

117TH CONGRESS
1ST SESSION

H. R. 2366

To establish programs to address addiction and overdoses caused by illicit
fentanyl and other opioids, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 5, 2021

Ms. KUSTER (for herself and Ms. BLUNT ROCHESTER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To establish programs to address addiction and overdoses
caused by illicit fentanyl and other opioids, and for other
purposes.

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Support, Treatment, and Overdose Prevention of
6 Fentanyl Act of 2021” or the “STOP Fentanyl Act of
7 2021”.

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

Sec. 1. Short title; table of contents.
 Sec. 2. Definitions.
 Sec. 3. Findings.

TITLE I—FENTANYL RESEARCH AND EDUCATION

Sec. 101. Enhanced fentanyl surveillance.
 Sec. 102. Collection of overdose data.
 Sec. 103. Fentanyl detection.
 Sec. 104. GAO report on international mail and cargo screening.
 Sec. 105. Contingency management program.

TITLE II—OVERDOSE PREVENTION AND SUBSTANCE USE DISORDER TREATMENT PROGRAMS

Sec. 201. NAM report on overdose prevention centers.
 Sec. 202. Naloxone.
 Sec. 203. Good Samaritan immunity.
 Sec. 204. Medication-assisted treatment.
 Sec. 205. Telehealth for substance use disorder treatment.
 Sec. 206. Grant program on harms of drug misuse.
 Sec. 207. Opioid treatment education.

TITLE III—PUBLIC HEALTH DATA AND TRAINING SUPPORT FOR FENTANYL DETECTION

Sec. 301. Public health support for law enforcement.
 Sec. 302. Report on countries that produce synthetic drugs.
 Sec. 303. Grants to improve public health surveillance in forensic laboratories.

3 **SEC. 2. DEFINITIONS.**

4 In this Act, except as otherwise provided:

5 (1) The term “Assistant Secretary” means the
 6 Assistant Secretary for Mental Health and Sub-
 7 stance Use.

8 (2) The term “Secretary” means the Secretary
 9 of Health and Human Services.

10 (3) The term “fentanyl-related substance” has
 11 the meaning given the term in section

1 1308.11(h)(30)(i) of title 21, Code of Federal Regu-
2 lations (or successor regulations).

3 **SEC. 3. FINDINGS.**

4 Congress finds the following:

5 (1) The opioid epidemic has led to a rise in
6 overdose deaths across the Nation.

7 (2) In 2017, the number of overdose deaths in-
8 volving opioids, including fentanyl, was six times
9 higher than in 1999.

10 (3) The age-adjusted rate of drug overdose
11 deaths involving synthetic opioids other than metha-
12 done increased by 10 percent from 2017 to 2018.

13 (4) The COVID–19 pandemic has been associ-
14 ated with substance use. According to the Centers
15 for Disease Control and Prevention (CDC), 13 per-
16 cent of surveyed adults had started or increased sub-
17 stance use to cope with stress or emotions related to
18 COVID–19.

19 (5) Federal agencies, along with Federal, State,
20 and local lawmakers, have worked together to re-
21 spond to the rise in overdose deaths through in-
22 creased funding and targeted policy initiatives.

23 (6) This includes the successful passage of the
24 Comprehensive Addiction and Recovery Act of 2016
25 (CARA), the 21st Century Cures Act, and the Sub-

1 stance Use-Disorder Prevention that Promotes
2 Opioid Recovery and Treatment for Patients and
3 Communities Act (SUPPORT for Patient and Com-
4 munities Act).

5 (7) These efforts have helped prevent, treat,
6 and combat the opioid epidemic, but the rise in over-
7 dose deaths involving synthetic opioids like fentanyl
8 means that not all communities are seeing a reduc-
9 tion in fatalities.

10 (8) Drug overdose deaths in the United States
11 involving fentanyl have risen from 2011 through
12 2016, growing from 1,600 fentanyl overdose related
13 deaths in 2011 and 2012 to 18,000 deaths in 2016.

14 (9) This rise in fentanyl overdose related deaths
15 has disproportionately impacted communities of
16 color.

17 (10) According to the Centers for Disease Con-
18 trol and Prevention (CDC), drug overdose death
19 rates involving fentanyl for non-Hispanic African
20 Americans had the largest annual percentage in-
21 crease from 2011 to 2016 at 140.6 percent per year,
22 followed by Hispanic persons at 118.3 percent per
23 year. Fentanyl-involved overdose rates for non-His-
24 panic White persons increased by 108.8 percent
25 from 2013 to 2016.

1 (11) According to the CDC, rates of drug over-
2 dose deaths involving fentanyl increased exponen-
3 tially from 2011 through 2016 for most regions of
4 the United States.

5 (12) Fentanyl is increasingly being identified in
6 nonopioid substances, like methamphetamine and co-
7 caine.

8 (13) By 2017, over half of heroin and cocaine
9 overdose death records involved synthetic opioids.

10 (14) Previous policies to counter the widespread
11 use of illicit substances through tougher sentencing
12 guidelines disproportionately impact communities of
13 color.

14 (15) There is a growing need for a comprehen-
15 sive plan focused on monitoring, researching, treat-
16 ing, and preventing fentanyl overdose deaths.

17 (16) Taking a public health approach to revers-
18 ing overdose death trends and promoting equity
19 should emphasize increasing research and expanding
20 access to treatment.

1 **TITLE I—FENTANYL RESEARCH**
2 **AND EDUCATION**

3 **SEC. 101. ENHANCED FENTANYL SURVEILLANCE.**

4 (a) IN GENERAL.—The Director of the Centers for
5 Disease Control and Prevention shall enhance the drug
6 surveillance program of the Centers by—

7 (1) expanding such surveillance program to in-
8 clude all 50 States, the territories of the United
9 States, and all Tribes and Tribal organizations;

10 (2) increasing and accelerating the collection of
11 data on fentanyl, fentanyl-related substances, other
12 synthetic opioids, and new emerging drugs of abuse,
13 including related overdose data from medical exam-
14 iners and drug treatment admissions and informa-
15 tion regarding drug seizures; and

16 (3) utilizing available and emerging information
17 on fentanyl, fentanyl-related substances, other syn-
18 thetic opioids, and new emerging drugs of abuse, in-
19 cluding information from—

20 (A) the National Drug Early Warning Sys-
21 tem;

22 (B) State and local public health authori-
23 ties;

24 (C) Federal, State, and local public health
25 laboratories; and

1 (D) drug seizures by Federal, State, and
2 local law enforcement agencies, including infor-
3 mation from the National Seizure System and
4 the National Forensic Laboratory Information
5 System of the Drug Enforcement Administra-
6 tion.

7 (b) INFORMATION SHARING.—The Director of the
8 Centers for Disease Control and Prevention shall share
9 the information collected through the drug surveillance
10 program of the Centers with entities including the Office
11 of National Drug Control Policy, State and local public
12 health agencies, and Federal, State, and local law enforce-
13 ment agencies.

14 (c) LAW ENFORCEMENT REPORTING.—Each Federal
15 law enforcement agency shall report information on all
16 drug seizures by that agency to the Drug Enforcement
17 Administration for inclusion in the National Seizure Sys-
18 tem.

19 (d) GAO REPORT.—Not later than 2 years after the
20 date of enactment of this Act, the Comptroller General
21 of the United States shall—

22 (1) publish a report analyzing how Federal
23 agencies can improve their collection, reporting,
24 sharing, and analytic use of drug seizure data across

1 Federal agencies and with State and local govern-
2 ments; and

3 (2) include in such report an analysis of how
4 well available data on drug seizures can measure
5 progress toward reducing drug trafficking into and
6 within the country, as outlined in strategies such as
7 the National Drug Control Strategy of the Office of
8 National Drug Control Policy.

9 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
10 out this section, there is authorized to be appropriated
11 \$125,000,000 for each of fiscal years 2022 through 2026.

12 **SEC. 102. COLLECTION OF OVERDOSE DATA.**

13 (a) IN GENERAL.—Not later than one year after the
14 date of enactment of this Act, the Secretary shall conduct
15 a study on how to most efficiently track overdoses by type
16 of drug, including fentanyl.

17 (b) GRANT PROGRAM.—

18 (1) IN GENERAL.—Upon completion of the
19 study under subsection (a), and taking into consider-
20 ation the results of such study, the Secretary shall
21 award grants to States to facilitate the collection of
22 data with respect to fentanyl-involved overdoses.

23 (2) REQUIREMENT.—As a condition on receipt
24 of a grant under this subsection, an applicant shall
25 agree to share the data collected pursuant to the

1 grant with the Centers for Disease Control and Pre-
2 vention.

3 (3) PREFERENCE.—In awarding grants under
4 this subsection, the Secretary shall give preference
5 to applicants whose grant proposals demonstrate the
6 greatest need for collecting timely and accurate data
7 on overdoses.

8 **SEC. 103. FENTANYL DETECTION.**

9 (a) TESTING OF CONTAMINANTS.—

10 (1) IN GENERAL.—The Secretary, acting
11 through the Assistant Secretary and in coordination
12 with the Director of the Centers for Disease Control
13 and Prevention, shall establish a pilot program
14 through which 5 entities, in 5 States representing
15 diverse regions, use chemical screening devices to
16 identify contaminants, including fentanyl and
17 fentanyl-related substances, in illicit street drugs.

18 (2) EVALUATION.—Not later than the end of
19 fiscal year 2025, the Secretary shall—

20 (A) complete an evaluation of the most ef-
21 fective ways of expanding the pilot program
22 under this subsection to decrease rates of over-
23 dose; and

1 (B) submit a report to the appropriate
2 congressional committees on the results of such
3 evaluation.

4 (3) DEFINITION.— In this subsection, the term
5 “chemical screening device” means an infrared spec-
6 trophotometer, mass spectrometer, nuclear magnetic
7 resonance spectrometer, Raman spectrophotometer,
8 ion mobility spectrometer, or any other device or
9 other technology that is able to determine the pres-
10 ence of, or identify, one or more contaminants in il-
11 legal street drugs.

12 (4) AUTHORIZATION OF APPROPRIATIONS.—To
13 carry out this subsection, there is authorized to be
14 appropriated \$5,000,000 for each of fiscal years
15 2022 through 2026.

16 (b) RESEARCH INTO TECHNOLOGIES.—

17 (1) IN GENERAL.—The Secretary shall conduct
18 or support research for the development or improve-
19 ment of portable and affordable technologies related
20 to testing drugs for fentanyl and fentanyl-related
21 substances, including chemical screening device
22 methods.

23 (2) AUTHORIZATION OF APPROPRIATIONS.—To
24 carry out this subsection, there is authorized to be

1 appropriated \$25,000,000 for each of fiscal years
2 2022 through 2026.

3 **SEC. 104. GAO REPORT ON INTERNATIONAL MAIL AND**
4 **CARGO SCREENING.**

5 Not later than one year after the date of enactment
6 of this Act, the Comptroller General of the United States
7 shall submit to the Congress a report reviewing the impact
8 of illicit fentanyl and fentanyl-related substances imported
9 through international mail and cargo, including discussion
10 of the following:

11 (1) The volume of fentanyl and fentanyl-related
12 substances being imported into the country by
13 means of international mail and cargo.

14 (2) The potential impact of increased screening
15 for illicit fentanyl and fentanyl-related substances
16 on—

17 (A) deterring drug trafficking in the
18 United States;

19 (B) interdicting fentanyl and fentanyl-re-
20 lated substances that were manufactured out-
21 side of the United States and intended, or at-
22 tempted, to be imported into the United States;

23 (C) the number of Federal criminal pros-
24 ecutions based on the manufacture, distribu-
25 tion, or possession of fentanyl or fentanyl-re-

1 lated substances, disaggregated by demographic
2 data, including sex, race, and ethnicity, of the
3 offender;

4 (D) the charges brought in such prosecu-
5 tions;

6 (E) the impacts of prosecutions on reduc-
7 ing demand and availability to users; and

8 (F) the development of new fentanyl-re-
9 lated substances.

10 (3) The need for non-invasive technology in
11 screening for fentanyl and fentanyl-related sub-
12 stances, taking into account the findings pursuant to
13 paragraphs (1) and (2).

14 **SEC. 105. CONTINGENCY MANAGEMENT PROGRAM.**

15 (a) IN GENERAL.—The Secretary shall—

16 (1) develop and implement a program of using
17 contingency management principles to discourage
18 the use of illicit drugs; and

19 (2) as part of such program use incentive-based
20 interventions—

21 (A) to increase substance misuse treatment
22 retention; and

23 (B) to promote adherence to treatment
24 goals, including negative urinalysis.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there is authorized to be appropriated
3 \$25,000,000 for each of fiscal years 2022 through 2026.

4 **TITLE II—OVERDOSE PREVEN-**
5 **TION AND SUBSTANCE USE**
6 **DISORDER TREATMENT PRO-**
7 **GRAMS**

8 **SEC. 201. NAM REPORT ON OVERDOSE PREVENTION CEN-**
9 **TERS.**

10 Not later than one year after the date of enactment
11 of this Act, the Comptroller General of the United States
12 shall enter into an arrangement with the National Acad-
13 emy of Medicine (or, if the Academy declines, another ap-
14 propriate entity) to—

15 (1) submit to the Congress a report on overdose
16 prevention centers; and

17 (2) include in such report—

18 (A) a review of the effectiveness of legally
19 authorized overdose prevention centers in the
20 United States and abroad on lowering overdose
21 deaths; and

22 (B) an assessment of the effectiveness of
23 overdose prevention centers on improving access
24 to medication-assisted treatment and recovery
25 services.

1 **SEC. 202. NALOXONE.**

2 (a) NALOXONE PRICING TRANSPARENCY.—

3 (1) REPORTING REQUIREMENT.—Not later than
4 the date that is one year after the date of enactment
5 of this Act, and annually thereafter, to better under-
6 stand how research and development costs, manufac-
7 turing and marketing costs, acquisitions, Federal in-
8 vestments, revenues and sales, and other factors in-
9 fluence drug prices, each manufacturer of naloxone
10 or any other drug approved by the Food and Drug
11 Administration for opioid overdose reversal shall re-
12 port to the Secretary—

13 (A) with respect to naloxone (or such other
14 drug)—

15 (i) total expenditures of the manufac-
16 turer on—

17 (I) materials and manufacturing
18 for such drug;

19 (II) acquiring patents and licens-
20 ing; and

21 (III) costs to purchase or acquire
22 the drug from another company, if ap-
23 plicable;

24 (ii) the percentage of total expendi-
25 tures of the manufacturer on research and

1 development for such drug that was de-
2 rived from Federal funds;

3 (iii) the total expenditures of the man-
4 ufacturer on research and development for
5 such drug;

6 (iv) the total revenue and net profit
7 generated from the applicable drug for
8 each calendar year since drug approval;

9 (v) the total expenditures of the man-
10 ufacturer that are associated with mar-
11 keting and advertising for such drug;

12 (vi) the wholesale acquisition cost for
13 such drug;

14 (vii) the average out-of-pocket cost of
15 such drug to the consumer;

16 (viii) patient utilization rates for such
17 drug; and

18 (B) additional information specific to the
19 manufacturer as the Secretary may require, to
20 include at a minimum—

21 (i) the total revenue and net profit of
22 the manufacturer for the reporting period;

23 (ii) metrics used to determine execu-
24 tive compensation; and

1 (iii) any additional information related
2 to drug pricing decisions of the manufac-
3 turer, such as total expenditures on—

4 (I) drug research and develop-
5 ment; or

6 (II) clinical trials on drugs that
7 failed to receive approval by the Food
8 and Drug Administration.

9 (2) REPORTING PERIOD.—The reporting period
10 for the reports under paragraph (1) shall be as fol-
11 lows:

12 (A) For the initial report under paragraph
13 (1), the 10-year period preceding the report.

14 (B) For subsequent reports, the 12-month
15 period preceding the respective reports.

16 (3) PUBLICLY AVAILABLE.—

17 (A) IN GENERAL.—Subject to subpara-
18 graph (B), not later than 30 days after receiv-
19 ing the information under paragraph (1), the
20 Secretary shall post on the internet website of
21 the Centers for Medicare & Medicaid Services
22 the information reported under paragraph (1)
23 in written format and using language that is
24 easily understandable by beneficiaries under ti-

1 tles XVIII and XIX of the Social Security Act
2 (42 U.S.C. 1395 et seq.; 1396 et seq.).

3 (B) EXCLUSION OF PROPRIETARY INFOR-
4 MATION.—The Secretary shall exclude propri-
5 etary information, such as trade secrets and in-
6 tellectual property, submitted by the manufac-
7 turer under paragraph (1) from the posting de-
8 scribed in subparagraph (A).

9 (b) STUDY ON CLASSIFICATION OF NALOXONE AS A
10 PRESCRIPTION DRUG.—The Commissioner of Food and
11 Drugs shall—

12 (1) not later one year after the date of enact-
13 ment of this Act, determine whether naloxone should
14 remain subject to the requirements of section
15 503(b)(1) of the Federal Food, Drug, and Cosmetic
16 Act (21 U.S.C. 353(b)(1)) or be reclassified as an
17 over-the-counter drug; and

18 (2) take such actions as may be appropriate,
19 consistent with such determination.

20 **SEC. 203. GOOD SAMARITAN IMMUNITY.**

21 (a) LIMITATION ON CIVIL LIABILITY FOR INDIVID-
22 UALS WHO ADMINISTER OPIOID OVERDOSE REVERSAL
23 DRUGS.—

24 (1) IN GENERAL.—Notwithstanding any other
25 provision of law, except as provided in paragraph

1 (2), no individual shall be liable in any Federal or
2 State proceeding for harm caused by the emergency
3 administration of an opioid overdose reversal drug to
4 an individual who has or reasonably appears to have
5 suffered an overdose from heroin or another opioid,
6 if—

7 (A) the individual who administers the
8 opioid overdose reversal drug obtained the drug
9 from—

10 (i) a health care professional as part
11 of an opioid overdose prevention program;
12 or

13 (ii) any source as permitted under ap-
14 plicable State law; or

15 (B) the individual administers the opioid
16 overdose reversal drug in good faith.

17 (2) EXCEPTION.—Paragraph (1) shall not
18 apply to an individual if the harm was caused by the
19 gross negligence or reckless misconduct of the indi-
20 vidual who administers the drug.

21 (3) DEFINITIONS.—In this subsection:

22 (A) The term “health care professional”
23 means a person licensed by a State to prescribe
24 prescription drugs.

1 (B) The term “opioid overdose reversal
2 drug” means a drug approved under section
3 505 of the Federal Food, Drug, and Cosmetic
4 Act (21 U.S.C. 355) that is indicated for the
5 partial or complete reversal of the pharma-
6 cological effects of an opioid overdose in the
7 human body.

8 (C) The term “opioid overdose prevention
9 program” means a program operated by a local
10 health department, harm reduction or other
11 community-based organization, substance abuse
12 treatment organization, law enforcement agen-
13 cy, fire department, other first responder de-
14 partment, or voluntary association, or a pro-
15 gram funded by a Federal, State, or local gov-
16 ernment, that works to prevent opioid overdoses
17 by in part providing opioid overdose reversal
18 drugs and education—

19 (i) to individuals at risk of experi-
20 encing an opioid overdose; or

21 (ii) to an individual in a position to
22 assist another individual at risk of experi-
23 encing an opioid overdose.

24 (b) IMMUNITY FROM LIABILITY.—

1 (1) IN GENERAL.—An individual who, in good
2 faith and in a timely manner—

3 (A) seeks medical assistance for another
4 individual who is experiencing a drug overdose
5 shall not be cited, arrested, prosecuted, crimi-
6 nally liable, or subject to any sanction for a vio-
7 lation of a condition of supervised release under
8 section 404 of the Controlled Substances Act
9 (21 U.S.C. 844) for the possession or use of a
10 controlled substance, or under any other provi-
11 sion of Federal law regulating the misuse of
12 prescription drugs, as a result of seeking such
13 medical assistance; or

14 (B) seeks medical assistance for himself or
15 herself for a drug overdose, or is the subject of
16 a request for medical assistance described in
17 subparagraph (A), shall not be cited, arrested,
18 prosecuted, criminally liable, or subject to any
19 sanction for a violation of a condition of super-
20 vised release, under section 404 of the Con-
21 trolled Substances Act (21 U.S.C. 844) for the
22 possession or use of a controlled substance, or
23 under any other provision of Federal law regu-
24 lating the misuse of prescription drugs, as a re-
25 sult of seeking such medical assistance.

1 (2) PREEMPTION.—This subsection preempts
2 the laws of a State or any political subdivision of a
3 State to the extent that such laws are inconsistent
4 with this section, unless such laws provide greater
5 protection from liability.

6 (3) DEFINITIONS.—In this section:

7 (A) The term “controlled substance” has
8 the meaning given the term in section 102 of
9 the Controlled Substances Act (21 U.S.C. 802).

10 (B) The term “drug overdose” means an
11 acute condition resulting from or believed to be
12 resulting from the use of a controlled sub-
13 stance, which an individual, who is not a health
14 care professional, would reasonably believe re-
15 quires medical assistance.

16 (C) The term “prescription drug” means a
17 drug subject to section 503(b)(1) of the Federal
18 Food, Drug, and Cosmetic Act (21 U.S.C.
19 353(b)(1)).

20 (D) The terms “seeks medical assistance”
21 and “seeking such medical assistance” in-
22 clude—

23 (i) reporting a drug or alcohol over-
24 dose or other medical emergency to a law
25 enforcement authority, the 9–1–1 system,

1 a poison control center, or a medical pro-
2 vider;

3 (ii) assisting another individual who is
4 making a report described in clause (i); or

5 (iii) providing care to someone who is
6 experiencing a drug or alcohol overdose or
7 other medical emergency while awaiting
8 the arrival of medical assistance.

9 (c) SEEKING ASSISTANCE AS A MITIGATING FAC-
10 TOR.—Section 3553 of title 18, United States Code, is
11 amended—

12 (1) by redesignating subsection (g) as sub-
13 section (h); and

14 (2) by inserting after subsection (f) the fol-
15 lowing:

16 “(g) SEEKING MEDICAL ASSISTANCE.—

17 “(1) IN GENERAL.—Notwithstanding any other
18 provision of law, in imposing a sentence pursuant to
19 guidelines promulgated by the United States Sen-
20 tencing Commission under section 994 of title 28
21 against a defendant convicted of an offense as a re-
22 sult of seeking medical assistance for another indi-
23 vidual who is experiencing a drug overdose, or for
24 himself or herself for a drug overdose, other than an
25 offense described in section 203(b)(1)(A) of the

1 STOP Fentanyl Act of 2021, the court shall con-
2 sider the act of seeking medical assistance as a miti-
3 gating factor.

4 “(2) DEFINITIONS.—In this subsection, the
5 terms ‘drug overdose’ and ‘seeking medical assist-
6 ance’ have the meanings given to such terms in sec-
7 tion 203(b) of the STOP Fentanyl Act of 2021.”.

8 **SEC. 204. MEDICATION-ASSISTED TREATMENT.**

9 (a) OPIOID TREATMENT PROGRAM REGULATIONS.—

10 (1) DEFINITION.—In this subsection, the term
11 “opioid treatment program” means a program or
12 practitioner engaged in opioid treatment of individ-
13 uals with an opioid agonist treatment medication
14 registered under section 303(g)(1) of the Controlled
15 Substances Act (21 U.S.C. 823(g)(1)).

16 (2) ELIMINATION OF PATIENT ELIGIBILITY RE-
17 QUIREMENT.—The Secretary shall amend section
18 8.12(e)(1) of title 42, Code of Federal Regulations
19 (and such other regulations in part 8 of such title
20 42 as may be necessary) to eliminate the require-
21 ment that the person became addicted at least 1
22 year before admission for maintenance treatment
23 under an opioid treatment program.

24 (3) SURVEY.—

1 (A) IN GENERAL.—Not later than one year
2 after the date of enactment of this Act, the As-
3 sistant Secretary shall—

4 (i) complete a survey of the use in
5 opioid treatment programs of “take-home”
6 prescription medications; and

7 (ii) submit a report to Congress on
8 the findings of the survey.

9 (B) REQUIRED ASSESSMENT.—The survey
10 under paragraph (1) shall assess—

11 (i) the frequency of use of “take-
12 home” medication, as allowed under sec-
13 tion 8.12(i) of title 42, Code of Federal
14 Regulations;

15 (ii) the extent to which the limitations
16 on doses for “take-home” use listed in sec-
17 tion 8.12(i)(3)(i), (ii), (iii), and (iv) of such
18 title 42 unduly burden treatment of indi-
19 viduals with opioid use disorder; and

20 (iii) whether and how individuals re-
21 ceiving medications for “take-home” use
22 receive all services listed in section 8.12(f)
23 of such title 42.

24 (b) TREATMENT IN RURAL AND UNDERSERVED POP-
25 ULATIONS.—Not later than 1 year after the date of enact-

1 ment of this Act, the Assistant Secretary shall complete
2 a study and submit a report to the Congress on ways in
3 which the Substance Abuse and Mental Health Services
4 Administration can provide and support health services,
5 including treatment for substance use disorders, to indi-
6 viduals in rural (including agricultural) and medically un-
7 derserved communities (as defined in section 799B of the
8 Public Health Service Act (42 U.S.C. 295p)), taking into
9 account the following:

- 10 (1) Stigma.
- 11 (2) Using data.
- 12 (3) Telemedicine.
- 13 (4) Managing fiscal resources in a community
14 impacted by addiction.
- 15 (5) Workforce development.
- 16 (6) Broadband.
- 17 (7) Overcoming economic challenges.
- 18 (8) Prevention.
- 19 (9) Transportation.
- 20 (10) Nutritional services.
- 21 (11) Medication-assisted treatment.
- 22 (12) Educating law enforcement personnel
23 about addiction.
- 24 (13) Drug courts.

1 (14) Educating the faith community about ad-
2 diction.

3 (15) Recovery support.

4 (16) Housing.

5 (17) Harm reduction services.

6 (c) PRISONS AND MEDICATION-ASSISTED TREAT-
7 MENT.—

8 (1) IN GENERAL.—The Director of the Bureau
9 of Prisons shall establish a program to offer—

10 (A) medication-assisted treatment for
11 opioid use disorder to individuals in the custody
12 of the Bureau of Prisons and include in such
13 treatment all drugs that are approved by the
14 Food and Drug Administration to treat opioid
15 use disorder; and

16 (B) withdrawal management services to in-
17 dividuals in the custody of the Bureau of Pris-
18 ons to provide a comprehensive treatment ap-
19 proach substance use disorders.

20 (2) AUTHORIZATION OF APPROPRIATIONS.—To
21 carry out this subsection, there is authorized to be
22 appropriated to the Director of the Bureau of Pris-
23 ons \$150,000,000 for each of fiscal years 2022
24 through 2026.

1 (d) RESIDENTIAL SUBSTANCE ABUSE TREATMENT
2 FOR STATE PRISONERS.—Section 1904(d) of title I of the
3 Omnibus Crime Control and Safe Streets Act of 1968 (34
4 U.S.C. 10424(d)) is amended—

5 (1) by striking “means” and inserting the fol-
6 lowing:

7 “(1) means”;

8 (2) by striking the period at the end and insert-
9 ing “; and”; and

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

11 “(2) includes any such course of comprehensive
12 individual and group substance abuse treatment
13 services using medication-assisted treatment for
14 opioid use disorder (including the use of any drug
15 approved or licensed by the Food and Drug Admin-
16 istration for such treatment).”.

17 **SEC. 205. TELEHEALTH FOR SUBSTANCE USE DISORDER**
18 **TREATMENT.**

19 Section 309(e)(2) of the Controlled Substances Act
20 (21 U.S.C. 829(e)(2)) is amended—

21 (1) in subparagraph (A)(i)—

22 (A) by striking “at least 1 in-person med-
23 ical evaluation” and inserting the following: “at
24 least—

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

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

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

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

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

21 “(ii) Nothing in clause (i) shall be con-
22 strued to imply that 1 telehealth evaluation
23 demonstrates that a prescription has been
24 issued for a legitimate medical purpose within
25 the usual course of professional practice.

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

12 **SEC. 206. GRANT PROGRAM ON HARMS OF DRUG MISUSE.**

13 (a) IN GENERAL.—The Assistant Secretary for Men-
14 tal Health and Substance Use (referred to in this section
15 as the “Assistant Secretary”), in consultation with the Di-
16 rector of the Centers for Disease Control and Prevention,
17 shall award grants to States, political subdivisions of
18 States, Tribes, Tribal organizations, and community-based
19 entities to support the delivery of overdose prevention, sy-
20 ringe services programs, and other harm reduction serv-
21 ices that address the harms of drug misuse, including
22 by—

23 (1) preventing and controlling the spread of in-
24 fectious diseases, such as HIV/AIDS and viral hepa-

1 titis, and the consequences of such diseases for indi-
2 viduals with substance use disorder;

3 (2) distributing opioid antagonists, such as
4 naloxone, to individuals at risk of overdose;

5 (3) connecting individuals at risk for, or with,
6 a substance use disorder to overdose education,
7 counseling, and health education; and

8 (4) encouraging such individuals to take steps
9 to reduce the negative personal and public health
10 impacts of substance use or misuse.

11 (b) CONSIDERATIONS.—In awarding grants under
12 this section, the Assistant Secretary shall prioritize grants
13 to applicants that are—

14 (1) culturally specific organizations, Tribal be-
15 havioral health and substance use disorder providers,
16 or organizations that are intentional about serving
17 populations where COVID–19 has had the most im-
18 pact; or

19 (2) proposing to serve areas with—

20 (A) a higher proportion of the population
21 who meet criteria for dependence on, or abuse
22 of, illicit drugs;

23 (B) a higher drug overdose death rate;

24 (C) a greater telemedicine infrastructure
25 need; and

1 (D) a greater behavioral health and sub-
2 stance use disorder workforce need.

3 (c) USE OF GRANT AWARDS.—A recipient of a grant
4 under this section may use such grant funds for the fol-
5 lowing purposes:

6 (1) Adapt, maintain, and expand essential serv-
7 ices provided by harm reduction service organiza-
8 tions to address the risks of COVID–19, drug over-
9 dose, and contraction of infectious disease.

10 (2) Maintain or hire staff.

11 (3) Support program operational costs, includ-
12 ing staff, rent, and vehicle purchase or maintenance.

13 (4) Program supplies.

14 (5) Support and case management services.

15 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
16 out this section, there is authorized to be appropriated
17 \$50,000,000 for fiscal year 2022, to remain available until
18 expended.

19 **SEC. 207. OPIOID TREATMENT EDUCATION.**

20 (a) IN GENERAL.—The Secretary shall award grants
21 to States and local governmental entities to provide edu-
22 cation to stakeholders, including health care providers,
23 criminal justice professionals, and substance use disorder
24 treatment personnel, on the current state of research on
25 treatment for opioid dependence, including—

1 (1) the use of opioid agonists or partial
2 agonists; and

3 (2) the potential benefits of the use of opioid
4 agonists or partial agonists for affected individuals.

5 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
6 out this section, there is authorized to be appropriated
7 \$100,000,000 for each of fiscal years 2022 through 2026.

8 **TITLE III—PUBLIC HEALTH**
9 **DATA AND TRAINING SUP-**
10 **PORT FOR FENTANYL DETEC-**
11 **TION**

12 **SEC. 301. PUBLIC HEALTH SUPPORT FOR LAW ENFORCE-**
13 **MENT.**

14 (a) SUPPORT FOR FENTANYL DETECTION AND HAN-
15 DLING.—The Secretary, in consultation with the Attorney
16 General, shall establish a program to provide to Federal,
17 State, and local law enforcement agencies public health
18 training on how to detect and handle fentanyl.

19 (b) EVIDENCE-BASED.—The program under sub-
20 section (a) shall comply with evidence-based guidelines, in-
21 cluding the “Fentanyl Safety Recommendations for First
22 Responders” (or any successor guidelines) of the Office
23 of National Drug Control Policy.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there is authorized to be appropriated
3 \$5,000,000 for each of fiscal years 2022 through 2026.

4 **SEC. 302. REPORT ON COUNTRIES THAT PRODUCE SYN-**
5 **THETIC DRUGS.**

6 Not later than 1 year after the date of enactment
7 of this Act, the Secretary of State shall submit to the Con-
8 gress a report—

9 (1) identifying the countries the Secretary de-
10 termines are the principal producers of synthetic
11 drugs trafficked into the United States;

12 (2) assessing how and why those countries are
13 producing such drugs; and

14 (3) describing measures the Secretary plans to
15 take to reduce the flow of such drugs into the
16 United States.

17 **SEC. 303. GRANTS TO IMPROVE PUBLIC HEALTH SURVEIL-**
18 **LANCE IN FORENSIC LABORATORIES.**

19 Title I of the Omnibus Crime Control and Safe
20 Streets Act of 1968 (34 U.S.C. 10101 et seq.) is amended
21 by adding at the end the following:

1 **“PART PP—CONFRONTING THE USE OF HEROIN,**
2 **FENTANYL, AND ASSOCIATED SYNTHETIC DRUGS**
3 **“SEC. 3061. AUTHORITY TO MAKE GRANTS TO ADDRESS**
4 **PUBLIC SAFETY THROUGH IMPROVED FO-**
5 **RENSIC LABORATORY DATA.**

6 “(a) PURPOSE.—The purpose of this section is to as-
7 sist States and units of local government in—

8 “(1) carrying out programs to improve surveil-
9 lance of seized heroin, fentanyl, and associated syn-
10 thetic drugs to enhance public health; and

11 “(2) improving the ability of State, tribal, and
12 local government institutions to carry out such pro-
13 grams.

14 “(b) GRANT AUTHORIZATION.—The Attorney Gen-
15 eral, acting through the Director of the Bureau of Justice
16 Assistance, may make grants to States and units of local
17 government to improve surveillance of seized heroin,
18 fentanyl, and associated synthetic drugs to enhance public
19 health.

20 “(c) GRANT PROJECTS TO IMPROVE SURVEILLANCE
21 OF SEIZED HEROIN, FENTANYL, AND ASSOCIATED SYN-
22 THETIC DRUGS.—Grants made under subsection (b) shall
23 be used for programs, projects, and other activities to—

24 “(1) reimburse State, local, or other forensic
25 science laboratories to help address backlogs of un-

1 tested samples of heroin, fentanyl, and associated
2 synthetic drugs;

3 “(2) reimburse State, local, or other forensic
4 science laboratories for procuring equipment, tech-
5 nology, or other support systems if the applicant for
6 the grant demonstrates to the satisfaction of the At-
7 torney General that expenditures for such purposes
8 would result in improved efficiency of laboratory
9 testing and help prevent future backlogs;

10 “(3) reimburse State, local, or other forensic
11 science laboratories for improved, real time data ex-
12 change with the Centers for Disease Control and
13 Prevention on fentanyl, fentanyl-related substances,
14 and other synthetic drugs present in the local com-
15 munities; and

16 “(4) support State, tribal, and local health de-
17 partment services deployed to address the use of
18 heroin, fentanyl, and associated synthetic drugs.

19 “(d) LIMITATION.—Not less than 60 percent of the
20 amounts made available to carry out this section shall be
21 awarded for the purposes under paragraph (1) or (2) of
22 subsection (c).

23 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section
25 \$10,000,000 for each of fiscal years 2022 and 2023.

1 “(f) ALLOCATION.—

2 “(1) POPULATION ALLOCATION.—Seventy-five
3 percent of the amount made available to carry out
4 this section in a fiscal year shall be allocated to each
5 State that meets the requirements of section 2802
6 so that each State shall receive an amount that
7 bears the same ratio to the 75 percent of the total
8 amount made available to carry out this section for
9 that fiscal year as the population of the State bears
10 to the population of all States.

11 “(2) DISCRETIONARY ALLOCATION.—Twenty-
12 five percent of the amount made available to carry
13 out this section in a fiscal year shall be allocated
14 pursuant to the discretion of the Attorney General
15 for competitive grants to States or units of local gov-
16 ernment with high rates of primary treatment ad-
17 missions for heroin and other opioids, for use by
18 State or local law enforcement agencies.

19 “(3) MINIMUM REQUIREMENT.—Each State
20 shall receive not less than 0.6 percent of the amount
21 made available to carry out this section in each fis-
22 cal year.

23 “(4) CERTAIN TERRITORIES.—

24 “(A) IN GENERAL.—For purposes of the
25 allocation under this section, American Samoa

1 and the Commonwealth of the Northern Mar-
2 iana Islands shall be considered as 1 State.

3 “(B) ALLOCATION AMONGST CERTAIN TER-
4 RITORIES.—For purposes of subparagraph (A),
5 67 percent of the amount allocated shall be al-
6 located to American Samoa and 33 percent
7 shall be allocated to the Commonwealth of the
8 Northern Mariana Islands.”.

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