service with respect to
12 each exercise of the authority of subparagraph
13 (A) to reduce or dismiss a civil penalty imposed
14 pursuant to paragraph (1).

15 “(3) ONGOING LACK OF COMPLIANCE.—If U.S.
16 Customs and Border Protection determines that the
17 United States Postal Service—

18 “(A) has repeatedly committed violations of
19 section 343(a)(3)(K)(vii)(I) of the Trade Act of
20 2002,

21 “(B) has failed to cooperate with U.S. Cus-
22 toms and Border Protection with respect to vio-
23 lations of section 343(a)(3)(K)(vii)(I) of the
24 Trade Act of 2002, and

1 “(C) has an increasing error rate in com-
 2 pliance with section 343(a)(3)(K) of the Trade
 3 Act of 2002,
 4 civil penalties may be imposed against the United
 5 States Postal Service until corrective action, satisfac-
 6 tory to U.S. Customs and Border Protection, is
 7 taken.”.

8 **SEC. 2408. REPORT ON VIOLATIONS OF ARRIVAL, REPORT-**
 9 **ING, ENTRY, AND CLEARANCE REQUIRE-**
 10 **MENTS AND FALSITY OR LACK OF MANIFEST.**

11 (a) *IN GENERAL.*—The Commissioner of U.S. Customs
 12 and Border Protection shall submit to the appropriate con-
 13 gressional committees an annual report that contains the
 14 information described in subsection (b) with respect to each
 15 violation of section 436 of the Tariff Act of 1930 (19 U.S.C.
 16 1436), as amended by section 7, and section 584 of such
 17 Act (19 U.S.C. 1584) that occurred during the previous
 18 year.

19 (b) *INFORMATION DESCRIBED.*—The information de-
 20 scribed in this subsection is the following:

- 21 (1) *The name and address of the violator.*
- 22 (2) *The specific violation that was committed.*
- 23 (3) *The location or port of entry through which*
 24 *the items were transported.*

1 (4) *An inventory of the items seized, including*
 2 *a description of the items and the quantity seized.*

3 (5) *The location from which the items originated.*

4 (6) *The entity responsible for the apprehension*
 5 *or seizure, organized by location or port of entry.*

6 (7) *The amount of penalties assessed by U.S.*
 7 *Customs and Border Protection, organized by name of*
 8 *the violator and location or port of entry.*

9 (8) *The amount of penalties that U.S. Customs*
 10 *and Border Protection could have levied, organized by*
 11 *name of the violator and location or port of entry.*

12 (9) *The rationale for negotiating lower penalties,*
 13 *organized by name of the violator and location or*
 14 *port of entry.*

15 (c) *APPROPRIATE CONGRESSIONAL COMMITTEES DE-*
 16 *FINED.—In this section, the term “appropriate congres-*
 17 *sional committees” means—*

18 (1) *the Committee on Finance and the Com-*
 19 *mittee on Homeland Security and Governmental Af-*
 20 *airs of the Senate; and*

21 (2) *the Committee on Ways and Means, the Com-*
 22 *mittee on Oversight and Government Reform, and the*
 23 *Committee on Homeland Security of the House of*
 24 *Representatives.*

1 **SEC. 2409. EFFECTIVE DATE; REGULATIONS.**

2 (a) *EFFECTIVE DATE.*—*This subtitle and the amend-*
 3 *ments made by this subtitle (other than the amendments*
 4 *made by section 2402) shall take effect on the date of the*
 5 *enactment of this Act.*

6 (b) *REGULATIONS.*—*Not later than one year after the*
 7 *date of the enactment of this Act, such regulations as are*
 8 *necessary to carry out this subtitle and the amendments*
 9 *made by this subtitle shall be prescribed.*

10 **TITLE III—JUDICIARY**

11 ***Subtitle A—Access to Increased***
 12 ***Drug Disposal***

13 **SEC. 3101. SHORT TITLE.**

14 *This subtitle may be cited as the “Access to Increased*
 15 *Drug Disposal Act of 2018”.*

16 **SEC. 3102. DEFINITIONS.**

17 *In this subtitle—*

18 (1) *the term “Attorney General” means the At-*
 19 *torney General, acting through the Assistant Attorney*
 20 *General for the Office of Justice Programs;*

21 (2) *the term “authorized collector” means a nar-*
 22 *cotic treatment program, a hospital or clinic with an*
 23 *on-site pharmacy, a retail pharmacy, or a reverse dis-*
 24 *tributor, that is authorized as a collector under sec-*
 25 *tion 1317.40 of title 21, Code of Federal Regulations*
 26 *(or any successor regulation);*

1 (3) the term “covered grant” means a grant
2 awarded under section 3003; and

3 (4) the term “eligible collector” means a person
4 who is eligible to be an authorized collector.

5 **SEC. 3103. AUTHORITY TO MAKE GRANTS.**

6 *The Attorney General shall award grants to States to*
7 *enable the States to increase the participation of eligible*
8 *collectors as authorized collectors.*

9 **SEC. 3104. APPLICATION.**

10 *A State desiring a covered grant shall submit to the*
11 *Attorney General an application that, at a minimum—*

12 (1) *identifies the single State agency that over-*
13 *sees pharmaceutical care and will be responsible for*
14 *complying with the requirements of the grant;*

15 (2) *details a plan to increase participation rates*
16 *of eligible collectors as authorized collectors; and*

17 (3) *describes how the State will select eligible col-*
18 *lectors to be served under the grant.*

19 **SEC. 3105. USE OF GRANT FUNDS.**

20 *A State that receives a covered grant, and any sub-*
21 *recipient of the grant, may use the grant amounts only for*
22 *the costs of installation, maintenance, training, purchasing,*
23 *and disposal of controlled substances associated with the*
24 *participation of eligible collectors as authorized collectors.*

1 **SEC. 3106. ELIGIBILITY FOR GRANT.**

2 *The Attorney General shall award a covered grant to*
3 *5 States, not less than 3 of which shall be States in the*
4 *lowest quartile of States based on the participation rate of*
5 *eligible collectors as authorized collectors, as determined by*
6 *the Attorney General.*

7 **SEC. 3107. DURATION OF GRANTS.**

8 *The Attorney General shall determine the period of*
9 *years for which a covered grant is made to a State.*

10 **SEC. 3108. ACCOUNTABILITY AND OVERSIGHT.**

11 *A State that receives a covered grant shall submit to*
12 *the Attorney General a report, at such time and in such*
13 *manner as the Attorney General may reasonably require,*
14 *that—*

15 *(1) lists the ultimate recipients of the grant*
16 *amounts;*

17 *(2) describes the activities undertaken by the*
18 *State using the grant amounts; and*

19 *(3) contains performance measures relating to*
20 *the effectiveness of the grant, including changes in the*
21 *participation rate of eligible collectors as authorized*
22 *collectors.*

23 **SEC. 3109. DURATION OF PROGRAM.**

24 *The Attorney General may award covered grants for*
25 *each of the first 5 fiscal years beginning after the date of*
26 *enactment of this Act.*

1 **SEC. 3110. AUTHORIZATION OF APPROPRIATIONS.**

2 *There is authorized to be appropriated to the Attorney*
 3 *General such sums as may be necessary to carry out this*
 4 *subtitle.*

5 ***Subtitle B—Using Data To Prevent***
 6 ***Opioid Diversion***

7 **SEC. 3201. SHORT TITLE.**

8 *This subtitle may be cited as the “Using Data to Pre-*
 9 *vent Opioid Diversion Act of 2018”.*

10 **SEC. 3202. PURPOSE.**

11 *(a) IN GENERAL.—The purpose of this subtitle is to*
 12 *provide drug manufacturers and distributors with access to*
 13 *anonymized information through the Automated Reports*
 14 *and Consolidated Orders System to help drug manufactur-*
 15 *ers and distributors identify, report, and stop suspicious*
 16 *orders of opioids and reduce diversion rates.*

17 *(b) RULE OF CONSTRUCTION.—Nothing in this subtitle*
 18 *should be construed to absolve a drug manufacturer, drug*
 19 *distributor, or other Drug Enforcement Administration reg-*
 20 *istrant from the responsibility of the manufacturer, dis-*
 21 *tributor, or other registrant to—*

22 *(1) identify, stop, and report suspicious orders;*

23 *or*

24 *(2) maintain effective controls against diversion*
 25 *in accordance with section 303 of the Controlled Sub-*

1 *stances Act (21 U.S.C. 823) or any successor law or*
2 *associated regulation.*

3 **SEC. 3203. AMENDMENTS.**

4 *(a) RECORDS AND REPORTS OF REGISTRANTS.—Sec-*
5 *tion 307 of the Controlled Substances Act (21 U.S.C. 827)*
6 *is amended—*

7 *(1) by redesignating subsections (f), (g), and (h)*
8 *as subsections (g), (h), and (i), respectively;*

9 *(2) by inserting after subsection (e) the following:*

10 *“(f)(1) The Attorney General shall, not less frequently*
11 *than quarterly, make the following information available*
12 *to manufacturer and distributor registrants through the*
13 *Automated Reports and Consolidated Orders System, or*
14 *any subsequent automated system developed by the Drug*
15 *Enforcement Administration to monitor selected controlled*
16 *substances:*

17 *“(A) The total number of distributor registrants*
18 *that distribute controlled substances to a pharmacy or*
19 *practitioner registrant, aggregated by the name and*
20 *address of each pharmacy and practitioner registrant.*

21 *“(B) The total quantity and type of opioids dis-*
22 *tributed, listed by Administration Controlled Sub-*
23 *stances Code Number, to each pharmacy and practi-*
24 *tioner registrant described in subparagraph (A).*

1 “(2) *The information required to be made available*
 2 *under paragraph (1) shall be made available not later than*
 3 *the 15th day of the first month following the quarter to*
 4 *which the information relates.*

5 “(3)(A) *All registered manufacturers and distributors*
 6 *shall be responsible for reviewing the information made*
 7 *available by the Attorney General under this subsection.*

8 “(B) *In determining whether to initiate proceedings*
 9 *under this title against a registered manufacturer or dis-*
 10 *tributor based on the failure of the registrant to maintain*
 11 *effective controls against diversion or otherwise comply with*
 12 *the requirements of this title or the regulations issued there-*
 13 *under, the Attorney General may take into account that the*
 14 *information made available under this subsection was*
 15 *available to the registrant.”; and*

16 (3) *by inserting after subsection (i), as so redes-*
 17 *ignated, the following:*

18 “(j) *All of the reports required under this section shall*
 19 *be provided in an electronic format.”.*

20 (b) *COOPERATIVE ARRANGEMENTS.—Section 503 of*
 21 *the Controlled Substances Act (21 U.S.C. 873) is amend-*
 22 *ed—*

23 (1) *by striking subsection (c) and inserting the*
 24 *following:*

1 “(c)(1) *The Attorney General shall, once every 6*
 2 *months, prepare and make available to regulatory, licens-*
 3 *ing, attorneys general, and law enforcement agencies of*
 4 *States a standardized report containing descriptive and*
 5 *analytic information on the actual distribution patterns,*
 6 *as gathered through the Automated Reports and Consoli-*
 7 *dated Orders System, or any subsequent automated system,*
 8 *pursuant to section 307 and which includes detailed*
 9 *amounts, outliers, and trends of distributor and pharmacy*
 10 *registrants, in such States for the controlled substances con-*
 11 *tained in schedule II, which, in the discretion of the Attor-*
 12 *ney General, are determined to have the highest abuse.*

13 “(2) *If the Attorney General publishes the report de-*
 14 *scribed in paragraph (1) once every 6 months as required*
 15 *under paragraph (1), nothing in this subsection shall be*
 16 *construed to bring an action in any court to challenge the*
 17 *sufficiency of the information or to compel the Attorney*
 18 *General to produce any documents or reports referred to*
 19 *in this subsection.”.*

20 (c) *CIVIL AND CRIMINAL PENALTIES.—Section 402 of*
 21 *the Controlled Substances Act (21 U.S.C. 842) is amend-*
 22 *ed—*

23 (1) *in subsection (a)—*

24 (A) *in paragraph (15), by striking “or” at*
 25 *the end;*

1 (B) in paragraph (16), by striking the pe-
 2 riod at the end and inserting “; or”; and

3 (C) by inserting after paragraph (16) the
 4 following:

5 “(17) in the case of a registered manufacturer or
 6 distributor of opioids, to fail to review the most recent
 7 information, directly related to the customers of the
 8 manufacturer or distributor, made available by the
 9 Attorney General in accordance with section 307(f).”;
 10 and

11 (2) in subsection (c)—

12 (A) in paragraph (1), by striking subpara-
 13 graph (B) and inserting the following:

14 “(B)(i) Except as provided in clause (ii), in the case
 15 of a violation of paragraph (5), (10), or (17) of subsection
 16 (a), the penalty shall not exceed \$10,000.

17 “(ii) In the case of a violation described in clause (i)
 18 committed by a registered manufacturer or distributor of
 19 opioids and related to the reporting of suspicious orders for
 20 opioids, failing to maintain effective controls against diver-
 21 sion of opioids, or failing to review the most recent informa-
 22 tion made available by the Attorney General in accordance
 23 with section 307(f), the penalty shall not exceed \$100,000.”;
 24 and

25 (B) in paragraph (2)—

1 (i) in subparagraph (A), by inserting

2 “or (D)” after “subparagraph (B)”; and

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

4 “(D) In the case of a violation described in subpara-
5 graph (A) that was a violation of paragraph (5), (10), or
6 (17) of subsection (a) committed by a registered manufac-
7 turer or distributor of opioids that relates to the reporting
8 of suspicious orders for opioids, failing to maintain effective
9 controls against diversion of opioids, or failing to review
10 the most recent information made available by the Attorney
11 General in accordance with section 307(f), the criminal fine
12 under title 18, United States Code, shall not exceed
13 \$500,000.”.

14 **SEC. 3204. REPORT.**

15 Not later than 1 year after the date of enactment of
16 this Act, the Attorney General shall submit to Congress a
17 report that provides information about how the Attorney
18 General is using data in the Automation of Reports and
19 Consolidated Orders System to identify and stop suspicious
20 activity, including whether the Attorney General is looking
21 at aggregate orders from individual pharmacies to multiple
22 distributors that in total are suspicious, even if no indi-
23 vidual order rises to the level of a suspicious order to a
24 given distributor.

***Subtitle C—Substance Abuse
Prevention***

SEC. 3301. SHORT TITLE.

This subtitle may be cited as the “Substance Abuse Prevention Act of 2018”.

SEC. 3302. REAUTHORIZATION OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY.

(a) OFFICE OF NATIONAL DRUG CONTROL POLICY REAUTHORIZATION ACT OF 1998.—

(1) IN GENERAL.—The Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1701 et seq.), as in effect on September 29, 2003, and as amended by the laws described in paragraph (2), is revived and restored.

(2) LAWS DESCRIBED.—The laws described in this paragraph are:

(A) The Office of National Drug Control Policy Reauthorization Act of 2006 (Public Law 109–469; 120 Stat. 3502).

(B) The Presidential Appointment Efficiency and Streamlining Act of 2011 (Public Law 112–166; 126 Stat. 1283).

(b) REAUTHORIZATION.—Section 715(a) of the Office of National Drug Control Policy Reauthorization Act of

1 1998 (21 U.S.C. 1712(a)) is amended by striking “2010”
 2 and inserting “2022”.

3 **SEC. 3303. REAUTHORIZATION OF THE DRUG-FREE COMMU-**
 4 **NITIES PROGRAM.**

5 *Section 1024 of the National Narcotics Leadership Act*
 6 *of 1988 (21 U.S.C. 1524(a)) is amended by striking sub-*
 7 *sections (a) and (b) and inserting the following:*

8 “(a) *IN GENERAL.*—*There is authorized to be appro-*
 9 *priated to the Office of National Drug Control Policy to*
 10 *carry out this chapter \$99,000,000 for each of fiscal years*
 11 *2018 through 2022.*

12 “(b) *ADMINISTRATIVE COSTS.*—*Not more than 8 per-*
 13 *cent of the funds appropriated to carry out this chapter*
 14 *may be used by the Office of National Drug Control Policy*
 15 *to pay administrative costs associated with the responsibil-*
 16 *ities of the Office under this chapter.”.*

17 **SEC. 3304. REAUTHORIZATION OF THE NATIONAL COMMU-**
 18 **NITY ANTI-DRUG COALITION INSTITUTE.**

19 *Section 4(c)(4) of Public Law 107–82 (21 U.S.C. 1521*
 20 *note) is amended by striking “2008 through 2012” and in-*
 21 *serting “2018 through 2022”.*

1 **SEC. 3305. REAUTHORIZATION OF THE HIGH-INTENSITY**
 2 **DRUG TRAFFICKING AREA PROGRAM.**

3 *Section 707(p) of the Office of National Drug Control*
 4 *Policy Reauthorization Act of 1998 (21 U.S.C. 1706(p)) is*
 5 *amended—*

6 *(1) in paragraph (4), by striking “and” at the*
 7 *end;*

8 *(2) in paragraph (5), by striking the period at*
 9 *the end and inserting “; and”; and*

10 *(3) by adding at the end the following:*

11 *“(6) \$280,000,000 for each of fiscal years 2018*
 12 *through 2022.”.*

13 **SEC. 3306. REAUTHORIZATION OF DRUG COURT PROGRAM.**

14 *Section 1001(a)(25)(A) of title I of the Omnibus Crime*
 15 *Control and Safe Streets Act of 1968 (34 U.S.C.*
 16 *10261(a)(25)(A)) is amended by striking “Except as pro-*
 17 *vided” and all that follows and inserting the following:*
 18 *“Except as provided in subparagraph (C), there is author-*
 19 *ized to be appropriated to carry out part EE \$75,000,000*
 20 *for each of fiscal years 2018 through 2022.”.*

21 **SEC. 3307. DRUG COURT TRAINING AND TECHNICAL ASSIST-**
 22 **ANCE.**

23 *Section 705 of the Office of National Drug Control Pol-*
 24 *icy Reauthorization Act of 1998 (21 U.S.C. 1704) is amend-*
 25 *ed by adding at the end the following—*

1 “(e) *DRUG COURT TRAINING AND TECHNICAL ASSIST-*
 2 *ANCE PROGRAM.*—Using funds appropriated to carry out
 3 this title, the Director may make grants to nonprofit orga-
 4 nizations for the purpose of providing training and tech-
 5 nical assistance to drug courts.”.

6 **SEC. 3308. DRUG OVERDOSE RESPONSE STRATEGY.**

7 Section 707 of the Office of National Drug Control Pol-
 8 icy Reauthorization Act of 1998 (21 U.S.C. 1706) is amend-
 9 ed by adding at the end the following:

10 “(r) *DRUG OVERDOSE RESPONSE STRATEGY IMPLE-*
 11 *MENTATION.*—The Director may use funds appropriated to
 12 carry out this section to implement a drug overdose re-
 13 sponse strategy in high intensity drug trafficking areas on
 14 a nationwide basis by—

15 “(1) coordinating multi-disciplinary efforts to
 16 prevent, reduce, and respond to drug overdoses, in-
 17 cluding the uniform reporting of fatal and non-fatal
 18 overdoses to public health and safety officials;

19 “(2) increasing data sharing among public safe-
 20 ty and public health officials concerning drug-related
 21 abuse trends, including new psychoactive substances,
 22 and related crime; and

23 “(3) enabling collaborative deployment of preven-
 24 tion, intervention, and enforcement resources to ad-

1 *dress substance use addiction and narcotics traf-*
 2 *ficking.”.*

3 **SEC. 3309. PROTECTING LAW ENFORCEMENT OFFICERS**
 4 **FROM ACCIDENTAL EXPOSURE.**

5 *Section 707 of the Office of National Drug Control Pol-*
 6 *icy Reauthorization Act of 1998 (21 U.S.C. 1706), as*
 7 *amended by section 3308, is amended by adding at the end*
 8 *the following:*

9 “(s) **SUPPLEMENTAL GRANTS.**—*The Director is au-*
 10 *thorized to use not more than \$10,000,000 of the amounts*
 11 *otherwise appropriated to carry out this section to provide*
 12 *supplemental competitive grants to high intensity drug*
 13 *trafficking areas that have experienced high seizures of*
 14 *fentanyl and new psychoactive substances for the purposes*
 15 *of—*

16 “(1) *purchasing portable equipment to test for*
 17 *fentanyl and other substances;*

18 “(2) *training law enforcement officers and other*
 19 *first responders on best practices for handling*
 20 *fentanyl and other substances; and*

21 “(3) *purchasing protective equipment, including*
 22 *overdose reversal drugs.”.*

1 **SEC. 3310. COPS ANTI-METH PROGRAM.**

2 *Section 1701 of title I of the Omnibus Crime Control*
 3 *and Safe Streets Act of 1968 (34 U.S.C. 10381) is amend-*
 4 *ed—*

5 *(1) by redesignating subsection (k) as subsection*
 6 *(l); and*

7 *(2) by inserting after subsection (j) the following:*

8 *“(k) COPS ANTI-METH PROGRAM.—The Attorney*
 9 *General shall use amounts otherwise appropriated to carry*
 10 *out this section to make competitive grants, in amounts of*
 11 *not less than \$1,000,000 for a fiscal year, to State law en-*
 12 *forcement agencies with high seizures of precursor chemi-*
 13 *cals, finished methamphetamine, laboratories, and labora-*
 14 *tory dump seizures for the purpose of locating or inves-*
 15 *tigating illicit activities, such as precursor diversion, lab-*
 16 *oratories, or methamphetamine traffickers.”.*

17 **SEC. 3311. COPS ANTI-HEROIN TASK FORCE PROGRAM.**

18 *Section 1701 of title I of the Omnibus Crime Control*
 19 *and Safe Streets Act of 1968 (34 U.S.C. 10381) is amend-*
 20 *ed—*

21 *(1) by redesignating subsection (l), as so redesign-*
 22 *ated by section 3310, as subsection (m); and*

23 *(2) by inserting after subsection (k), as added by*
 24 *section 3310, the following:*

25 *“(l) COPS ANTI-HEROIN TASK FORCE PROGRAM.—The*
 26 *Attorney General shall use amounts otherwise appropriated*

1 *to carry out this section, or other amounts as appropriated,*
 2 *to make competitive grants to State law enforcement agen-*
 3 *cies in States with high per capita rates of primary treat-*
 4 *ment admissions, for the purpose of locating or inves-*
 5 *tigating illicit activities, through Statewide collaboration,*
 6 *relating to the distribution of heroin, fentanyl, or*
 7 *carfentanil or relating to the unlawful distribution of pre-*
 8 *scription opioids.”.*

9 **SEC. 3312. COMPREHENSIVE ADDICTION AND RECOVERY**
 10 **ACT EDUCATION AND AWARENESS.**

11 *Title VII of the Comprehensive Addiction and Recov-*
 12 *ery Act of 2016 (Public Law 114–198; 130 Stat. 735) is*
 13 *amended by adding at the end the following:*

14 **“SEC. 709. SERVICES FOR FAMILIES AND PATIENTS IN CRI-**
 15 **SIS.**

16 *“(a) IN GENERAL.—The Attorney General may make*
 17 *grants to entities that focus on addiction and substance use*
 18 *disorders and specialize in family and patient services, ad-*
 19 *vocacy for patients and families, and educational informa-*
 20 *tion.*

21 *“(b) ALLOWABLE USES.—A grant awarded under this*
 22 *section may be used for private, nonprofit national organi-*
 23 *zations that engage in all of the following activities:*

24 *“(1) Expansion of phone line or call center serv-*
 25 *ices with professional, clinical staff that provide, for*

1 *families and individuals impacted by a substance use*
2 *disorder, support, access to treatment resources, brief*
3 *assessments, medication and overdose prevention edu-*
4 *cation, compassionate listening services, recovery sup-*
5 *port or peer specialists, bereavement and grief sup-*
6 *port, and case management.*

7 “(2) *Continued development of health informa-*
8 *tion technology systems that leverage new and upcom-*
9 *ing technology and techniques for prevention, inter-*
10 *vention, and filling resource gaps in communities*
11 *that are underserved.*

12 “(3) *Enhancement and operation of treatment*
13 *and recovery resources, easy-to-read scientific and evi-*
14 *dence-based education on addiction and substance use*
15 *disorders, and other informational tools for families*
16 *and individuals impacted by a substance use disorder*
17 *and community stakeholders, such as law enforcement*
18 *agencies.*

19 “(4) *Provision of training and technical assist-*
20 *ance to State and local governments, law enforcement*
21 *agencies, health care systems, research institutions,*
22 *and other stakeholders.*

23 “(5) *Expanding upon and implementing edu-*
24 *cational information using evidence-based informa-*
25 *tion on substance use disorders.*

1 “(6) *Expansion of training of community stake-*
 2 *holders, law enforcement officers, and families across*
 3 *a broad-range of addiction, health, and related topics*
 4 *on substance use disorders, local issues and commu-*
 5 *nity-specific issues related to the drug epidemic.*

6 “(7) *Program evaluation.*

7 “(c) *AUTHORIZATION OF APPROPRIATIONS.—For each*
 8 *of fiscal years 2018 through 2022, the Attorney General is*
 9 *authorized to award not more than \$10,000,000 of amounts*
 10 *otherwise appropriated to the Attorney General for com-*
 11 *prehensive opioid abuse reduction activities for purposes of*
 12 *carrying out this section.”.*

13 **SEC. 3313. PROTECTING CHILDREN WITH ADDICTED PAR-**
 14 **ENTS.**

15 *Part D of title V of the Public Health Service Act (42*
 16 *U.S.C. 290dd et seq.) is amended by adding at the end the*
 17 *following:*

18 **“SEC. 550. PROTECTING CHILDREN WITH ADDICTED PAR-**
 19 **ENTS.**

20 “(a) *BEST PRACTICES.—The Secretary, acting*
 21 *through the Assistant Secretary and in cooperation with the*
 22 *Commissioner of the Administration on Children, Youth*
 23 *and Families, shall collect and disseminate best practices*
 24 *for States regarding interventions and strategies to keep*

1 *families affected by a substance use disorder together, when*
2 *it can be done safely. Such best practices shall—*

3 “(1) *utilize comprehensive family-centered ap-*
4 *proaches;*

5 “(2) *ensure that families have access to drug*
6 *screening, substance use disorder treatment, medica-*
7 *tion-assisted treatment approved by the Food and*
8 *Drug Administration, and parental support; and*

9 “(3) *build upon lessons learned from—*

10 “(A) *programs such as the maternal, infant,*
11 *and early childhood home visiting program*
12 *under section 511 of the Social Security Act; and*

13 “(B) *identifying substance abuse prevention*
14 *and treatment services that meet the require-*
15 *ments for promising, supported, or well-sup-*
16 *ported practices specified in section 471(e)(4)(C)*
17 *of the Social Security Act (as such section shall*
18 *be in effect beginning on October 1, 2018).*

19 “(b) *GRANT PROGRAM.—The Secretary shall award*
20 *grants to States, units of local government, and tribal gov-*
21 *ernments to—*

22 “(1) *develop programs and models designed to*
23 *keep pregnant and post-partum women who have a*
24 *substance use disorder together with their newborns,*
25 *including programs and models that provide for*

1 *screenings of pregnant and post-partum women for*
 2 *substance use disorders, treatment interventions, sup-*
 3 *portive housing, nonpharmacological interventions for*
 4 *children born with neonatal abstinence syndrome,*
 5 *medication assisted treatment, and other recovery*
 6 *supports; and*

7 *“(2) support the attendance of children who have*
 8 *a family member living with a substance use disorder*
 9 *at therapeutic camps or other therapeutic programs*
 10 *aimed at addiction prevention education and delay-*
 11 *ing the onset of first use, providing trusted mentors*
 12 *and education on coping strategies that these children*
 13 *can use in their daily lives, and family support ini-*
 14 *tiatives aimed at keeping these families together.”.*

15 **SEC. 3314. REIMBURSEMENT OF SUBSTANCE USE DISORDER**
 16 **TREATMENT PROFESSIONALS.**

17 *Not later than January 1, 2020, the Comptroller Gen-*
 18 *eral of the United States shall submit to Congress a report*
 19 *examining how substance use disorder services are reim-*
 20 *bursed.*

21 **SEC. 3315. SOBRIETY TREATMENT AND RECOVERY TEAMS**
 22 **(START).**

23 *Title V of the Public Health Service Act (42 U.S.C.*
 24 *290dd et seq.), as amended by section 3313, is further*
 25 *amended by adding at the end the following:*

1 **“SEC. 551. SOBRIETY TREATMENT AND RECOVERY TEAMS.**

2 “(a) *IN GENERAL.*—*The Secretary may make grants*
3 *to States, units of local government, or tribal governments*
4 *to establish or expand Sobriety Treatment And Recovery*
5 *Team (referred to in this section as ‘START’) or other simi-*
6 *lar programs to determine the effectiveness of pairing social*
7 *workers or mentors with families that are struggling with*
8 *a substance use disorder and child abuse or neglect in order*
9 *to help provide peer support, intensive treatment, and child*
10 *welfare services to such families.*

11 “(b) *ALLOWABLE USES.*—*A grant awarded under this*
12 *section may be used for one or more of the following activi-*
13 *ties:*

14 “(1) *Training eligible staff, including social*
15 *workers, social services coordinators, child welfare*
16 *specialists, substance use disorder treatment profes-*
17 *sionals, and mentors.*

18 “(2) *Expanding access to substance use disorder*
19 *treatment services and drug testing.*

20 “(3) *Enhancing data sharing with law enforce-*
21 *ment agencies, child welfare agencies, substance use*
22 *disorder treatment providers, judges, and court per-*
23 *sonnel.*

24 “(4) *Program evaluation and technical assist-*
25 *ance.*

1 “(c) *PROGRAM REQUIREMENTS.*—A State, unit of
2 local government, or tribal government receiving a grant
3 under this section shall—

4 “(1) serve only families for which—

5 “(A) there is an open record with the child
6 welfare agency; and

7 “(B) substance use disorder was a reason
8 for the record or finding described in paragraph
9 (1); and

10 “(2) coordinate any grants awarded under this
11 section with any grant awarded under section 437(f)
12 of the Social Security Act focused on improving out-
13 comes for children affected by substance abuse.

14 “(d) *TECHNICAL ASSISTANCE.*—The Secretary may re-
15 serve not more than 5 percent of funds provided under this
16 section to provide technical assistance on the establishment
17 or expansion of programs funded under this section from
18 the National Center on Substance Abuse and Child Welfare.

19 “(e) *AUTHORIZATION OF APPROPRIATIONS.*—For each
20 of fiscal years 2018 through 2022, the Secretary is author-
21 ized to award not more than \$10,000,000 of amounts other-
22 wise appropriated to the Secretary for comprehensive opioid
23 abuse reduction activities for purposes of carrying out this
24 section.”.

1 **SEC. 3316. PROVIDER EDUCATION.**

2 *Not later than 60 days after the date of enactment of*
 3 *this Act, the Attorney General, in consultation with the Sec-*
 4 *retary of Health and Human Services, shall complete the*
 5 *plan related to medical registration coordination required*
 6 *by Senate Report 114–239, which accompanied the Veterans*
 7 *Care Financial Protection Act of 2017 (Public Law 115–*
 8 *131; 132 Stat. 334).*

9 **SEC. 3317. DEMAND REDUCTION.**

10 *Section 702(1) of the Office of National Drug Control*
 11 *Policy Reauthorization Act of 1998 (21 U.S.C. 1701(1)) is*
 12 *amended—*

13 *(1) by redesignating subparagraphs (F) through*
 14 *(J) as subparagraphs (G) through (K), respectively;*
 15 *and*

16 *(2) by inserting after subparagraph (E) the fol-*
 17 *lowing:*

18 *“(F) support for long-term recovery from*
 19 *substance use disorders;”.*

20 **SEC. 3318. ANTI-DRUG MEDIA CAMPAIGN.**

21 *Section 709 of the Office of National Drug Control Pol-*
 22 *icy Reauthorization Act of 1998 (21 U.S.C. 1708) is amend-*
 23 *ed—*

24 *(1) in the section heading, by striking*
 25 *“YOUTH”;*

26 *(2) in subsection (a)—*

1 (A) in the matter preceding paragraph (1),
2 by striking “youth”;

3 (B) in paragraph (1), by striking “young”;

4 (C) in paragraph (2), by striking “of adults
5 of the impact of drug abuse on young people”
6 and inserting “among the population about the
7 impact of drug abuse”; and

8 (D) in paragraph (3), by striking “parents
9 and other interested adults to discuss with young
10 people” and inserting “interested persons to dis-
11 cuss”; and

12 (3) in subsection (b)(2)(C)(ii), by striking
13 “among youth”.

14 **SEC. 3319. TECHNICAL CORRECTIONS TO THE OFFICE OF**
15 **NATIONAL DRUG CONTROL POLICY REAU-**
16 **THORIZATION ACT OF 1998.**

17 *The Office of National Drug Control Policy Reauthor-*
18 *ization Act of 1998 (21 U.S.C. 1701 et seq.) is amended—*

19 (1) in section 703(b)(3)(E) (21 U.S.C.
20 1702(b)(3)(E))—

21 (A) in clause (i), by adding “and” at the
22 end;

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

25 (C) by striking clause (iii);

- 1 (2) *in section 704 (21 U.S.C. 1703)—*
- 2 (A) *in subsection (c)(3)(C)—*
- 3 (i) *in clause (v), by adding “and” at*
- 4 *the end;*
- 5 (ii) *in clause (vi), by striking “; and”*
- 6 *and inserting a period; and*
- 7 (iii) *by striking clause (vii); and*
- 8 (B) *in subsection (f)—*
- 9 (i) *by striking the first paragraph (5);*
- 10 *and*
- 11 (ii) *by striking the second paragraph*
- 12 *(4);*
- 13 (3) *in section 706(a)(2)(A) (21 U.S.C.*
- 14 *1705(a)(2)(A))—*
- 15 (A) *by striking clause (ix); and*
- 16 (B) *by redesignating clauses (x) through*
- 17 *(xiv) as clauses (ix) through (xiii), respectively;*
- 18 *and*
- 19 (4) *by striking section 708 (21 U.S.C. 1707).*

20 ***Subtitle D—Synthetic Abuse and***

21 ***Labeling of Toxic Substances***

22 ***SEC. 3401. SHORT TITLE.***

23 *This subtitle may be cited as the “Synthetic Abuse and*

24 *Labeling of Toxic Substances Act of 2017” or the “SALTS*

25 *Act”.*

1 **SEC. 3402. CONTROLLED SUBSTANCE ANALOGUES.**

2 *Section 203 of the Controlled Substances Act (21*
3 *U.S.C. 813) is amended—*

4 *(1) by striking “A controlled” and inserting “(a)*
5 *IN GENERAL.—A controlled”; and*

6 *(2) by adding at the end the following:*

7 *“(b) DETERMINATION.—In determining whether a con-*
8 *trolled substance analogue was intended for human con-*
9 *sumption under subsection (a), evidence related to the fol-*
10 *lowing factors may be considered, along with all other rel-*
11 *evant evidence:*

12 *“(1) The marketing, advertising, and labeling of*
13 *the substance.*

14 *“(2) The known efficacy or usefulness of the sub-*
15 *stance for the marketed, advertised, or labeled pur-*
16 *pose.*

17 *“(3) The difference between the price at which*
18 *the substance is sold and the price at which the sub-*
19 *stance it is purported to be or advertised as is nor-*
20 *mally sold.*

21 *“(4) The diversion of the substance from legiti-*
22 *mate channels and the clandestine importation, man-*
23 *ufacture, or distribution of the substance.*

24 *“(5) Whether the defendant knew or should have*
25 *known the substance was intended to be consumed by*

1 *injection, inhalation, ingestion, or any other imme-*
 2 *diate means.*

3 “(c) *LIMITATION.*—*For purposes of this section, the ex-*
 4 *istence of evidence that a substance was not marketed, ad-*
 5 *vertised, or labeled for human consumption shall not pre-*
 6 *clude the Government from establishing, based on all the*
 7 *evidence, that the substance was intended for human con-*
 8 *sumption.”.*

9 ***Subtitle E—Opioid Quota Reform***

10 ***SEC. 3501. SHORT TITLE.***

11 *This subtitle may be cited as the “Opioid Quota Re-*
 12 *form Act”.*

13 ***SEC. 3502. STRENGTHENING CONSIDERATIONS FOR DEA*** 14 ***OPIOID QUOTAS.***

15 (a) *IN GENERAL.*—*Section 306 of the Controlled Sub-*
 16 *stances Act (21 U.S.C. 826) is amended—*

17 (1) *in subsection (a)—*

18 (A) *by inserting “(1)” after “(a)”;*

19 (B) *in the second sentence, by striking*
 20 *“Production” and inserting “Except as provided*
 21 *in paragraph (2), production”;* and

22 (C) *by adding at the end the following:*

23 “(2) *The Attorney General may, if the Attorney Gen-*
 24 *eral determines it will assist in avoiding the overproduc-*
 25 *tion, shortages, or diversion of a controlled substance, estab-*

1 *lish an aggregate or individual production quota under this*
 2 *subsection, or a procurement quota established by the Attor-*
 3 *ney General by regulation, in terms of pharmaceutical dos-*
 4 *age forms prepared from or containing the controlled sub-*
 5 *stance.”;*

6 (2) *in subsection (b), in the first sentence, by*
 7 *striking “production” and inserting “manufac-*
 8 *turing”;*

9 (3) *in subsection (c), by striking “October” and*
 10 *inserting “December”;* and

11 (4) *by adding at the end the following:*

12 “(i)(1)(A) *In establishing any quota under this sec-*
 13 *tion, or any procurement quota established by the Attorney*
 14 *General by regulation, for fentanyl, oxycodone,*
 15 *hydrocodone, oxymorphone, or hydromorphone (in this sub-*
 16 *section referred to as a ‘covered controlled substance’), the*
 17 *Attorney General shall estimate the amount of diversion of*
 18 *the covered controlled substance that occurs in the United*
 19 *States.*

20 “(B) *In estimating diversion under this paragraph,*
 21 *the Attorney General—*

22 “(i) *shall consider information the Attorney Gen-*
 23 *eral, in consultation with the Secretary of Health and*
 24 *Human Services, determines reliable on rates of over-*
 25 *dose deaths and abuse and overall public health im-*

1 *pact related to the covered controlled substance in the*
2 *United States; and*

3 *“(ii) may take into consideration whatever other*
4 *sources of information the Attorney General deter-*
5 *mines reliable.*

6 *“(C) After estimating the amount of diversion of a cov-*
7 *ered controlled substance, the Attorney General shall make*
8 *appropriate quota reductions, as determined by the Attor-*
9 *ney General, from the quota the Attorney General would*
10 *have otherwise established had such diversion not been con-*
11 *sidered.*

12 *“(2)(A) For any year for which the approved aggregate*
13 *production quota for a covered controlled substance is high-*
14 *er than the approved aggregate production quota for the*
15 *covered controlled substance for the previous year, the Attor-*
16 *ney General shall include in the final order an explanation*
17 *of why the public health benefits of increasing the quota*
18 *clearly outweigh the consequences of having an increased*
19 *volume of the covered controlled substance available for sale,*
20 *and potential diversion, in the United States.*

21 *“(B) Not later than 1 year after the date of enactment*
22 *of this subsection, and every year thereafter, the Attorney*
23 *General shall submit to the Caucus on International Nar-*
24 *cotics Control, the Committee on the Judiciary, the Com-*
25 *mittee on Health, Education, Labor, and Pensions, and the*

1 *Committee on Appropriations of the Senate and the Com-*
 2 *mittee on the Judiciary, the Committee on Energy and*
 3 *Commerce, and the Committee on Appropriations of the*
 4 *House of Representatives the following information with re-*
 5 *gard to each covered controlled substance:*

6 “(i) *An anonymized count of the total number of*
 7 *manufacturers issued individual manufacturing*
 8 *quotas that year for the covered controlled substance.*

9 “(ii) *An anonymized count of how many such*
 10 *manufacturers were issued an approved manufac-*
 11 *turing quota that was higher than the quota issued to*
 12 *that manufacturer for the covered controlled substance*
 13 *in the previous year.*

14 “(3) *Not later than 1 year after the date of enactment*
 15 *of this subsection, the Attorney General shall submit to Con-*
 16 *gress a report on how the Attorney General, when fixing*
 17 *and adjusting production and manufacturing quotas under*
 18 *this section for covered controlled substances, will—*

19 “(A) *take into consideration changes in the ac-*
 20 *cepted medical use of the covered controlled sub-*
 21 *stances; and*

22 “(B) *work with the Secretary of Health and*
 23 *Human Services on methods to appropriately and*
 24 *anonymously estimate the type and amount of cov-*
 25 *ered controlled substances that are submitted for col-*

1 lection from approved drug collection receptacles,
2 mail-back programs, and take-back events.”.

3 (b) *CONFORMING CHANGE.*—*The Law Revision Coun-*
4 *sel is directed to amend the heading for subsection (b) of*
5 *section 826 of title 21, United States Code, by striking*
6 *“PRODUCTION” and inserting “MANUFACTURING”.*

7 ***Subtitle F—Preventing Drug***
8 ***Diversion***

9 ***SEC. 3601. SHORT TITLE.***

10 *This subtitle may be cited as the “Preventing Drug*
11 *Diversion Act of 2018”.*

12 ***SEC. 3602. IMPROVEMENTS TO PREVENT DRUG DIVERSION.***

13 (a) *DEFINITION.*—*Section 102 of the Controlled Sub-*
14 *stances Act (21 U.S.C. 802) is amended by adding at the*
15 *end the following:*

16 “(57) *The term ‘suspicious order’ includes—*

17 “(A) *an order of a controlled substance of*
18 *unusual size;*

19 “(B) *an order of a controlled substance de-*
20 *viating substantially from a normal pattern;*

21 “(C) *orders of controlled substances of un-*
22 *usual frequency; and*

23 “(D) *an order having any characteristic*
24 *that would indicate to a reasonable registrant*
25 *that it is suspicious or not legitimate.”.*

1 **(b) SUSPICIOUS ORDERS.**—*Part C of the Controlled*
 2 *Substances Act (21 U.S.C. 821 et seq.) is amended by add-*
 3 *ing at the end the following:*

4 **“SEC. 312. SUSPICIOUS ORDERS.**

5 **“(a) REPORTING.**—*Each registrant shall—*

6 **“(1)** *design and operate a system to identify sus-*
 7 *picious orders for the registrant;*

8 **“(2)** *ensure that the system designed and oper-*
 9 *ated under paragraph (1) by the registrant complies*
 10 *with applicable Federal and State privacy laws; and*

11 **“(3)** *upon discovering a suspicious order or se-*
 12 *ries of orders, notify the Administrator of the Drug*
 13 *Enforcement Administration and the Special Agent*
 14 *in Charge of the Division Office of the Drug Enforce-*
 15 *ment Administration for the area in which the reg-*
 16 *istrant is located or conducts business.*

17 **“(b) SUSPICIOUS ORDER DATABASE.**—

18 **“(1) IN GENERAL.**—*Not later than 1 year after*
 19 *the date of enactment of this section, the Attorney*
 20 *General shall establish a centralized database for col-*
 21 *lecting reports of suspicious orders.*

22 **“(2) SATISFACTION OF REPORTING REQUIRE-**
 23 **MENTS.**—*If a registrant reports a suspicious order to*
 24 *the centralized database established under paragraph*
 25 *(1), the registrant shall be considered to have com-*

1 plied with the requirement under subsection (a)(3) to
2 notify the Administrator of the Drug Enforcement
3 Administration and the Special Agent in Charge of
4 the Division Office of the Drug Enforcement Adminis-
5 tration for the area in which the registrant is located
6 or conducts business.

7 “(c) *SHARING INFORMATION WITH THE STATES.*—

8 “(1) *IN GENERAL.*—The Attorney General shall
9 prepare and make available information regarding
10 suspicious orders in a State, including information
11 in the database established under subsection (b)(1), to
12 the point of contact for purposes of administrative,
13 civil, and criminal oversight relating to the diversion
14 of controlled substances for the State, as designated by
15 the Governor or chief executive officer of the State.

16 “(2) *TIMING.*—The Attorney General shall pro-
17 vide information in accordance with paragraph (1)
18 within a reasonable period of time after obtaining the
19 information.

20 “(3) *COORDINATION.*—In establishing the process
21 for the provision of information under this subsection,
22 the Attorney General shall coordinate with States to
23 ensure that the Attorney General has access to infor-
24 mation, as permitted under State law, possessed by

1 *the States relating to prescriptions for controlled sub-*
2 *stances that will assist in enforcing Federal law.”.*

3 *(c) REPORTS TO CONGRESS.—*

4 *(1) DEFINITION.—In this subsection, the term*
5 *“suspicious order” has the meaning given that term*
6 *in section 102 of the Controlled Substances Act, as*
7 *amended by this subtitle.*

8 *(2) ONE TIME REPORT.—Not later than 1 year*
9 *after the date of enactment of this Act, the Attorney*
10 *General shall submit to Congress a report on the re-*
11 *porting of suspicious orders, which shall include—*

12 *(A) a description of the centralized database*
13 *established under section 312 of the Controlled*
14 *Substances Act, as added by this section, to col-*
15 *lect reports of suspicious orders;*

16 *(B) a description of the system and reports*
17 *established under section 312 of the Controlled*
18 *Substances Act, as added by this section, to share*
19 *information with States;*

20 *(C) information regarding how the Attorney*
21 *General used reports of suspicious orders before*
22 *the date of enactment of this Act and after the*
23 *date of enactment of this Act, including how the*
24 *Attorney General received the reports and what*

1 actions were taken in response to the reports;
2 and

3 (D) descriptions of the data analyses con-
4 ducted on reports of suspicious orders to identify,
5 analyze, and stop suspicious activity.

6 (3) *ADDITIONAL REPORTS.*—Not later than 1
7 year after the date of enactment of this Act, and an-
8 nually thereafter until the date that is 5 years after
9 the date of enactment of this Act, the Attorney Gen-
10 eral shall submit to Congress a report providing, for
11 the previous year—

12 (A) the number of reports of suspicious or-
13 ders;

14 (B) a summary of actions taken in response
15 to reports, in the aggregate, of suspicious orders;
16 and

17 (C) a description of the information shared
18 with States based on reports of suspicious orders.

19 (4) *ONE TIME GAO REPORT.*—Not later than 1
20 year after the date of enactment of this Act, the
21 Comptroller General of the United States, in consulta-
22 tion with the Administrator of the Drug Enforcement
23 Administration, shall submit to Congress a report on
24 the reporting of suspicious orders, which shall include
25 an evaluation of the utility of real-time reporting of

potential suspicious orders of opioids on a national level using computerized algorithms, including the extent to which such algorithms—

(A) would help ensure that potentially suspicious orders are more accurately captured, identified, and reported in real-time to suppliers before orders are filled;

(B) may produce false positives of suspicious order reports that could result in market disruptions for legitimate orders of opioids; and

(C) would reduce the overall length of an investigation that prevents the diversion of suspicious orders of opioids.

Subtitle G—Sense of Congress

SEC. 3701. SENSE OF CONGRESS.

It is the sense of Congress that:

(1) Americans with substance use disorders often seek treatment through recovery homes and clinical treatment facilities that offer detoxification, risk reduction, outpatient treatment, residential treatment, or rehabilitation for substance use. Most of those facilities provide a critical function in addressing substance misuse and abuse, particularly as the incidence and prevalence of substance use disorders, and drug overdose numbers continue to rise.

1 (2) *Despite the necessity of such treatment facili-*
2 *ties and the important services most provide, there*
3 *are some bad actors in the industry who, through tele-*
4 *marketing and other schemes, actively recruit patients*
5 *with private insurance so that programs can bill the*
6 *insurers without providing the necessary treatment*
7 *services. Often these “patient brokers” are paid for*
8 *each patient successfully recruited. Payments are also*
9 *made as a percentage of billings, which incentivizes*
10 *brokers to recommend patients even at low risk levels*
11 *to the most aggressive and most expensive treatment*
12 *programs.*

13 (3) *Unless the patient is enrolled in a Federal*
14 *health care program, a gap in Federal law exists with*
15 *respect to patient brokers who are improperly recruit-*
16 *ing unsuspecting patients to defraud insurance com-*
17 *panies.*

18 (4) *It is important that Congress provide a*
19 *mechanism to penalize these bad actors, while mind-*
20 *ing legitimate entities who continue to help patients*
21 *find reputable treatment programs.*

1 **TITLE IV—COMMERCE**
 2 ***Subtitle A—Fighting Opioid Abuse***
 3 ***in Transportation***

4 **SEC. 4101. SHORT TITLE.**

5 *This subtitle may be cited as the “Fighting Opioid*
 6 *Abuse in Transportation Act”.*

7 **SEC. 4102. RAIL MECHANICAL EMPLOYEE CONTROLLED**
 8 **SUBSTANCES AND ALCOHOL TESTING.**

9 *(a) RAIL MECHANICAL EMPLOYEES.—Not later than*
 10 *2 years after the date of enactment of this Act, the Secretary*
 11 *of Transportation shall publish a final rule in the Federal*
 12 *Register revising the regulations promulgated under section*
 13 *20140 of title 49, United States Code, to designate a rail*
 14 *mechanical employee as a railroad employee responsible for*
 15 *safety-sensitive functions for purposes of that section.*

16 *(b) DEFINITION OF RAIL MECHANICAL EMPLOYEE.—*
 17 *The Secretary shall define the term “rail mechanical em-*
 18 *ployee” by regulation under subsection (a).*

19 *(c) SAVINGS CLAUSE.—Nothing in this section may be*
 20 *construed as limiting or otherwise affecting the discretion*
 21 *of the Secretary of Transportation to set different require-*
 22 *ments by railroad size or other factors, consistent with ap-*
 23 *plicable law.*

1 **SEC. 4103. RAIL YARDMASTER CONTROLLED SUBSTANCES**
2 **AND ALCOHOL TESTING.**

3 (a) *YARDMASTERS.*—Not later than 2 years after the
4 date of enactment of this Act, the Secretary of Transpor-
5 tation shall publish a final rule in the Federal Register re-
6 vising the regulations promulgated under section 20140 of
7 title 49, United States Code, to designate a yardmaster as
8 a railroad employee responsible for safety-sensitive func-
9 tions for purposes of that section.

10 (b) *DEFINITION OF YARDMASTER.*—The Secretary
11 shall define the term “yardmaster” by regulation under sub-
12 section (a).

13 (c) *SAVINGS CLAUSE.*—Nothing in this section may be
14 construed as limiting or otherwise affecting the discretion
15 of the Secretary of Transportation to set different require-
16 ments by railroad size or other factors, consistent with ap-
17 plicable law.

18 **SEC. 4104. DEPARTMENT OF TRANSPORTATION PUBLIC**
19 **DRUG AND ALCOHOL TESTING DATABASE.**

20 (a) *IN GENERAL.*—Subject to subsection (c), the Sec-
21 retary of Transportation shall—

22 (1) not later than March 31, 2019, establish and
23 make publicly available on its website a database of
24 the drug and alcohol testing data reported by employ-
25 ers for each mode of transportation; and

26 (2) update the database annually.

1 (b) *CONTENTS.*—*The database under subsection (a)*
2 *shall include, for each mode of transportation—*

3 (1) *the total number of drug and alcohol tests by*
4 *type of substance tested;*

5 (2) *the drug and alcohol test results by type of*
6 *substance tested;*

7 (3) *the reason for the drug or alcohol test, such*
8 *as pre-employment, random, post-accident, reasonable*
9 *suspicion or cause, return-to-duty, or follow-up, by*
10 *type of substance tested; and*

11 (4) *the number of individuals who refused test-*
12 *ing.*

13 (c) *COMMERCIALLY SENSITIVE DATA.*—*The Depart-*
14 *ment of Transportation shall not release any commercially*
15 *sensitive data furnished by an employer under this section*
16 *unless the data is aggregated or otherwise in a form that*
17 *does not identify the employer providing the data.*

18 (d) *SAVINGS CLAUSE.*—*Nothing in this section may*
19 *be construed as limiting or otherwise affecting the require-*
20 *ments of the Secretary of Transportation to adhere to re-*
21 *quirements applicable to confidential business information*
22 *and sensitive security information, consistent with applica-*
23 *ble law.*

1 **SEC. 4105. GAO REPORT ON DEPARTMENT OF TRANSPOR-**
2 **TATION'S COLLECTION AND USE OF DRUG**
3 **AND ALCOHOL TESTING DATA.**

4 (a) *IN GENERAL.*—Not later than 2 years after the
5 date the Department of Transportation public drug and al-
6 cohol testing database is established under section 4104, the
7 Comptroller General of the United States shall—

8 (1) *review the Department of Transportation*
9 *Drug and Alcohol Testing Management Information*
10 *System; and*

11 (2) *submit to the Committee on Commerce,*
12 *Science, and Transportation of the Senate and the*
13 *Committee on Transportation and Infrastructure of*
14 *the House of Representatives a report on the review,*
15 *including recommendations under subsection (c).*

16 (b) *CONTENTS.*—The report under subsection (a) shall
17 *include—*

18 (1) *a description of the process the Department*
19 *of Transportation uses to collect and record drug and*
20 *alcohol testing data submitted by employers for each*
21 *mode of transportation;*

22 (2) *an assessment of whether and, if so, how the*
23 *Department of Transportation uses the data described*
24 *in paragraph (1) in carrying out its responsibilities;*
25 *and*

1 (3) *an assessment of the Department of Trans-*
 2 *portation public drug and alcohol testing database*
 3 *under section 4104.*

4 (c) *RECOMMENDATIONS.—The report under subsection*
 5 *(a) may include recommendations regarding—*

6 (1) *how the Department of Transportation can*
 7 *best use the data described in subsection (b)(1);*

8 (2) *any improvements that could be made to the*
 9 *process described in subsection (b)(1);*

10 (3) *whether and, if so, how the Department of*
 11 *Transportation public drug and alcohol testing data-*
 12 *base under section 4104 could be made more effective;*
 13 *and*

14 (4) *such other recommendations as the Comp-*
 15 *troller General considers appropriate.*

16 **SEC. 4106. TRANSPORTATION WORKPLACE DRUG AND AL-**
 17 **COHOL TESTING PROGRAM; ADDITION OF**
 18 **FENTANYL.**

19 (a) *MANDATORY GUIDELINES FOR FEDERAL WORK-*
 20 *PLACE DRUG TESTING PROGRAMS.—*

21 (1) *IN GENERAL.—Not later than 180 days after*
 22 *the date of enactment of this Act, the Secretary of*
 23 *Health and Human Services shall determine whether*
 24 *a revision of the Mandatory Guidelines for Federal*
 25 *Workplace Drug Testing Programs to expand the*

1 *opioid category on the list of authorized drug testing*
2 *to include fentanyl is justified, based on the reli-*
3 *ability and cost-effectiveness of available testing.*

4 (2) *REVISION OF GUIDELINES.*—*If the expansion*
5 *of the opioid category is determined to be justified*
6 *under paragraph (1), the Secretary of Health and*
7 *Human Services shall—*

8 (A) *notify the Committee on Commerce,*
9 *Science, and Transportation of the Senate and*
10 *the Committee on Transportation and Infra-*
11 *structure of the House of Representatives of the*
12 *determination; and*

13 (B) *publish in the Federal Register, not*
14 *later than 18 months after the date of the deter-*
15 *mination under that paragraph, a final notice of*
16 *the revision of the Mandatory Guidelines for*
17 *Federal Workplace Drug Testing Programs to ex-*
18 *pand the opioid category on the list of authorized*
19 *drug testing to include fentanyl.*

20 (3) *REPORT.*—*If the expansion of the opioid cat-*
21 *egory is determined not to be justified under para-*
22 *graph (1), the Secretary of Health and Human Serv-*
23 *ices shall submit to the Committee on Commerce,*
24 *Science, and Transportation of the Senate and the*
25 *Committee on Transportation and Infrastructure of*

1 *the House of Representatives a report explaining, in*
2 *detail, the reasons the expansion of the opioid cat-*
3 *egory on the list of authorized drugs to include*
4 *fentanyl is not justified.*

5 *(b) DEPARTMENT OF TRANSPORTATION DRUG-TESTING*
6 *PANEL.—If the expansion of the opioid category is deter-*
7 *mined to be justified under subsection (a)(1), the Secretary*
8 *of Transportation shall publish in the Federal Register, not*
9 *later than 18 months after the date the final notice is pub-*
10 *lished under subsection (a)(2), a final rule revising part*
11 *40 of title 49, Code of Federal Regulations, to include*
12 *fentanyl in the Department of Transportation’s drug-test-*
13 *ing panel, consistent with the Mandatory Guidelines for*
14 *Federal Workplace Drug Testing Programs as revised by*
15 *the Secretary of Health and Human Services under sub-*
16 *section (a).*

17 *(c) SAVINGS PROVISION.—Nothing in this section may*
18 *be construed as—*

19 *(1) delaying the publication of the notices de-*
20 *scribed in sections 4107 and 4108 until the Secretary*
21 *of Health and Human Services makes a determina-*
22 *tion or publishes a notice under this section; or*

23 *(2) limiting or otherwise affecting any authority*
24 *of the Secretary of Health and Human Services or the*
25 *Secretary of Transportation to expand the list of au-*

1 *thorized drug testing to include an additional sub-*
 2 *stance.*

3 **SEC. 4107. STATUS REPORTS ON HAIR TESTING GUIDE-**
 4 **LINES.**

5 *(a) IN GENERAL.—Not later than 30 days after the*
 6 *date of enactment of this Act, and every 180 days thereafter*
 7 *until the date that the Secretary of Health and Human*
 8 *Services publishes in the Federal Register a final notice of*
 9 *scientific and technical guidelines for hair testing in ac-*
 10 *cordance with section 5402(b) of the Fixing America’s Sur-*
 11 *face Transportation Act (Public Law 114–94; 129 Stat.*
 12 *1312), the Secretary of Health and Human Services shall*
 13 *submit to the Committee on Commerce, Science, and Trans-*
 14 *portation of the Senate and the Committee on Transpor-*
 15 *tation and Infrastructure of the House of Representatives*
 16 *a report on—*

- 17 *(1) the status of the hair testing guidelines;*
 18 *(2) an explanation for why the hair testing*
 19 *guidelines have not been issued;*
 20 *(3) a schedule, including benchmarks, for the*
 21 *completion of the hair testing guidelines; and*
 22 *(4) an estimated date of completion of the hair*
 23 *testing guidelines.*

24 *(b) REQUIREMENT.—To the extent practicable and*
 25 *consistent with the objective of the hair testing described in*

1 subsection (a) to detect illegal or unauthorized use of sub-
 2 stances by the individual being tested, the final notice of
 3 scientific and technical guidelines under that subsection, as
 4 determined by the Secretary of Health and Human Serv-
 5 ices, shall eliminate the risk of positive test results of the
 6 individual being tested caused solely by the drug use of oth-
 7 ers and not caused by the drug use of the individual being
 8 tested.

9 **SEC. 4108. MANDATORY GUIDELINES FOR FEDERAL WORK-**
 10 **PLACE DRUG TESTING PROGRAMS USING**
 11 **ORAL FLUID.**

12 (a) *DEADLINE.*—Not later than December 31, 2018, the
 13 Secretary of Health and Human Services shall publish in
 14 the Federal Register a final notice of the Mandatory Guide-
 15 lines for Federal Workplace Drug Testing Programs using
 16 Oral Fluid, based on the notice of proposed mandatory
 17 guidelines published in the Federal Register on May 15,
 18 2015 (80 Fed. Reg. 28054).

19 (b) *REQUIREMENT.*—To the extent practicable and
 20 consistent with the objective of the testing described in sub-
 21 section (a) to detect illegal or unauthorized use of substances
 22 by the individual being tested, the final notice of scientific
 23 and technical guidelines under that subsection, as deter-
 24 mined by the Secretary of Health and Human Services,
 25 shall eliminate the risk of positive test results of the indi-

1 *vidual being tested caused solely by the drug use of others*
 2 *and not caused by the drug use of the individual being test-*
 3 *ed.*

4 (c) *RULE OF CONSTRUCTION.*—*Nothing in this section*
 5 *may be construed as requiring the Secretary of Health and*
 6 *Human Services to reissue a notice of proposed mandatory*
 7 *guidelines to carry out subsection (a).*

8 **SEC. 4109. ELECTRONIC RECORDKEEPING.**

9 (a) *DEADLINE.*—*Not later than 1 year after the date*
 10 *of enactment of this Act, the Secretary of Health and*
 11 *Human Services shall—*

12 (1) *ensure that each certified laboratory that re-*
 13 *quests approval for the use of completely paperless*
 14 *electronic Federal Drug Testing Custody and Control*
 15 *Forms from the National Laboratory Certification*
 16 *Program’s Electronic Custody and Control Form sys-*
 17 *tems receives approval for those completely paperless*
 18 *electronic forms instead of forms that include any*
 19 *combination of electronic traditional handwritten sig-*
 20 *natures executed on paper forms; and*

21 (2) *establish a deadline for a certified laboratory*
 22 *to request approval under paragraph (1).*

23 (b) *SAVINGS CLAUSE.*—*Nothing in this section may be*
 24 *construed as limiting or otherwise affecting any authority*
 25 *of the Secretary of Health and Human Services to grant*

1 *approval to a certified laboratory for use of completely*
 2 *paperless electronic Federal Drug Testing Custody and*
 3 *Control Forms, including to grant approval outside of the*
 4 *process under subsection (a).*

5 (c) *ELECTRONIC SIGNATURES.*—Not later than 18
 6 *months after the date of the deadline under subsection*
 7 *(a)(2), the Secretary of Transportation shall issue a final*
 8 *rule revising part 40 of title 49, Code of Federal Regula-*
 9 *tions, to authorize, to the extent practicable, the use of elec-*
 10 *tronic signatures or digital signatures executed to electronic*
 11 *forms instead of traditional handwritten signatures exe-*
 12 *cuted on paper forms.*

13 **SEC. 4110. STATUS REPORTS ON COMMERCIAL DRIVER'S LI-**
 14 **CENSE DRUG AND ALCOHOL CLEARING-**
 15 **HOUSE.**

16 (a) *IN GENERAL.*—Not later than 180 days after the
 17 *date of enactment of this Act, and biannually thereafter*
 18 *until the compliance date, the Administrator of the Federal*
 19 *Motor Carrier Safety Administration shall submit to the*
 20 *Committee on Commerce, Science, and Transportation of*
 21 *the Senate and the Committee on Transportation and In-*
 22 *frastructure of the House of Representatives a status report*
 23 *on implementation of the final rule for the Commercial*
 24 *Driver's License Drug and Alcohol Clearinghouse (81 Fed.*
 25 *Reg. 87686), including—*

1 (1) *an updated schedule, including benchmarks,*
 2 *for implementing the final rule as soon as practicable,*
 3 *but not later than the compliance date; and*

4 (2) *a description of each action the Federal*
 5 *Motor Carrier Safety Administration is taking to im-*
 6 *plement the final rule before the compliance date.*

7 (b) *DEFINITION OF COMPLIANCE DATE.*—*In this sec-*
 8 *tion, the term “compliance date” means the earlier of—*

9 (1) *January 6, 2020; or*

10 (2) *the date that the national clearinghouse re-*
 11 *quired under section 31306a of title 49, United States*
 12 *Code, is operational.*

13 ***Subtitle B—Opioid Addiction*** 14 ***Recovery Fraud Prevention***

15 ***SEC. 4201. SHORT TITLE.***

16 *This subtitle may be cited as the “Opioid Addiction*
 17 *Recovery Fraud Prevention Act of 2018”.*

18 ***SEC. 4202. DEFINITIONS.***

19 *In this subtitle:*

20 (1) *OPIOID TREATMENT PRODUCT.*—*The term*
 21 *“opioid treatment product” means a product, includ-*
 22 *ing any supplement or medication, for use or mar-*
 23 *keted for use in the treatment, cure, or prevention of*
 24 *an opioid use disorder.*

1 (2) *OPIOID TREATMENT PROGRAM.*—*The term*
 2 *“opioid treatment program” means a program that*
 3 *provides treatment for people diagnosed with, having,*
 4 *or purporting to have an opioid use disorder.*

5 (3) *OPIOID USE DISORDER.*—*The term “opioid*
 6 *use disorder” means a cluster of cognitive, behavioral,*
 7 *or physiological symptoms in which the individual*
 8 *continues use of opioids despite significant opioid-in-*
 9 *duced problems, such as adverse health effects.*

10 **SEC. 4203. FALSE OR MISLEADING REPRESENTATIONS WITH**
 11 **RESPECT TO OPIOID TREATMENT PROGRAMS**
 12 **AND PRODUCTS.**

13 (a) *UNLAWFUL ACTIVITY.*—*It is unlawful to make any*
 14 *deceptive representation with respect to the cost, price, effi-*
 15 *cacy, performance, benefit, risk, or safety of any opioid*
 16 *treatment program or opioid treatment product.*

17 (b) *ENFORCEMENT BY THE FEDERAL TRADE COMMIS-*
 18 *SION.*—

19 (1) *UNFAIR OR DECEPTIVE ACTS OR PRAC-*
 20 *TICES.*—*A violation of subsection (a) shall be treated*
 21 *as a violation of a rule under section 18 of the Fed-*
 22 *eral Trade Commission Act (15 U.S.C. 57a) regard-*
 23 *ing unfair or deceptive acts or practices.*

24 (2) *POWERS OF THE FEDERAL TRADE COMMIS-*
 25 *SION.*—

1 (A) *IN GENERAL.*—*The Federal Trade Com-*
 2 *mission shall enforce this section in the same*
 3 *manner, by the same means, and with the same*
 4 *jurisdiction, powers, and duties as though all ap-*
 5 *licable terms and provisions of the Federal*
 6 *Trade Commission Act (15 U.S.C. 41 et seq.)*
 7 *were incorporated into and made a part of this*
 8 *section.*

9 (B) *PRIVILEGES AND IMMUNITIES.*—*Any*
 10 *person who violates subsection (a) shall be sub-*
 11 *ject to the penalties and entitled to the privileges*
 12 *and immunities provided in the Federal Trade*
 13 *Commission Act as though all applicable terms*
 14 *and provisions of the Federal Trade Commission*
 15 *Act (15 U.S.C. 41 et seq.) were incorporated and*
 16 *made part of this section.*

17 (c) *ENFORCEMENT BY STATES.*—

18 (1) *IN GENERAL.*—*Except as provided in para-*
 19 *graph (4), in any case in which the attorney general*
 20 *of a State has reason to believe that an interest of the*
 21 *residents of the State has been or is threatened or ad-*
 22 *versely affected by any person who violates subsection*
 23 *(a), the attorney general of the State, as parens*
 24 *patriae, may bring a civil action on behalf of the resi-*

1 *dents of the State in an appropriate district court of*
2 *the United States to obtain appropriate relief.*

3 (2) *RIGHTS OF FEDERAL TRADE COMMISSION.—*

4 (A) *NOTICE TO FEDERAL TRADE COMMIS-*
5 *SION.—*

6 (i) *IN GENERAL.—Except as provided*
7 *in clause (iii), the attorney general of a*
8 *State shall notify the Federal Trade Com-*
9 *mission in writing that the attorney general*
10 *intends to bring a civil action under para-*
11 *graph (1) before initiating the civil action.*

12 (ii) *CONTENTS.—The notification re-*
13 *quired by clause (i) with respect to a civil*
14 *action shall include a copy of the complaint*
15 *to be filed to initiate the civil action.*

16 (iii) *EXCEPTION.—If it is not feasible*
17 *for the attorney general of a State to pro-*
18 *vide the notification required by clause (i)*
19 *before initiating a civil action under para-*
20 *graph (1), the attorney general shall notify*
21 *the Federal Trade Commission immediately*
22 *upon instituting the civil action.*

23 (B) *INTERVENTION BY FEDERAL TRADE*
24 *COMMISSION.—The Federal Trade Commission*
25 *may—*

1 (i) *intervene in any civil action*
2 *brought by the attorney general of a State*
3 *under paragraph (1); and*

4 (ii) *upon intervening—*

5 (I) *be heard on all matters arising*
6 *in the civil action; and*

7 (II) *file petitions for appeal.*

8 (3) *INVESTIGATORY POWERS.—Nothing in this*
9 *subsection shall be construed to prevent the attorney*
10 *general of a State from exercising the powers con-*
11 *ferred on the attorney general by the laws of the State*
12 *to conduct investigations, to administer oaths or affir-*
13 *mations, or to compel the attendance of witnesses or*
14 *the production of documentary or other evidence.*

15 (4) *PREEMPTIVE ACTION BY FEDERAL TRADE*
16 *COMMISSION.—If the Federal Trade Commission or*
17 *the Attorney General on behalf of the Commission in-*
18 *stitutes a civil action, or the Federal Trade Commis-*
19 *sion institutes an administrative action, with respect*
20 *to a violation of subsection (a), the attorney general*
21 *of a State may not, during the pendency of that ac-*
22 *tion, bring a civil action under paragraph (1)*
23 *against any defendant or respondent named in the*
24 *complaint of the Commission for the violation with*

1 *respect to which the Commission instituted such ac-*
 2 *tion.*

3 (5) *VENUE; SERVICE OF PROCESS.—*

4 (A) *VENUE.—Any action brought under*
 5 *paragraph (1) may be brought in any district*
 6 *court of the United States that meets applicable*
 7 *requirements relating to venue under section*
 8 *1391 of title 28, United States Code.*

9 (B) *SERVICE OF PROCESS.—In an action*
 10 *brought under paragraph (1), process may be*
 11 *served in any district in which the defendant—*

12 (i) *is an inhabitant; or*

13 (ii) *may be found.*

14 (6) *ACTIONS BY OTHER STATE OFFICIALS.—In*
 15 *addition to civil actions brought by attorneys general*
 16 *under paragraph (1), any other consumer protection*
 17 *officer of a State who is authorized by the State to*
 18 *do so may bring a civil action under paragraph (1),*
 19 *subject to the same requirements and limitations that*
 20 *apply under this subsection to civil actions brought*
 21 *by attorneys general.*

22 (d) *AUTHORITY PRESERVED.—Nothing in this title*
 23 *shall be construed to limit the authority of the Federal*

- 1 *Trade Commission or the Food and Drug Administration*
- 2 *under any other provision of law.*

Attest:

Secretary.

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2^D Session

H.R. 6

AMENDMENT