

117TH CONGRESS
1ST SESSION

S. _____

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

IN THE SENATE OF THE UNITED STATES

Ms. WARREN (for herself, Ms. BALDWIN, Mr. VAN HOLLEN, Mr. CASEY, Ms. KLOBUCHAR, Mr. SANDERS, Mr. MARKEY, Mr. BLUMENTHAL, Mr. PADILLA, Mr. BOOKER, Ms. SMITH, Mr. BROWN, and Mr. HEINRICH) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

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

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

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

4 (a) **SHORT TITLE.**—This Act may be cited as the
 5 “Comprehensive Addiction Resources Emergency Act of
 6 2021”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Purpose.

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

“TITLE XXXIV—SUBSTANCE USE RESOURCES

“Subtitle A—Local Substance Use Emergency Relief Grant Program

“Sec. 3401. Establishment of program of grants.

“Sec. 3402. Planning council.

“Sec. 3403. Amount of grant, use of amounts, and funding agreement.

“Sec. 3404. Application.

“Sec. 3405. Technical assistance.

“Sec. 3406. Authorization of appropriations.

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

“Sec. 3411. Establishment of program of grants.

“Sec. 3412. Amount of grant, use of amounts, and funding agreement.

“Sec. 3413. Application.

“Sec. 3414. Technical assistance.

“Sec. 3415. Authorization of appropriations.

“Subtitle C—Other Grant Program

“Sec. 3421. Establishment of grant program.

“Sec. 3422. Use of amounts.

“Sec. 3423. Technical assistance.

“Sec. 3424. Planning and development grants.

“Sec. 3425. Authorization of appropriations.

“Subtitle D—Innovation, Training, and Health Systems Strengthening

“Sec. 3431. Special projects of national significance.

“Sec. 3432. Education and training centers.

“Sec. 3433. Substance use disorder treatment provider capacity under the
 Medicaid program.

“Sec. 3434. Programs to support employees.

“Sec. 3435. Improving and expanding care.

“Sec. 3436. Naloxone distribution program.

“Sec. 3437. Additional funding for the National Institutes of Health.

“Sec. 3438. Additional funding for the Centers for Disease Control and Prevention.

“Sec. 3439. Definitions.

Sec. 4. Amendments to the Controlled Substances Act.

Sec. 5. General limitation on use of funds.

Sec. 6. Federal drug demand reduction activities.

1 **SEC. 2. PURPOSE.**

2 It is the purpose of this Act to provide emergency
3 assistance to States, territories, Tribal nations, and local
4 areas that are disproportionately affected substance use
5 disorder, including the use of opioids and stimulants, and
6 to make financial assistance available to States, terri-
7 tories, Tribal nations, local areas, public or private non-
8 profit entities, and certain health providers, to provide for
9 the development, organization, coordination, and operation
10 of more effective and cost efficient systems for the delivery
11 of essential services to individuals with substance use dis-
12 order, including with co-occurring mental health and sub-
13 stance use disorders, and their families.

14 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**

15 **ACT.**

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

1 **“TITLE XXXIV—SUBSTANCE USE**
2 **RESOURCES**

3 **“Subtitle A—Local Substance Use**
4 **Emergency Relief Grant Program**

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

6 “(a) IN GENERAL.—The Secretary shall award
7 grants to eligible localities for the purpose of addressing
8 substance use within such localities.

9 “(b) ELIGIBILITY.—

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

12 “(A) be—

13 “(i) a county that can demonstrate
14 that the rate of drug overdose deaths per
15 100,000 population in the county during
16 the most recent 3-year period for which
17 such data are available was not less than
18 the rate of such deaths for the county that
19 ranked at the 67th percentile of all coun-
20 ties, as determined by the Secretary;

21 “(ii) a county that can demonstrate
22 that the number of drug overdose deaths
23 during the most recent 3-year period for
24 which such data are available was not less
25 than the number of such deaths for the

1 county that ranked at the 90th percentile
2 of all counties, as determined by the Sec-
3 retary;

4 “(iii) a county that encompasses an
5 undeserved area, defined as a health pro-
6 fessional shortage area (as defined in sec-
7 tion 332(a)(1)(A)) and a medically under-
8 served area (according to a designation
9 under section 330(b)(3)(A)), that can dem-
10 onstrate a high burden of both fatal and
11 non-fatal drug overdoses in a manner de-
12 termined by the Secretary; or

13 “(iv) a city that is located within a
14 county described in clause (i), (ii), or (iii)
15 that meets the requirements of paragraph
16 (3); and

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

19 “(2) MULTIPLE CONTIGUOUS COUNTIES.—In
20 the case of an eligible county that is contiguous to
21 one or more other eligible counties within the same
22 State, the group of counties shall—

23 “(A) be considered as a single eligible
24 county for purposes of a grant under this sec-
25 tion;

1 “(B) submit a single application under sec-
2 tion 3404;

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

5 “(D) establish, through intergovernmental
6 agreements, an administrative mechanism to al-
7 locate funds and substance use disorder treat-
8 ment services under the grant based on—

9 “(i) the number and rate of drug
10 overdose deaths and nonfatal drug
11 overdoses in each of the counties that com-
12 pose the eligible county;

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

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

17 “(3) CITIES AND COUNTIES WITHIN MULTIPLE
18 CONTIGUOUS COUNTIES.—

19 “(A) IN GENERAL.—A city that is within
20 an eligible county described in paragraph (1),
21 or a county or group of counties that is within
22 a group of counties determined to be an eligible
23 county under paragraph (2), shall be eligible to
24 receive a grant under section 3401 if such city

1 or county or group of counties meets the re-
2 quirements of subparagraph (B).

3 “(B) REQUIREMENTS.—A city or county
4 meets the requirements of this subparagraph if
5 such city or county—

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

9 “(ii) meets the requirements of para-
10 graph (1)(A);

11 “(iii) submits an application under
12 section 3404;

13 “(iv) establishes a planning council
14 (for purposes of section 3402); and

15 “(v) establishes an administrative
16 mechanism to allocate funds and services
17 under the grant based on—

18 “(I) the number and rate of drug
19 overdose deaths and nonfatal drug
20 overdoses in the city or county;

21 “(II) the severity of need for sub-
22 stance use disorder treatment services
23 in the city or county; and

24 “(III) the health and support
25 personnel needs of the city or county.

1 “(C) POPULATION EXCEPTION.—A city or
2 county or group of counties that does not meet
3 the requirements of subparagraph (B)(i) may
4 apply to the Secretary for a waiver of such re-
5 quirement. Such application shall dem-
6 onstrate—

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

12 “(ii) that the city or county or group
13 of counties has the capacity to administer
14 the funding received under this subtitle.

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

22 “(4) INDEPENDENT CITY.—Independent cities
23 that are not located within the territory of a county
24 shall be treated as eligible counties for purposes of
25 this subtitle.

1 “(5) POLITICAL SUBDIVISIONS.—With respect
2 to States that do not have a local county system of
3 governance, the Secretary shall determine the local
4 political subdivisions within such States that are eli-
5 gible to receive a grant under section 3401 and such
6 subdivisions shall be treated as eligible counties for
7 purposes of this subtitle.

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

16 “(7) DATA FROM TRIBAL AREAS.—The Sec-
17 retary, acting through the Indian Health Service,
18 shall consult with Indian Tribes and confer with
19 urban Indian organizations to establish eligibility
20 and allocation criteria that provide an equivalent
21 measure of need for Tribal and urban Indian areas
22 for which the data described in paragraph (1)(A) or
23 (2)(D)(i) are not available or do not apply.

24 “(8) STUDY.—Not later than 3 years after the
25 date of enactment of this title, the Comptroller Gen-

1 eral shall conduct a study to determine whether the
2 data utilized for purposes of paragraph (1)(A) pro-
3 vide the most precise measure of local area need re-
4 lated to substance use and addiction prevalence and
5 whether additional data would provide more precise
6 measures of substance use and addiction prevalence
7 in local areas. Such study shall identify barriers to
8 collecting or analyzing such data, and make rec-
9 ommendations for revising the indicators used under
10 such paragraph to determine eligibility in order to
11 direct funds to the local areas in most need of fund-
12 ing to provide assistance related to substance use
13 and addiction.

14 “(9) REFERENCE.—For purposes of this sub-
15 title, the term ‘eligible local area’ includes—

16 “(A) a city or county described in para-
17 graph (1);

18 “(B) multiple contiguous counties de-
19 scribed in paragraph (2);

20 “(C) cities or counties within multiple con-
21 tiguous counties described in paragraph (3);

22 “(D) an independent city described in
23 paragraph (4); and

24 “(E) a political subdivision described in
25 paragraph (5).

1 “(c) ADMINISTRATION.—

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

6 “(2) MULTIPLE CONTIGUOUS COUNTIES.—

7 “(A) IN GENERAL.—Except as provided in
8 subparagraph (B), in the case of an eligible
9 county described in subsection (b)(2), assist-
10 ance made available under a grant awarded
11 under this section shall be directed to the chief
12 elected official of the particular county des-
13 igned in the application submitted for the
14 grant under section 3404. Such chief elected of-
15 ficial shall be the administrator of the grant.

16 “(B) STATE ADMINISTRATION.—Notwith-
17 standing subparagraph (A), the eligible county
18 described in subsection (b)(2) may elect to des-
19 ignate the chief elected State official of the
20 State in which the eligible county is located as
21 the administrator of the grant funds.

22 **“SEC. 3402. PLANNING COUNCIL.**

23 “(a) ESTABLISHMENT.—To be eligible to receive a
24 grant under section 3401, the chief elected official of the
25 eligible local area shall establish or designate a substance

1 use disorder treatment and services planning council that
2 shall, to the maximum extent practicable—

3 “(1) be representative of the demographics of
4 the population of individuals with substance use dis-
5 order in the area;

6 “(2) include representatives of—

7 “(A) health care providers, including Fed-
8 erally-qualified health centers, rural health clin-
9 ics, Indian health programs as defined in sec-
10 tion 4 of the Indian Health Care Improvement
11 Act, urban Indian organizations as defined in
12 section 4 of the Indian Health Care Improve-
13 ment Act, and facilities operated by the Depart-
14 ment of Veterans Affairs;

15 “(B) Native Hawaiian organizations as de-
16 fined in section 11 of the Native Hawaiian
17 Health Care Act of 1988;

18 “(C) community-based health, harm reduc-
19 tion, or addiction service organizations, includ-
20 ing, where applicable, representatives of Drug
21 Free Communities Coalition grantees;

22 “(D) social service providers, including
23 providers of housing and homelessness services
24 and recovery residence providers;

25 “(E) mental health care providers;

- 1 “(F) local public health agencies;
- 2 “(G) individuals with substance use dis-
- 3 order and individuals who use drugs;
- 4 “(H) individuals in recovery from sub-
- 5 stance use disorders;
- 6 “(I) State governments, including the
- 7 State Medicaid agency and the Single State
- 8 Agency for Substance Abuse Services;
- 9 “(J) local governments;
- 10 “(K) non-elected community leaders;
- 11 “(L) substance use disorder treatment pro-
- 12 viders, including physician addiction specialists;
- 13 “(M) Indian tribes and tribal organizations
- 14 as defined in section 4 of the Indian Self-Deter-
- 15 mination and Education Assistance Act;
- 16 “(N) Urban Indians as defined in section
- 17 4 of the Indian Health Care Improvement Act;
- 18 “(O) historically underserved groups and
- 19 subpopulations;
- 20 “(P) individuals who were formerly incar-
- 21 cerated;
- 22 “(Q) organizations serving individuals who
- 23 are currently incarcerated or in pre-trial deten-
- 24 tion or were formerly incarcerated;
- 25 “(R) Federal agencies;

1 “(S) organizations that provide drug pre-
2 vention programs and services to youth at risk
3 of substance use;

4 “(T) medical examiners or coroners;

5 “(U) labor unions and the workplace com-
6 munity;

7 “(V) local fire departments and emergency
8 medical services;

9 “(W) the lesbian, gay, bisexual,
10 transgender, queer (LGBTQ) community; and

11 “(X) certified or accredited addiction re-
12 covery community organizations.

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

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

19 “(2) CONSIDERATION REGARDING DESIGNATION
20 OF COUNCIL.—In making a determination of wheth-
21 er to establish or designate a council under para-
22 graph (1), the chief elected official shall give priority
23 to the designation of an existing entity that has
24 demonstrated experience in the provision of health
25 and support services to individuals with substance

1 use disorder within the eligible local area, that has
2 a structure that recognizes the Federal trust respon-
3 sibility when spending Federal health care dollars,
4 and that has demonstrated a commitment to re-
5 specting the obligation of government agencies using
6 Federal dollars to consult with Indian tribes and
7 confer with urban Indian organizations.

8 “(3) DESIGNATION OF EXISTING ENTITY.—If
9 an existing entity is designated to serve as the coun-
10 cil under this section, the membership of the entity
11 shall comply with the requirements of subsection
12 (a)(1) before it performs any of the duties set forth
13 in subsection (e).

14 “(4) JOINT COUNCIL.—The Secretary shall es-
15 tablish a process to permit an eligible local area that
16 is not contiguous with any other eligible local area
17 to form a joint planning council with such other eli-
18 gible local area or areas, as long as such areas are
19 located in geographical proximity to each other, as
20 determined by the Secretary, and submit a joint ap-
21 plication under section 3404.

22 “(5) JOINT COUNCIL ACROSS STATE LINES.—
23 Eligible local areas may form a joint planning coun-
24 cil with other eligible local areas across State lines
25 if such areas are located in geographical proximity

1 to each other, as determined by the Secretary, sub-
2 mit a joint application under section 3404, and es-
3 tablish intergovernmental agreements to allow the
4 administration of the grant across State lines.

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

7 “(1) be nominated and selected through an
8 open process;

9 “(2) elect from among their membership a chair
10 and vice chair;

11 “(3) include at least one representative from
12 Indian tribes located within any eligible local area
13 that receives funding under the grant program es-
14 tablished in section 3401;

15 “(4) include at least 1 individual with a history
16 of substance use disorder;

17 “(5) include at least 1 representative from a
18 nonprofit substance use disorder service provider, at
19 least 1 representative of an urban Indian organiza-
20 tion, at least 1 physician addiction specialist, and at
21 least 1 representative from an organization pro-
22 viding harm reduction services;

23 “(6) include at least 1 representative of a Na-
24 tive Hawaiian organization (as defined in section 11
25 of the Native Hawaiian Health Care Act of 1988)

1 when the Native Hawaiian population exceeds 10
2 percent; and

3 “(7) serve not more than 3 consecutive years on
4 the planning council.

5 “(d) MEMBERSHIP TERMS.—Members of the plan-
6 ning council established or designated under subsection
7 (a) may serve additional terms if nominated and selected
8 through the process established in subsection (e)(1).

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

11 “(1) establish priorities for the allocation of
12 grant funds within the eligible local area that em-
13 phasize reducing drug use rates, overdose, substance
14 use disorder, and health conditions associated with
15 drug use such as human immunodeficiency virus,
16 hepatitis B, and hepatitis C through evidence-based
17 interventions in both community and criminal justice
18 settings and that are based on—

19 “(A) the use by the grantee of substance
20 use disorder prevention, intervention, treat-
21 ment, and recovery strategies that comply with
22 best practices identified by the Secretary;

23 “(B) the demonstrated or probable cost-ef-
24 fectiveness of proposed substance use disorder

1 prevention, intervention, treatment, and recov-
2 ery services;

3 “(C) the health priorities of the commu-
4 nities within the eligible local area that are af-
5 fected by substance use;

6 “(D) the priorities and needs of individuals
7 with substance use disorder; and

8 “(E) the availability of other governmental
9 and non-governmental services;

10 “(2) ensure the use of grant funds will advance
11 any existing State or local plan regarding the provi-
12 sion of substance use disorder treatment services to
13 individuals with substance use disorder;

14 “(3) in the absence of a State or local plan,
15 work with local public health agencies to develop a
16 comprehensive plan for the organization and delivery
17 of substance use disorder prevention and treatment
18 services;

19 “(4) regularly assess the efficiency of the ad-
20 ministrative mechanism in rapidly allocating funds
21 to support evidence-based substance use disorder
22 prevention and treatment services in the areas of
23 greatest need within the eligible local area;

24 “(5) work with local public health agencies to
25 determine the size and demographics of the popu-

1 lation of individuals with substance use disorders
2 and the types of substance use that are most preva-
3 lent in the eligible local area;

4 “(6) work with local public health agencies to
5 determine the needs of such population, including
6 the need for substance use disorder prevention,
7 intervention, treatment, harm reduction, and recov-
8 ery services;

9 “(7) work with local public agencies to deter-
10 mine the disparities in access to services among af-
11 fected subpopulations and historically underserved
12 communities, including infrastructure and capacity
13 shortcomings of providers that contribute to these
14 disparities;

15 “(8) work with local public agencies to establish
16 methods for obtaining input on community needs
17 and priorities, including by partnering with organi-
18 zations that serve targeted communities experiencing
19 high addictive substance-related health disparities to
20 gather data using culturally attuned data collection
21 methodologies;

22 “(9) coordinate with Federal grantees that pro-
23 vide substance use disorder prevention and treat-
24 ment services within the eligible local area; and

1 “(10) annually assess the effectiveness of the
2 substance use disorder prevention and treatment
3 services being supported by the grant received by the
4 eligible local area, including, to the extent possible—

5 “(A) reductions in the rates of substance
6 use, overdose, and death from substance use;

7 “(B) rates of discontinuation from sub-
8 stance use disorder treatment services and rates
9 of sustained recovery;

10 “(C) long-term outcomes among individ-
11 uals receiving treatment for substance use dis-
12 orders; and

13 “(D) the availability and use of substance
14 use disorder treatment services needed by indi-
15 viduals with substance use disorders over their
16 lifetimes.

17 “(f) CONFLICTS OF INTEREST.—

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

21 “(2) REQUIRED AGREEMENTS.—An individual
22 may serve on the planning council under subsection
23 (a) only if the individual agrees that if the individual
24 has a financial interest in an entity, if the individual
25 is an employee of a public or private entity, or if the

1 individual is a member of a public or private organi-
2 zation, and such entity or organization is seeking
3 amounts from a grant under section 3401, the indi-
4 vidual will not, with respect to the purpose for which
5 the entity seeks such amounts, participate (directly
6 or in an advisory capacity) in the process of select-
7 ing entities to receive such amounts for such pur-
8 pose.

9 “(g) GRIEVANCE PROCEDURES.—A planning council
10 under subsection (a) shall develop procedures for address-
11 ing grievances with respect to funding under this subtitle,
12 including procedures for submitting grievances that can-
13 not be resolved to binding arbitration. Such procedures
14 shall be described in the by-laws of the planning council.

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

18 “(1) The meetings of the council shall be open
19 to the public and shall be held only after adequate
20 notice to the public.

21 “(2) The records, reports, transcripts, minutes,
22 agenda, or other documents which were made avail-
23 able to or prepared for or by the council shall be
24 available for public inspection and copying at a sin-
25 gle location.

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

4 “(4) This subparagraph does not apply to any
5 disclosure of information of a personal nature that
6 would constitute a clearly unwarranted invasion of
7 personal privacy, including any disclosure of medical
8 information or personnel matters.

9 “(i) NEUTRALITY TOWARDS ORGANIZED LABOR.—

10 “(1) IN GENERAL.—In carrying out duties
11 under subsection (e), planning councils shall, to the
12 extent practicable, prioritize the distribution of grant
13 funds to grantees that have—

14 “(A)(i) a collective bargaining agreement;

15 or

16 “(ii) an explicit policy not to deter employ-
17 ees with respect to—

18 “(I) labor organizing for the employ-
19 ees engaged in the covered activities; and

20 “(II) such employees’ choice to form
21 and join labor organizations; and

22 “(B) policies that require—

23 “(i) the posting and maintenance of
24 notices in the workplace to such employees

1 of their rights under the National Labor
2 Relations Act (29 U.S.C. 151 et seq.);

3 “(ii) that such employees are, at the
4 beginning of their employment, provided
5 notice and information regarding the em-
6 ployees’ rights under such Act; and

7 “(iii) the employer to voluntarily rec-
8 ognize a union in cases where a majority
9 of such workers of the employer have
10 joined and requested representation.

11 “(2) LIMITATION.—This subsection does not
12 apply to Indian tribes.

13 **“SEC. 3403. AMOUNT OF GRANT, USE OF AMOUNTS, AND**
14 **FUNDING AGREEMENT.**

15 “(a) AMOUNT OF GRANT.—

16 “(1) GRANTS BASED ON RELATIVE NEED OF
17 AREA.—

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

24 “(B) EXPEDITED DISTRIBUTION.—Not
25 later than 90 days after an appropriation be-

1 comes available to carry out this subtitle for a
2 fiscal year, the Secretary shall disburse 53 per-
3 cent of the amount made available under sec-
4 tion 3406 for carrying out this subtitle for such
5 fiscal year through grants to eligible local areas
6 under section 3401, in accordance with sub-
7 paragraphs (C) and (D).

8 “(C) AMOUNT.—

9 “(i) IN GENERAL.—Subject to the ex-
10 tent of amounts made available in appro-
11 priations Acts, a grant made for purposes
12 of this subparagraph to an eligible local
13 area shall be made in an amount equal to
14 the product of—

15 “(I) an amount equal to the
16 amount available for distribution
17 under subparagraph (B) for the fiscal
18 year involved; and

19 “(II) the percentage constituted
20 by the ratio of the distribution factor
21 for the eligible local area to the sum
22 of the respective distribution factors
23 for all eligible local areas;

24 which product shall then, as applicable, be
25 increased under subparagraph (D).

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

4 “(I) an amount equal to—

5 “(aa) the estimated number
6 of drug overdose deaths in the el-
7 igible local area, as determined
8 under clause (iii); or

9 “(bb) the estimated number
10 of non-fatal drug overdoses in the
11 eligible local area, as determined
12 under clause (iv);

13 as determined by the Secretary based
14 on which distribution factor (item (aa)
15 or (bb)) will result in the eligible local
16 area receiving the greatest amount of
17 funds; or

18 “(II) in the case of an eligible
19 local area for which the data de-
20 scribed in subclause (I) are not avail-
21 able, an amount determined by the
22 Secretary—

23 “(aa) based on other data
24 the Secretary determines appro-
25 priate; and

1 “(bb) that is related to the
2 prevalence of non-fatal drug
3 overdoses, drug overdose deaths,
4 and the mortality rate from drug
5 overdoses and provides an equiv-
6 alent measure of need for fund-
7 ing.

8 “(iii) NUMBER OF DRUG OVERDOSE
9 DEATHS.—The number of drug overdose
10 deaths determined under this clause for an
11 eligible county for a fiscal year for pur-
12 poses of clause (ii) is the number of drug
13 overdose deaths during the most recent 3-
14 year period for which such data are avail-
15 able.

16 “(iv) NUMBER OF NON-FATAL DRUG
17 OVERDOSES.—The number of non-fatal
18 drug overdose deaths determined under
19 this clause for an eligible county for a fis-
20 cal year for purposes of clause (ii) may be
21 determined by using data including emer-
22 gency department syndromic data, visits,
23 other emergency medical services for drug-
24 related causes, or Overdose Detection Map-
25 ping Application Program (ODMAP) data

1 during the most recent 3-year period for
2 which such data are available.

3 “(v) STUDY.—Not later than 3 years
4 after the date of enactment of this title,
5 the Comptroller General shall conduct a
6 study to determine whether the data uti-
7 lized for purposes of clause (ii) provide the
8 most precise measure of local area need re-
9 lated to substance use and addiction preva-
10 lence in local areas and whether additional
11 data would provide more precise measures
12 of substance use and addiction prevalence
13 in local areas. Such study shall identify
14 barriers to collecting or analyzing such
15 data, and make recommendations for revis-
16 ing the distribution factors used under
17 such clause to determine funding levels in
18 order to direct funds to the local areas in
19 most need of funding to provide substance
20 use disorder treatment services.

21 “(vi) REDUCTIONS IN AMOUNTS.—If a
22 local area that is an eligible local area for
23 a year loses such eligibility in a subsequent
24 year based on the failure to meet the re-
25 quirements of paragraph (1)(A) or (6) of

1 section 3401(b), such area will remain eli-
2 gible to receive—

3 “(I) for such subsequent year, an
4 amount equal to 80 percent of the
5 amount received under the grant in
6 the previous year; and

7 “(II) for the second such subse-
8 quent year, an amount equal to 50
9 percent of the amount received in the
10 previous year.

11 “(2) SUPPLEMENTAL GRANTS.—

12 “(A) IN GENERAL.—The Secretary shall
13 disburse the remainder of amounts not dis-
14 bursed under paragraph (1) for such fiscal year
15 for the purpose of making grants to cities and
16 counties whose application under section
17 3404—

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

22 “(ii) demonstrates the need in such
23 local area, on an objective and quantified
24 basis, for supplemental financial assistance
25 to combat substance use disorder;

1 “(iii) demonstrates the existing com-
2 mitment of local resources of the area,
3 both financial and in-kind, to preventing,
4 treating, and managing substance use dis-
5 order and supporting sustained recovery;

6 “(iv) demonstrates the ability of the
7 area to utilize such supplemental financial
8 resources in a manner that is immediately
9 responsive and cost effective;

10 “(v) demonstrates that resources will
11 be allocated in accordance with the local
12 demographic incidence of substance use
13 disorders and drug overdose mortality;

14 “(vi) demonstrates the inclusiveness of
15 affected communities and individuals with
16 substance use disorders, including those
17 communities and individuals that are dis-
18 proportionately affected or historically un-
19 derserved;

20 “(vii) demonstrates the manner in
21 which the proposed services are consistent
22 with the local needs assessment and the
23 State plan approved by the Secretary pur-
24 suant to section 1932(b);

1 “(viii) demonstrates success in identi-
2 fying individuals with substance use dis-
3 orders; and

4 “(ix) demonstrates that support for
5 substance use disorder prevention and
6 treatment services is organized to maxi-
7 mize the value to the population to be
8 served with an appropriate mix of sub-
9 stance use disorder prevention and treat-
10 ment services and attention to transition in
11 care.

12 “(B) AMOUNT.—

13 “(i) IN GENERAL.—The amount of
14 each grant made for purposes of this para-
15 graph shall be determined by the Sec-
16 retary. In making such determination, the
17 Secretary shall consider—

18 “(I) the rate of drug overdose
19 deaths per 100,000 population in the
20 eligible local area; and

21 “(II) the increasing need for sub-
22 stance use disorder treatment serv-
23 ices, including relative rates of in-
24 crease in the number of drug
25 overdoses or drug overdose deaths, or

1 recent increases in drug overdoses or
2 drug overdose deaths since data were
3 provided under section 3401(b), if ap-
4 plicable.

5 “(ii) DEMONSTRATED NEED.—The
6 factors considered by the Secretary in de-
7 termining whether a local area has a dem-
8 onstrated need for purposes of clause
9 (i)(II) may include any or all of the fol-
10 lowing:

11 “(I) The unmet need for sub-
12 stance use disorder treatment serv-
13 ices, including factors identified in
14 subparagraph (B)(i)(II).

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

18 “(III) The relative rates of in-
19 crease in the number of drug
20 overdoses or drug overdose deaths
21 within new or emerging subpopula-
22 tions.

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

1 “(V) Relevant factors related to
2 the cost and complexity of delivering
3 substance use disorder treatment serv-
4 ices to individuals in the eligible local
5 area.

6 “(VI) The impact of co-morbid
7 factors, including co-occurring condi-
8 tions, determined relevant by the Sec-
9 retary.

10 “(VII) The prevalence of home-
11 lessness among individuals with sub-
12 stance use disorders.

13 “(VIII) The relevant factors that
14 limit access to health care, including
15 geographic variation, adequacy of
16 health insurance coverage, and lan-
17 guage barriers.

18 “(IX) The impact of a decline in
19 the amount received pursuant to para-
20 graph (1) on substance use disorder
21 treatment services available to all in-
22 dividuals with substance use disorders
23 identified and eligible under this sub-
24 title.

1 “(X) The increasing incidence in
2 conditions related to substance use,
3 including hepatitis C, human immuno-
4 deficiency virus, hepatitis B and other
5 infections associated with injection
6 drug use.

7 “(C) APPLICATION OF PROVISIONS.—A
8 local area that receives a grant under this para-
9 graph—

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

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

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

16 “(3) AMOUNT OF GRANT TO TRIBAL GOVERN-
17 MENTS.—

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

22 “(B) FORMULA FUNDS.—The Secretary,
23 acting through the Indian Health Service, shall
24 use 10 percent of the amount available under
25 section 3406 for each fiscal year to provide for-

1 mula funds to Indian tribes disproportionately
2 affected by substance use, in an amount deter-
3 mined pursuant to a formula and eligibility cri-
4 teria developed by the Secretary in consultation
5 with Indian tribes, for the purposes of address-
6 ing substance use.

7 “(C) PAYMENT OF FUNDS.—At the option
8 of an Indian tribe the Secretary shall pay funds
9 under this section through a contract, coopera-
10 tive agreement, or compact under, as applicable,
11 title I or V of the Indian Self-Determination
12 and Education Assistance Act.

13 “(D) USE OF AMOUNTS.—Notwithstanding
14 any requirements in this section, an Indian
15 tribe may use amounts provided under funds
16 awarded under this paragraph for the uses
17 identified in subsection (b) and any other activi-
18 ties determined appropriate by the Secretary, in
19 consultation with Indian tribes. An Indian tribe
20 shall not be required to allocate funds and serv-
21 ices in accordance with the goals, priorities, or
22 objectives established by a planning council
23 under section 3402.

24 “(b) USE OF AMOUNTS.—

1 “(1) REQUIREMENTS.—The Secretary may not
2 make a grant under section 3401 to an eligible local
3 area unless the chief elected official of the area
4 agrees that—

5 “(A) the allocation of funds and services
6 within the area under the grant will be made in
7 accordance with the priorities established by the
8 planning council; and

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

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

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

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

17 “(iv) early intervention services de-
18 scribed in paragraph (6);

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

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

23 “(vii) administrative expenses de-
24 scribed in paragraph (9).

25 “(2) DIRECT FINANCIAL ASSISTANCE.—

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

9 “(B) APPROPRIATE ENTITIES.—Direct fi-
10 nancial assistance may be provided under sub-
11 paragraph (A) to public or nonprofit entities,
12 other eligible Medicaid providers if more than
13 half of their patients are diagnosed with a sub-
14 stance use disorder and covered by Medicaid, or
15 other private for-profit entities if such entities
16 are the only available provider of quality sub-
17 stance use disorder treatment services in the
18 area.

19 “(C) LIMITATION.—An eligible local area
20 (not including tribal areas) may not provide di-
21 rect financial assistance to any entity or pro-
22 vider that provides medication for addiction
23 treatment if that entity or provider does not
24 also offer mental health services or psycho-

1 therapy by licensed clinicians through a referral
2 or onsite.

3 “(D) NEUTRALITY TOWARDS ORGANIZED
4 LABOR.—

5 “(i) IN GENERAL.—In carrying out
6 duties under this section, eligible local
7 areas shall, to the extent practicable,
8 prioritize the distribution of grant funds to
9 grantees that have—

10 “(I)(aa) a collective bargaining
11 agreement; or

12 “(bb) an explicit policy not to
13 deter employees with respect to—

14 “(AA) labor organizing for
15 the employees engaged in the
16 covered activities; and

17 “(BB) such employees’
18 choice to form and join labor or-
19 ganizations; and

20 “(II) policies that require—

21 “(aa) the posting and main-
22 tenance of notices in the work-
23 place to such employees of their
24 rights under the National Labor

1 Relations Act (29 U.S.C. 151 et
2 seq.);

3 “(bb) that such employees
4 are, at the beginning of their em-
5 ployment, provided notice and in-
6 formation regarding the employ-
7 ees’ rights under such Act; and

8 “(cc) the employer to volun-
9 tarily recognize a union in cases
10 where a majority of such workers
11 of the employer have joined and
12 requested representation.

13 “(ii) LIMITATION.—This subsection
14 does not apply to Indian tribes.

15 “(3) PREVENTION SERVICES.—

16 “(A) IN GENERAL.—For purposes of this
17 section, the term ‘prevention services’ means
18 evidence-based services, programs, or multi-sec-
19 tor strategies to prevent substance use disorder
20 (including education campaigns, community-
21 based prevention programs, risk identification
22 programs, opioid diversion, collection and dis-
23 posal of unused opioids, services to at-risk pop-
24 ulations, and trauma support services).

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

6 “(4) CORE MEDICAL SERVICES.—For purposes
7 of this section, the term ‘core medical services’
8 means the following evidence-based services provided
9 to individuals with substance use disorder or at risk
10 for developing substance use disorder, including
11 through the use of telemedicine or a hub and spoke
12 model:

13 “(A) Substance use disorder treatments, as
14 more fully described in section 3439, including
15 assessment of disease presence, severity, and
16 co-occurring conditions, treatment planning,
17 clinical stabilization services, withdrawal man-
18 agement and detoxification, intensive inpatient
19 treatment, intensive outpatient treatment, out-
20 patient treatment, residential inpatient services,
21 treatment for co-occurring mental health and
22 substance use disorders, and all drugs approved
23 by the Food and Drug Administration for the
24 treatment of substance use disorder.

1 “(B) Outpatient and ambulatory health
2 services, including those administered by Feder-
3 ally-qualified health centers, rural health clinics,
4 tribal clinics and hospitals, urban Indian orga-
5 nizations, certified community behavioral health
6 clinics (as described in section 223 of the Pro-
7 tecting Access to Medicare Act), Native Hawai-
8 ian organizations (as defined in section 11 of
9 the Native Hawaiian Health Care Act of 1988),
10 and comprehensive opioid recovery centers (as
11 described in section 552 of this Act).

12 “(C) Hospice services.

13 “(D) Mental health services.

14 “(E) Opioid overdose reversal drug prod-
15 ucts procurement, distribution, and training.

16 “(F) Pharmaceutical assistance and diag-
17 nostic testing related to the management of
18 substance use disorders and co-morbid condi-
19 tions.

20 “(G) Home- and community-based health
21 services.

22 “(H) Comprehensive Case Management
23 and care coordination, including substance use
24 disorder treatment adherence services.

1 “(I) Health insurance enrollment and cost-
2 sharing assistance in accordance with para-
3 graph (8).

4 “(J) Programs that hire, employ, train,
5 and dispatch licensed health care professionals,
6 mental health professionals, harm reduction
7 providers, or community health workers to re-
8 spond in lieu of law enforcement officers in
9 emergencies and that ensure a licensed health
10 care professional is a member of the team that
11 responds in lieu of law enforcement officers in
12 emergencies in which—

13 “(i) an individual calling 911, the Na-
14 tional Suicide Hotline, or another emer-
15 gency hotlines states that a person is expe-
16 riencing a drug overdose or is otherwise
17 under the influence of a legal or illegal
18 substance; or

19 “(ii) a law enforcement officer, other
20 first responder, or other individual identi-
21 fies a person as being (or possibly being)
22 under the influence of a legal or illegal
23 substance.

24 “(5) RECOVERY AND SUPPORT SERVICES.—For
25 purposes of this section, the term ‘recovery and sup-

1 port services’ means services that are provided to in-
2 dividuals with substance use disorder, including resi-
3 dential recovery housing, mental health services,
4 long term recovery services, 24/7 hotline crisis center
5 support, medical transportation services, respite care
6 for persons caring for individuals with substance use
7 disorder, child care and family services while an in-
8 dividual is receiving inpatient treatment services or
9 at the time of outpatient services, outreach services,
10 peer recovery services, nutrition services, and refer-
11 rals for job training and career services, housing,
12 legal services, and child care and family services.
13 The entities through which such services may be
14 provided include local and tribal authorities that
15 provide child care, housing, community development,
16 and other recovery and support services, so long as
17 they do not exclude individuals on the basis that
18 such individuals receive medication for addiction
19 treatment.

20 “(6) EARLY INTERVENTION SERVICES.—For
21 purposes of this section, the term ‘early intervention
22 services’ means services to provide screening and
23 connection to the appropriate level of substance use
24 disorder and mental health treatment (including
25 same-day connection), counseling provided to indi-

1 individuals who have misused substances, who have ex-
2 perience an overdose, or are at risk of developing
3 substance use disorder, the provision of referrals to
4 facilitate the access of such individuals to core med-
5 ical services or recovery and support services for
6 substance use disorder, and rapid access to medica-
7 tion for addiction treatment in the setting of recent
8 overdose. The entities through which such services
9 may be provided include emergency rooms, fire de-
10 partments and emergency medical services, detention
11 facilities, prisons and jails, homeless shelters, health
12 care points of entry specified by eligible local areas,
13 Federally-qualified health centers, workforce agen-
14 cies and job centers, youth development centers,
15 tribal clinics and hospitals, urban Indian organiza-
16 tions, and rural health clinics.

17 “(7) HARM REDUCTION SERVICES.—For pur-
18 poses of this section, the term ‘harm reduction serv-
19 ices’ means services provided to individuals engaging
20 in substance use scientifically accepted to reduce the
21 risk of infectious disease transmission, overdose, or
22 death, including by increasing access to health care,
23 housing, and recovery and support services, includ-
24 ing syringe services programs. Such term includes
25 evidence-based services.

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

7 “(A) enrolling in health insurance cov-
8 erage; or

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

12 “(9) ADMINISTRATION AND PLANNING.—An eli-
13 gible local area (not including tribal areas) shall not
14 use in excess of 15 percent of amounts received
15 under a grant under section 3401 for administra-
16 tion, accounting, reporting, and program oversight
17 functions, including the development of systems to
18 improve data collection and data sharing, in the first
19 year of receiving the grant, and shall not use in ex-
20 cess of 10 percent of amounts received under a
21 grant under section 3401 for such activities in sub-
22 sequent years.

23 “(10) INCARCERATED INDIVIDUALS.—Amounts
24 received under a grant under section 3401 may be
25 used to provide substance use disorder treatment

1 services, including medication for addiction treat-
2 ment, to individuals who are currently incarcerated
3 or in pre-trial detention.

4 “(c) REQUIRED TERMS.—

5 “(1) REQUIREMENT OF STATUS AS MEDICAID
6 PROVIDER.—

7 “(A) PROVISION OF SERVICE.—Subject to
8 subparagraph (B), the Secretary may not make
9 a grant under section 3401 for the provision of
10 substance use disorder treatment services under
11 this section in an eligible local area unless, in
12 the case of any such service that is available
13 pursuant to the State plan approved under title
14 XIX of the Social Security Act for the State—

15 “(i) the political subdivision involved
16 will provide the service directly, and the
17 political subdivision has entered into a par-
18 ticipation agreement under the State plan
19 and is qualified to receive payments under
20 such plan; or

21 “(ii) the eligible local area involved—

22 “(I) will enter into agreements
23 with public or nonprofit entities, or
24 other Medicaid providers if more than
25 half of their patients are diagnosed

1 with a substance use disorder and
2 covered by Medicaid, under which
3 such entities and other providers will
4 provide the service, and such entities
5 and other providers have entered into
6 such a participation agreement and
7 are qualified to receive such pay-
8 ments; and

9 “(II) demonstrates that it will
10 ensure that such entities and other
11 providers providing the service will
12 seek payment for each such service
13 rendered in accordance with the usual
14 payment schedule under the State
15 plan.

16 “(B) WAIVER.—

17 “(i) IN GENERAL.—In the case of an
18 entity making an agreement pursuant to
19 subparagraph (A)(ii) regarding the provi-
20 sion of substance use disorder treatment
21 services, the requirement established in
22 such subparagraph shall be waived by the
23 substance use planning council for the area
24 involved if the entity does not, in providing
25 health care services, impose a charge or ac-

1 cept reimbursement available from any
2 third-party payor, including reimbursement
3 under any insurance policy or under any
4 Federal or State health benefits program.
5 A waiver under this subparagraph shall
6 not be longer than 2 years in duration and
7 shall not be renewed.

8 “(ii) DETERMINATION.—A determina-
9 tion by the substance use planning council
10 of whether an entity referred to in clause
11 (i) meets the criteria for a waiver under
12 such clause shall be made without regard
13 to whether the entity accepts voluntary do-
14 nations for the purpose of providing serv-
15 ices to the public.

16 “(2) REQUIRED TERMS FOR EXPANDING AND
17 IMPROVING CARE.—A funding agreement for a grant
18 under this section shall—

19 “(A) ensure that funds received under the
20 grant will not be utilized to make payments for
21 any item or service to the extent that payment
22 has been made, or can reasonably be expected
23 to be made, with respect to that item or service
24 under a State compensation program, under an
25 insurance policy, or under any Federal or State

1 health benefits program (except for a program
2 administered by, or providing the services of,
3 the Indian Health Service); and

4 “(B) ensure that all entities providing sub-
5 stance use disorder treatment services with as-
6 sistance made available under the grant offer
7 all drugs approved by the Food and Drug Ad-
8 ministration for the treatment of substance use
9 disorder for which the applicant offers treat-
10 ment, in accordance with section 3435.

11 “(3) ADDITIONAL REQUIRED TERMS.—A fund-
12 ing agreement for a grant under this section is
13 that—

14 “(A) funds received under the grant will be
15 utilized to supplement not supplant other Fed-
16 eral, State, or local funds made available in the
17 year for which the grant is awarded to provide
18 substance use disorder treatment services to in-
19 dividuals with substance use disorder, including
20 funds for each of prevention services, core med-
21 ical services, recovery and support services,
22 early intervention services, harm reduction serv-
23 ices, mental health services, and administrative
24 expenses;

1 “(B) political subdivisions within the eligi-
2 ble local area will maintain the level of expendi-
3 tures by such political subdivisions for sub-
4 stance use disorder treatment services at a level
5 that is at least equal to the level of such ex-
6 penditures by such political subdivisions for the
7 preceding fiscal year, including expenditures for
8 each of prevention services, core medical serv-
9 ices, recovery and support services, early inter-
10 vention services, harm reduction services, men-
11 tal health services, and administrative expenses;

12 “(C) political subdivisions within the eligi-
13 ble local area will not use funds received under
14 a grant awarded under section 3401 in main-
15 taining the level of substance use disorder treat-
16 ment services as required in subparagraph (B);

17 “(D) substance use disorder treatment
18 services provided with assistance made available
19 under the grant will be provided without re-
20 gard—

21 “(i) to the ability of the individual to
22 pay for such services; and

23 “(ii) to the current or past health con-
24 dition of the individual to be served;

1 “(E) substance use disorder treatment
2 services will be provided in a setting that is ac-
3 cessible to low-income individuals with sub-
4 stance use disorders and to individuals with
5 substance use disorders residing in rural areas;

6 “(F) a program of outreach will be pro-
7 vided to low-income individuals with substance
8 use disorders to inform such individuals of sub-
9 stance use disorder treatment services and to
10 individuals with substance use disorders resid-
11 ing in rural areas;

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

16 “(H) the confidentiality of individuals re-
17 ceiving substance use disorder treatment serv-
18 ices will be maintained in a manner not incon-
19 sistent with applicable law.

20 **“SEC. 3404. APPLICATION.**

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

1 “(1) a complete accounting of the disbursement
2 of any prior grants received under this subtitle by
3 the applicant and the results achieved by these ex-
4 penditures and a demonstration that funds received
5 from a grant under this subtitle in the prior year
6 were expended in accordance with local priorities de-
7 veloped by the local planning council established
8 under section 3402, except that the planning council
9 requirement shall not apply with respect to areas re-
10 ceiving supplemental grant funds under section
11 3403(a)(2);

12 “(2) establishment of goals and objectives to be
13 achieved with grant funds provided under this sub-
14 title, including targets and milestones that are in-
15 tended to be met, the activities that will be under-
16 taken to achieve those targets, the number of indi-
17 viduals likely to be served by the funds sought, in-
18 cluding demographic data on the populations to be
19 served, and an explanation of how these goals and
20 objectives advance the State plan approved by the
21 Secretary pursuant to section 1932(b);

22 “(3) a demonstration that the local area will
23 use funds in a manner that provides substance use
24 disorder treatment services in compliance with the
25 evidence-based standards developed in accordance

1 with section 3435, including providing all drugs ap-
2 proved by the Food and Drug Administration for the
3 treatment of substance use disorder;

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

9 “(5) an explanation of how income, asset, and
10 medical expense criteria will be established and ap-
11 plied to those who qualify for assistance under the
12 program;

13 “(6) where practical, an explanation of how an
14 eligible local area shall coordinate with local public
15 health departments in the distribution of funding;
16 and

17 “(7) for any prior funding received under this
18 section, data provided in such form as the Secretary
19 shall require detailing, at a minimum, the extent to
20 which the activities supported by the funding met
21 the goals and objectives specified in the application
22 for the funding, the number of individuals who
23 accessed medication for treatment by age, gender,
24 sexual orientation, race, disability status, and other
25 demographic criteria relevant to the program, and

1 the effect of the program on overdose rates and
2 rates of death due to overdose in the local area
3 served by the program.

4 “(b) REQUIREMENTS REGARDING IMPOSITION OF
5 CHARGES FOR SERVICES.—

6 “(1) IN GENERAL.—The Secretary may not
7 make a grant under section 3401 to an eligible local
8 area unless the eligible local area provides assur-
9 ances that in the provision of substance use disorder
10 treatment services with assistance provided under
11 the grant—

12 “(A) in the case of individuals with an in-
13 come less than or equal to 150 percent of the
14 official poverty level, the provider will not im-
15 pose charges on any such individual for the
16 services provided under the grant;

17 “(B) in the case of individuals with an in-
18 come greater than 150 percent of the official
19 poverty level, the provider will impose a charge
20 on each such individual according to a schedule
21 of charges made available to the public;

22 “(C) in the case of individuals with an in-
23 come greater than 150 percent of the official
24 poverty level but not exceeding 200 percent of
25 such poverty level, the provider will not, for an

1 calendar year, impose charges in an amount ex-
2 ceeding 2 percent of the annual gross income of
3 the individual;

4 “(D) in the case of individuals with an in-
5 come greater than 200 percent of the official
6 poverty level but not exceeding 250 percent of
7 such poverty level, the provider will not, for any
8 calendar year, impose charges in an amount ex-
9 ceeding 4 percent of the annual gross income of
10 the individual involved;

11 “(E) in the case of individuals with an in-
12 come greater than 250 percent of the official
13 poverty level but not exceeding 300 percent of
14 such poverty level, the provider will not, for any
15 calendar year, impose charges in an amount ex-
16 ceeding 6 percent of the annual gross income of
17 the individual involved;

18 “(F) in the case of individuals with an in-
19 come greater than 300 percent of the official
20 poverty level but not exceeding 400 percent of
21 such poverty level, the provider will not, for any
22 calendar year, impose charges in an amount ex-
23 ceeding 8.5 percent of the annual gross income
24 of the individual involved;

1 “(G) in the case of individuals with an in-
2 come greater than 400 percent of the official
3 poverty level, the provider will not, for any cal-
4 endar year, impose charges in an amount ex-
5 ceeding 8.5 percent of the annual gross income
6 of the individual involved; and

7 “(H) in the case of eligible American In-
8 dian and Alaska Native individuals as defined
9 by section 447.50 of title 42, Code of Federal
10 Regulations (as in effect on July 1, 2010), the
11 provider will not impose any charges for sub-
12 stance use disorder treatment services, includ-
13 ing any charges or cost-sharing prohibited by
14 section 1402(d) of the Patient Protection and
15 Affordable Care Act.

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

20 “(A) assess the amount of the charge in
21 the discretion of the area, including imposing
22 only a nominal charge for the provision of sub-
23 stance use disorder treatment services, subject
24 to the provisions of the paragraph regarding

1 public schedules and regarding limitations on
2 the maximum amount of charges; and

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

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

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

21 **“SEC. 3405. TECHNICAL ASSISTANCE.**

22 “The Secretary shall, beginning on the date of enact-
23 ment of this title, provide technical assistance, including
24 assistance from other grantees, contractors or subcontrac-
25 tors under this title to assist newly eligible local areas in

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

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

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

14 “(1) \$3,300,000,000 for fiscal year 2022;

15 “(2) \$3,300,000,000 for fiscal year 2023;

16 “(3) \$3,300,000,000 for fiscal year 2024;

17 “(4) \$3,300,000,000 for fiscal year 2025;

18 “(5) \$3,300,000,000 for fiscal year 2026;

19 “(6) \$3,300,000,000 for fiscal year 2027;

20 “(7) \$3,300,000,000 for fiscal year 2028;

21 “(8) \$3,300,000,000 for fiscal year 2029;

22 “(9) \$3,300,000,000 for fiscal year 2030; and

23 “(10) \$3,300,000,000 for fiscal year 2031.

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

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

6 “The Secretary shall award grants to States, terri-
7 tories, and tribal governments for the purpose of address-
8 ing substance use within such States.

9 **“SEC. 3412. AMOUNT OF GRANT, USE OF AMOUNTS, AND**
10 **FUNDING AGREEMENT.**

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

13 “(1) IN GENERAL.—

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

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

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

4 “(I) \$2,000,000; or

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

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

10 “(I) \$500,000; or

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

13 “(C) DETERMINATION.—

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

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

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

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

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

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

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

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

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

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

12 “(iv) NUMBER OF NON-FATAL DRUG
13 OVERDOSES.—The number of non-fatal
14 drug overdose deaths determined under
15 this clause for a State for a fiscal year for
16 purposes of clause (ii) may be determined
17 by using data including emergency depart-
18 ment syndromic data, visits, other emer-
19 gency medical services for drug-related
20 causes, or Overdose Detection Mapping
21 Application Program (ODMAP) data dur-
22 ing the most recent 3-year period for which
23 such data are available.

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

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

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

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

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

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

7 “(2) SUPPLEMENTAL GRANTS.—

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

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

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

21 “(iii) demonstrates the existing com-
22 mitment of local resources of the State,
23 both financial and in-kind, to preventing,
24 treating, and managing substance use dis-
25 order and supporting sustained recovery;

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

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

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

15 “(vii) demonstrates the manner in
16 which the proposed services are consistent
17 with the local needs assessment and the
18 State plan approved by the Secretary pur-
19 suant to section 1932(b);

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

23 “(ix) demonstrates that support for
24 substance use disorder prevention and
25 treatment services is organized to maxi-

1 mize the value to the population to be
2 served with an appropriate mix of sub-
3 stance use disorder treatment services and
4 attention to transition in care.

5 “(B) AMOUNT.—

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

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

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

23 “(ii) DEMONSTRATED NEED.—The
24 factors considered by the Secretary in de-
25 termining whether a State has a dem-

1 onstrated need for purposes of subpara-
2 graph (A)(ii) may include any or all of the
3 following:

4 “(I) The unmet need for such
5 services, including the factors identi-
6 fied in clause (i)(II).

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

10 “(III) The relative rates of in-
11 crease in the number of drug
12 overdoses or drug overdose deaths
13 within new or emerging subpopula-
14 tions.

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

17 “(V) Relevant factors related to
18 the cost and complexity of delivering
19 substance use disorder treatment serv-
20 ices to individuals in the State.

21 “(VI) The impact of co-morbid
22 factors, including co-occurring condi-
23 tions, determined relevant by the Sec-
24 retary.

1 “(VII) The prevalence of home-
2 lessness among individuals with sub-
3 stance use disorder.

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

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

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

22 “(C) MODEL STANDARDS.—

23 “(i) PREFERENCE.—In determining
24 whether a State will receive funds under
25 this paragraph, except as provided in

1 clause (ii), the Secretary shall give pref-
2 erence to States that have adopted the
3 model standards for each substance use
4 disorder treatment service and recovery
5 residence developed in accordance with
6 subsections (a) and (b) of section 3435.

7 “(ii) REQUIREMENT.—Effective begin-
8 ning in fiscal year 2024, the Secretary
9 shall not award a grant under this para-
10 graph to a State unless that State has
11 adopted the model standards for each of
12 substance use disorder treatment services
13 and recovery residences developed in ac-
14 cordance with subsections (a) and (b) of
15 section 3435.

16 “(D) CONTINUUM OF CARE.—

17 “(i) PREFERENCE.—In determining
18 whether a State will receive funds under
19 this paragraph, except as provided in
20 clause (ii), the Secretary shall give pref-
21 erence to States that have carried out the
22 requirements to ensure a continuum of
23 services in accordance with section
24 3435(d).

1 “(ii) REQUIREMENT.—Effective begin-
2 ning in fiscal year 2024, the Secretary
3 shall not award a grant under this para-
4 graph to a State unless that State has car-
5 ried out the requirements to ensure a con-
6 tinuum of services in accordance with sec-
7 tion 3435(d).

8 “(E) UTILIZATION MANAGEMENT FOR
9 MEDICATION FOR ADDICTION TREATMENT.—

10 “(i) PREFERENCE.—In determining
11 whether a State will receive funds under
12 this paragraph, the Secretary shall give
13 preference to States that have prohibited
14 prior authorization and step therapy re-
15 quirements for at least 1 drug in each
16 class approved by the Food and Drug Ad-
17 ministration for the treatment of substance
18 use disorder.

19 “(ii) ADDITIONAL PREFERENCES.—
20 Additional preference shall be given to
21 States that have prohibited prior author-
22 ization and step therapy requirements for
23 2 or more drugs in each class approved by
24 the Food and Drug Administration for the
25 treatment of substance use disorder.

1 “(iii) DEFINITIONS.—In this subpara-
2 graph:

3 “(I) PRIOR AUTHORIZATION.—

4 The term ‘prior authorization’ means
5 the process by which a health insur-
6 ance issuer or pharmacy benefit man-
7 agement company determines the
8 medical necessity of otherwise covered
9 health care services prior to the ren-
10 dering of such health care services.
11 Such term includes any health insur-
12 ance issuer’s or utilization review enti-
13 ty’s requirement that a subscriber or
14 health care provider notify the issuer
15 or entity prior to providing a health
16 care service.

17 “(II) STEP THERAPY.—The term
18 ‘step therapy’ means a protocol or
19 program that establishes the specific
20 sequence in which prescription drugs
21 for a medical condition that are medi-
22 cally appropriate for a particular pa-
23 tient are authorized by a health insur-
24 ance issuer or prescription drug man-
25 agement company.

1 “(3) AMOUNT OF GRANT TO TRIBAL GOVERN-
2 MENTS.—

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

7 “(B) FORMULA FUNDS.—The Secretary,
8 acting through the Indian Health Service, shall
9 use 10 percent of the amount available under
10 section 3415 for each fiscal year to provide for-
11 mula funds to Indian tribes in an amount de-
12 termined pursuant to a formula and eligibility
13 criteria developed by the Secretary in consulta-
14 tion with Indian tribes, for the purposes of ad-
15 dressing substance use.

16 “(C) PAYMENT OF FUNDS.—At the option
17 of an Indian tribe the Secretary shall pay funds
18 under this section through a contract, coopera-
19 tive agreement, or compact under, as applicable,
20 title I or V of the Indian Self-Determination
21 and Education Assistance Act.

22 “(D) USE OF AMOUNTS.—Notwithstanding
23 any requirements in this section, an Indian
24 tribe may use amounts provided under funds
25 awarded under this paragraph for the uses

1 identified in subsection (b) and any other activi-
2 ties determined appropriate by the Secretary, in
3 consultation with Indian tribes.

4 “(b) USE OF AMOUNTS.—

5 “(1) IN GENERAL.—A State or tribe may use
6 amounts provided under grants awarded under sec-
7 tion 3411 for—

8 “(A) prevention services described in para-
9 graph (3);

10 “(B) core medical services described in
11 paragraph (4);

12 “(C) recovery and support services de-
13 scribed in paragraph (5);

14 “(D) early intervention services described
15 in paragraph (6);

16 “(E) harm reduction services described in
17 paragraph (7);

18 “(F) financial assistance with health insur-
19 ance as described in paragraph (8); and

20 “(G) administrative expenses described in
21 paragraph (9).

22 “(2) DIRECT FINANCIAL ASSISTANCE.—

23 “(A) IN GENERAL.—A State or tribe may
24 use amounts received under a grant under sec-
25 tion 3411 to provide direct financial assistance

1 to eligible entities or other eligible Medicaid
2 providers for the purpose of providing preven-
3 tion services, core medical services, recovery
4 and support services, early intervention services,
5 and harm reduction services.

6 “(B) APPROPRIATE ENTITIES.—Direct fi-
7 nancial assistance may be provided under sub-
8 paragraph (A) to public or nonprofit entities,
9 other Medicaid providers if more than half of
10 their patients are diagnosed with a substance
11 use disorder and covered by Medicaid, or other
12 private for-profit entities if such entities are the
13 only available provider of quality substance use
14 disorder treatment services in the area.

15 “(C) LIMITATION.—A State may not pro-
16 vide direct financial assistance to any entity or
17 provider that provides medication for addiction
18 treatment if that entity or provider does not
19 also offer mental health services or psycho-
20 therapy by licensed clinicians through a referral
21 or onsite.

22 “(D) NEUTRALITY TOWARDS ORGANIZED
23 LABOR.—

24 “(i) IN GENERAL.—In carrying out
25 duties under this section, States shall, to

1 the extent practicable, prioritize the dis-
2 tribution of grant funds to grantees that
3 have—

4 “(I)(aa) a collective bargaining
5 agreement; or

6 “(bb) an explicit policy not to
7 deter employees with respect to—

8 “(AA) labor organizing for
9 the employees engaged in the
10 covered activities; and

11 “(BB) such employees’
12 choice to form and join labor or-
13 ganizations; and

14 “(II) policies that require—

15 “(aa) the posting and main-
16 tenance of notices in the work-
17 place to such employees of their
18 rights under the National Labor
19 Relations Act (29 U.S.C. 151 et
20 seq.);

21 “(bb) that such employees
22 are, at the beginning of their em-
23 ployment, provided notice and in-
24 formation regarding the employ-
25 ees’ rights under such Act; and

1 “(cc) the employer to volun-
2 tarily recognize a union in cases
3 where a majority of such workers
4 of the employer have joined and
5 requested representation.

6 “(ii) LIMITATION.—This subsection
7 does not apply to Indian tribes.

8 “(3) PREVENTION SERVICES.—

9 “(A) IN GENERAL.—For purposes of this
10 section, the term ‘prevention services’ means
11 evidence-based services, programs, or multi-sec-
12 tor strategies to prevent substance use disorder
13 (including education campaigns, community-
14 based prevention programs, risk-identification
15 programs, opioid diversion, collection and dis-
16 posal of unused opioids, services to at-risk pop-
17 ulations, and trauma support services).

18 “(B) LIMIT.—A State may use not to ex-
19 ceed 20 percent of the amount of the grant
20 under section 3411 for prevention services. A
21 State may apply to the Secretary for a waiver
22 of this subparagraph.

23 “(4) CORE MEDICAL SERVICES.—For purposes
24 of this section, the term ‘core medical services’
25 means the following evidence-based services when

1 provided to individuals with substance use disorder
2 or at risk for developing substance use disorder, in-
3 cluding through the use of telemedicine or a hub and
4 spoke model:

5 “(A) Substance use disorder treatment, as
6 described in section 3439(4), including assess-
7 ment of disease presence, severity, and co-oc-
8 ccurring conditions, treatment planning, clinical
9 stabilization services, withdrawal management
10 and detoxification, intensive inpatient treat-
11 ment, intensive outpatient treatment, outpatient
12 treatment, residential inpatient services, treat-
13 ment for co-occurring mental health and sub-
14 stance use disorders, and all drugs approved by
15 the Food and Drug Administration for the
16 treatment of substance use disorder.

17 “(B) Outpatient and ambulatory health
18 services, including those administered by Feder-
19 ally-qualified health centers, rural health clinics,
20 tribal clinics and hospitals, urban Indian orga-
21 nizations, certified community behavioral health
22 clinics (as described in section 223 of the Pro-
23 tecting Access to Medicare Act), and com-
24 prehensive opioid recovery centers (as described
25 in section 552 of this Act).

1 “(C) Hospice services.

2 “(D) Mental health services.

3 “(E) Opioid overdose reversal drug prod-
4 ucts procurement, distribution, and training.

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

8 “(G) Home- and community-based health
9 services.

10 “(H) Comprehensive Case Management
11 and care coordination, including substance use
12 disorder treatment adherence services.

13 “(I) Health insurance enrollment and cost-
14 sharing assistance in accordance with para-
15 graph (8).

16 “(J) Programs that hire, employ, train,
17 and dispatch licensed health care professionals,
18 mental health professionals, harm reduction
19 providers, or community health workers to re-
20 spond in lieu of law enforcement officers in
21 emergencies and that ensure a licensed health
22 care professional is a member of the team that
23 responds in lieu of law enforcement officers in
24 emergencies in which—

1 “(i) an individual calling 911, the Na-
2 tional Suicide Hotline, or another emer-
3 gency hotlines states that a person is expe-
4 riencing a drug overdose or is otherwise
5 under the influence of a legal or illegal
6 substance; or

7 “(ii) a law enforcement officer, other
8 first responder, or other individual identi-
9 fies a person as being (or possibly being)
10 under the influence of a legal or illegal
11 substance.

12 “(5) RECOVERY AND SUPPORT SERVICES.—For
13 purposes of this section, the term ‘recovery and sup-
14 port services’ means services including residential re-
15 covery housing, mental health services, long term re-
16 covery services, 24/7 hotline crisis center services,
17 medical transportation services, respite care for per-
18 sons caring for individuals with substance use dis-
19 order, child care and family services while an indi-
20 vidual is receiving inpatient treatment services or at
21 the time of outpatient services, outreach services,
22 peer recovery services, nutrition services, and refer-
23 rals for job training and career services, housing,
24 legal services, and child care and family services.
25 The entities through which such services may be

1 provided include State, local, and tribal authorities
2 that provide child care, housing, community develop-
3 ment, and other recovery and support services, so
4 long as they do not exclude individuals on the basis
5 that such individuals receive medication for addic-
6 tion treatment.

7 “(6) EARLY INTERVENTION SERVICES.—For
8 purposes of this section, the term ‘early intervention
9 services’ means services to provide screening and
10 connection to the appropriate level of substance use
11 disorder and mental health treatment (including
12 same-day connection), counseling provided to indi-
13 viduals who have misused substances, who have ex-
14 perience an overdose, or are at risk of developing
15 substance use disorder, the provision of referrals to
16 facilitate the access of such individuals to core med-
17 ical services or recovery and support services for
18 substance use disorder, and rapid access to medica-
19 tion for addiction treatment in the setting of recent
20 overdose. The entities through which such services
21 may be provided include emergency rooms, fire de-
22 partments and emergency medical services, detention
23 facilities, prisons and jails, homeless shelters, health
24 care points of entry specified by eligible local areas,
25 Federally-qualified health centers, workforce agen-

1 cies and job centers, youth development centers,
2 tribal clinics and hospitals, urban Indian organiza-
3 tions, and rural health clinics.

4 “(7) HARM REDUCTION SERVICES.—For pur-
5 poses of this section, the term ‘harm reduction serv-
6 ices’ means services provided to individuals engaging
7 in substance use scientifically accepted to reduce the
8 risk of infectious disease transmission, overdose, or
9 death, including by increasing access to health care,
10 housing, recovery, and support services, including sy-
11 ringe services programs. Such term includes evi-
12 dence-based services.

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

18 “(A) enrolling in health insurance cov-
19 erage; or

20 “(B) affording health care services, includ-
21 ing assistance paying cost-sharing amounts, in-
22 cluding premiums.

23 “(9) ADMINISTRATION AND PLANNING.—A
24 State shall not use in excess of 10 percent of
25 amounts received under a grant under section 3411

1 for administration, accounting, reporting, and pro-
2 gram oversight functions, including the development
3 of systems to improve data collection and data shar-
4 ing.

5 “(10) INCARCERATED INDIVIDUALS.—Amounts
6 received under a grant under section 3411 may be
7 used to provide substance use disorder treatment
8 services, including medication for addiction treat-
9 ment, to individuals who are currently incarcerated
10 or in pre-trial detention.

11 “(c) REQUIRED TERMS.—

12 “(1) REQUIREMENT OF STATUS AS MEDICAID
13 PROVIDER.—

14 “(A) PROVISION OF SERVICE.—Subject to
15 subparagraph (B), the Secretary may not make
16 a grant under section 3411 for the provision of
17 substance use disorder treatment services under
18 this section in a State unless, in the case of any
19 such service that is available pursuant to the
20 State plan approved under title XIX of the So-
21 cial Security Act for the State—

22 “(i)(I) the State will enter into an
23 agreement with a political subdivision,
24 under which the political subdivision will
25 provide the service directly, and the polit-

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

5 “(II) the State will enter into agree-
6 ments with public or nonprofit entities, or
7 other Medicaid providers if more than half
8 of their patients are diagnosed with a sub-
9 stance use disorder and covered by Med-
10 icaid, under which such entities and other
11 providers will provide the service, and such
12 entities and other providers have entered
13 into such a participation agreement and
14 are qualified to receive such payments; and

15 “(III) the State ensures the political
16 subdivision under clause (i)(I) or the pub-
17 lic or nonprofit private entities and other
18 providers under clause (i)(II) will seek pay-
19 ment for each such service rendered in ac-
20 cordance with the usual payment schedule
21 under the State plan.

22 “(B) WAIVER.—

23 “(i) IN GENERAL.—In the case of an
24 entity making an agreement pursuant to
25 subparagraph (A)(ii) regarding the provi-

1 sion of substance use disorder treatment
2 services, the requirement established in
3 such subparagraph shall be waived by the
4 State if the entity does not, in providing
5 health care services, impose a charge or ac-
6 cept reimbursement available from any
7 third-party payor, including reimbursement
8 under any insurance policy or under any
9 Federal or State health benefits program.
10 A waiver under this subparagraph shall
11 not be longer than 2 years in duration and
12 shall not be renewed.

13 “(ii) DETERMINATION.—A determina-
14 tion by the State of whether an entity re-
15 ferred to in clause (i) meets the criteria for
16 a waiver under such clause shall be made
17 without regard to whether the entity ac-
18 cepts voluntary donations for the purpose
19 of providing services to the public.

20 “(2) REQUIRED TERMS FOR EXPANDING AND
21 IMPROVING CARE.—A funding agreement for a grant
22 under this section shall—

23 “(A) ensure that funds received under the
24 grant will not be utilized to make payments for
25 any item or service to the extent that payment

1 has been made, or can reasonably be expected
2 to be made, with respect to that item or service
3 under a State compensation program, under an
4 insurance policy, or under any Federal or State
5 health benefits program (except for a program
6 administered by, or providing the services of,
7 the Indian Health Service); and

8 “(B) ensure that all entities providing sub-
9 stance use disorder treatment services with as-
10 sistance made available under the grant shall
11 offer all drugs approved by the Food and Drug
12 Administration for the treatment of substance
13 use disorder for which the applicant offers
14 treatment, in accordance with section 3435.

15 “(3) ADDITIONAL REQUIRED TERMS.—A fund-
16 ing agreement for a grant under this section is
17 that—

18 “(A) funds received under the grant will be
19 utilized to supplement not supplant other Fed-
20 eral, State, or local funds made available in the
21 year for which the grant is awarded to provide
22 substance use disorder treatment services to in-
23 dividuals with substance use disorder, including
24 funds for each of prevention services, core med-
25 ical services, recovery and support services,

1 early intervention services, harm reduction serv-
2 ices, mental health services, and administrative
3 expenses;

4 “(B) political subdivisions within the State
5 will maintain the level of expenditures by such
6 political subdivisions for substance use disorder
7 treatment services at a level that is at least
8 equal to the level of such expenditures by such
9 political subdivisions for the preceding fiscal
10 year including expenditures for each of preven-
11 tion services, core medical services, recovery
12 and support services, early intervention services,
13 harm reduction services, mental health services,
14 and administrative expenses;

15 “(C) political subdivisions within the State
16 will not use funds received under a grant
17 awarded under section 3411 in maintaining the
18 level of substance use disorder treatment serv-
19 ices as required in subparagraph (B);

20 “(D) substance use disorder treatment
21 services provided with assistance made available
22 under the grant will be provided without re-
23 gard—

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

1 “(ii) to the current or past health con-
2 dition of the individual to be served;

3 “(E) substance use disorder treatment
4 services will be provided in a setting that is ac-
5 cessible to low-income individuals with sub-
6 stance use disorders and to individuals with
7 substance use disorders residing in rural areas;

8 “(F) a program of outreach will be pro-
9 vided to low-income individuals with substance
10 use disorders to inform such individuals of sub-
11 stance use disorder treatment services and to
12 individuals with substance use disorders resid-
13 ing in rural areas;

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

18 “(H) the confidentiality of individuals re-
19 ceiving substance use disorder treatment serv-
20 ices will be maintained in a manner not incon-
21 sistent with applicable law.

22 **“SEC. 3413. APPLICATION.**

23 “(a) APPLICATION.—To be eligible to receive a grant
24 under section 3411, a State shall have in effect a State
25 plan approved by the Secretary pursuant to section

1 1932(b), and shall prepare and submit to the Secretary
2 an application in such form, and containing such informa-
3 tion, as the Secretary shall require, including—

4 “(1) a complete accounting of the disbursement
5 of any prior grants received under this subtitle by
6 the applicant and the results achieved by these ex-
7 penditures and a demonstration that funds received
8 from a grant under this subtitle in the prior year
9 were expended in accordance with State priorities;

10 “(2) establishment of goals and objectives to be
11 achieved with grant funds provided under this sub-
12 title, including targets and milestones that are in-
13 tended to be met, the activities that will be under-
14 taken to achieve those targets, and the number of
15 individuals likely to be served by the funds sought,
16 including demographic data on the populations to be
17 served;

18 “(3) a demonstration that the State will use
19 funds in a manner that provides substance use dis-
20 order treatment services in compliance with the evi-
21 dence-based standards developed in accordance with
22 section 3435, including all drugs approved by the
23 Food and Drug Administration for the treatment of
24 substance use disorder;

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

6 “(5) an explanation of how income, asset, and
7 medical expense criteria will be established and ap-
8 plied to those who qualify for assistance under the
9 program; and

10 “(6) for any prior funding received under this
11 section, data provided in such form as the Secretary
12 shall require detailing, at a minimum, the extent to
13 which the activities supported by the funding met
14 the goals and objectives specified in the application
15 for the funding, the number of individuals who
16 accessed medication for addiction treatment by age,
17 gender, sexual orientation, race, disability status,
18 and other demographic criteria relevant to the pro-
19 gram, and the effect of the program on overdose
20 rates and rates of death due to overdose in the re-
21 gion served by the program.

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

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

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

4 “(A) in the case of individuals with an in-
5 come less than or equal to 150 percent of the
6 official poverty level, the provider will not im-
7 pose charges on any such individual for the
8 services provided under the grant;

9 “(B) in the case of individuals with an in-
10 come greater than 150 percent of the official
11 poverty level, the provider will impose a charge
12 on each such individual according to a schedule
13 of charges made available to the public;

14 “(C) in the case of individuals with an in-
15 come greater than 150 percent of the official
16 poverty level but not exceeding 200 percent of
17 such poverty level, the provider will not, for an
18 calendar year, impose charges in an amount ex-
19 ceeding 2 percent of the annual gross income of
20 the individual;

21 “(D) in the case of individuals with an in-
22 come greater than 200 percent of the official
23 poverty level but not exceeding 250 percent of
24 such poverty level, the provider will not, for any
25 calendar year, impose charges in an amount ex-

1 ceeding 4 percent of the annual gross income of
2 the individual involved;

3 “(E) in the case of individuals with an in-
4 come greater than 250 percent of the official
5 poverty level but not exceeding 300 percent of
6 such poverty level, the provider will not, for any
7 calendar year, impose charges in an amount ex-
8 ceeding 6 percent of the annual gross income of
9 the individual involved;

10 “(F) in the case of individuals with an in-
11 come greater than 300 percent of the official
12 poverty level but not exceeding 400 percent of
13 such poverty level, the provider will not, for any
14 calendar year, impose charges in an amount ex-
15 ceeding 8.5 percent of the annual gross income
16 of the individual involved;

17 “(G) in the case of individuals with an in-
18 come greater than 400 percent of the official
19 poverty level, the provider will not, for any cal-
20 endar year, impose charges in an amount ex-
21 ceeding 8.5 percent of the annual gross income
22 of the individual involved; and

23 “(H) in the case of eligible American In-
24 dian and Alaska Native and urban Indian indi-
25 viduals as defined by section 447.50 of title 42,

1 Code of Federal Regulations (as in effect on
2 July 1, 2010), the provider will not impose any
3 charges for substance use disorder treatment
4 services, including any charges or cost-sharing
5 prohibited by section 1402(d) of the Patient
6 Protection and Affordable Care Act.

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

11 “(A) assess the amount of the charge in
12 the discretion of the State, including imposing
13 only a nominal charge for the provision of serv-
14 ices, subject to the provisions of the paragraph
15 regarding public schedules and regarding limi-
16 tations on the maximum amount of charges
17 and;

18 “(B) take into consideration the total med-
19 ical expenses of individuals in assessing the
20 amount of the charge, subject to such provi-
21 sions.

22 “(3) AGGREGATE CHARGES.—The Secretary
23 may not make a grant under section 3411 to a State
24 unless the State agrees that the limitations on
25 charges for substance use disorder treatment serv-

1 ices under this subsection applies to the annual ag-
2 gregate of charges imposed for such services, how-
3 ever the charges are characterized, includes enroll-
4 ment fees, premiums, deductibles, cost sharing, co-
5 payments, co-insurance costs, or any other charges.

6 “(c) INDIAN TRIBES.—Any application requirements
7 applying to grants distributed in accordance with section
8 3412(b) shall be developed by the Secretary in consulta-
9 tion with Indian tribes.

10 **“SEC. 3414. TECHNICAL ASSISTANCE.**

11 “The Secretary shall, directly or through grants or
12 contracts, provide technical assistance in administering
13 and coordinating the activities authorized under section
14 3412, including technical assistance for the development
15 of State applications for supplementary grants authorized
16 in section 3412(a)(2).

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

18 “There is authorized to be appropriated to carry out
19 this subtitle—

20 “(1) \$4,600,000,000 for fiscal year 2022;

21 “(2) \$4,600,000,000 for fiscal year 2023;

22 “(3) \$4,600,000,000 for fiscal year 2024;

23 “(4) \$4,600,000,000 for fiscal year 2025;

24 “(5) \$4,600,000,000 for fiscal year 2026;

25 “(6) \$4,600,000,000 for fiscal year 2027;

- 1 “(7) \$4,600,000,000 for fiscal year 2028;
2 “(8) \$4,600,000,000 for fiscal year 2029;
3 “(9) \$4,600,000,000 for fiscal year 2030; and
4 “(10) \$4,600,000,000 for fiscal year 2031.

5 **“Subtitle C—Other Grant Program**

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

7 “(a) GRANTS.—

8 “(1) IN GENERAL.—The Secretary shall award
9 grants to public entities, nonprofit entities, Indian
10 entities, and other eligible Medicaid providers for the
11 purpose of funding prevention services, core medical
12 services, recovery and support services, early inter-
13 vention services, harm reduction services, and ad-
14 ministrative expenses in accordance with this sec-
15 tion.

16 “(2) PRIORITIZATION.—

17 “(A) IN GENERAL.—In awarding grants
18 under this section, the Secretary shall, to the
19 extent practicable, prioritize the distribution of
20 grant funds to grantees that have—

21 “(i) an explicit policy not to deter em-
22 ployees with respect to—

23 “(I) labor organizing for the em-
24 ployees engaged in the covered activi-
25 ties; and

1 “(II) such employees’ choice to
2 form and join labor organizations; or

3 “(ii) policies that require—

4 “(I) the posting and maintenance
5 of notices in the workplace to such
6 employees of their rights under the
7 National Labor Relations Act (29
8 U.S.C. 151 et seq.);

9 “(II) that such employees are, at
10 the beginning of their employment,
11 provided notice and information re-
12 garding the employees’ rights under
13 such Act; and

14 “(III) the employer to voluntarily
15 recognize a union in cases where such
16 workers of the employer have joined
17 and requested representation.

18 “(B) EXCEPTION.—This paragraph shall
19 not apply to Indian tribes.

20 “(b) ELIGIBILITY.—

21 “(1) ENTITIES.—Public entities, nonprofit enti-
22 ties, urban Indian organizations, and other Medicaid
23 providers eligible to receive a grant under subsection
24 (a) may include—

1 “(A) Federally-qualified health centers
2 under section 1905(l)(2)(B) of the Social Secu-
3 rity Act;

4 “(B) family planning clinics;

5 “(C) rural health clinics;

6 “(D) Indian entities, including Indian
7 health programs as defined in section 4 of the
8 Indian Health Care Improvement Act, urban
9 Indian organizations as defined in section 4 of
10 the Indian Health Care Improvement Act, and
11 Native Hawaiian organizations as defined in
12 section 11 of the Native Hawaiian Health Care
13 Act of 1988;

14 “(E) community-based organizations, clin-
15 ics, hospitals, and other health facilities that
16 provide substance use disorder treatment serv-
17 ices;

18 “(F) other nonprofit entities that provide
19 substance use disorder treatment services;

20 “(G) certified community behavioral health
21 clinics and certified community behavioral
22 health clinic expansion grant recipients, under
23 section 223 of the Protecting Access to Medi-
24 care Act (42 U.S.C. 1396a note); and

1 “(H) other Medicaid providers if more
2 than half of their patients are diagnosed with a
3 substance use disorder and covered by Med-
4 icaid.

5 “(2) UNDERSERVED POPULATIONS.—Entities
6 described in paragraph (1) shall serve underserved
7 populations which may include—

8 “(A) minority populations and Indian pop-
9 ulations;

10 “(B) formerly incarcerated individuals;

11 “(C) individuals with comorbidities includ-
12 ing human immunodeficiency virus, hepatitis B,
13 hepatitis C, mental health disorder or other be-
14 havioral health disorders;

15 “(D) low-income populations;

16 “(E) people with disabilities;

17 “(F) urban populations;

18 “(G) rural populations;

19 “(H) the lesbian, gay, bisexual,
20 transgender, queer (LGBTQ) community; and

21 “(I) pregnant individuals with, or at risk
22 of developing, substance use disorder and in-
23 fants with neonatal abstinence syndrome.

24 “(3) APPLICATION.—To be eligible to receive a
25 grant under this section, public entities, nonprofit

1 entities, and other Medicaid providers described in
2 this subsection shall prepare and submit to the Sec-
3 retary an application in such form, and containing
4 such information, as the Secretary shall require, in-
5 cluding—

6 “(A) a complete accounting of the dis-
7 bursement of any prior grants received under
8 this subtitle by the applicant and the results
9 achieved by these expenditures;

10 “(B) a comprehensive plan for the use of
11 the grant, including—

12 “(i) a demonstration of the extent of
13 local need for the funds sought;

14 “(ii) a plan for providing substance
15 use disorder treatment services that is con-
16 sistent with local needs; and

17 “(iii) goals and objectives to be
18 achieved with grant funds provided under
19 this section, including targets and mile-
20 stones that are intended to be met and a
21 description of the activities that will be un-
22 dertaken to achieve those targets;

23 “(C) a demonstration that the grantee will
24 use funds in a manner that provides substance
25 use disorder treatment services compliant with

1 the evidence-based standards developed in ac-
2 cordance with section 3435, including all drugs
3 approved by the Food and Drug Administration
4 for the treatment of substance use disorder for
5 which the applicant offers treatment, in accord-
6 ance with section 3435(c);

7 “(D) information on the number of individ-
8 uals to be served by the funds sought, including
9 demographic data on the populations to be
10 served;

11 “(E) a demonstration that resources pro-
12 vided under the grant will be allocated in ac-
13 cordance with the local demographic incidence
14 of substance use, including allocations for serv-
15 ices for children, youths, and women;

16 “(F) an explanation of how income, asset,
17 and medical expense criteria will be established
18 and applied to those who qualify for assistance
19 under the program; and

20 “(G) for any prior funding received under
21 this section, data provided in such form as the
22 Secretary shall require detailing, at a minimum,
23 the extent to which the activities supported by
24 the funding met the goals and objectives speci-
25 fied in the application for the funding, the num-

1 ber of individuals who accessed medication for
2 addiction treatment by age, gender, race, sexual
3 orientation, disability status, and other demo-
4 graphic criteria relevant to the program, and
5 the effect of the program on overdose rates and
6 rates of death due to overdose in the region
7 served by the program.

8 “(4) REQUIREMENT OF STATUS AS MEDICAID
9 PROVIDER.—

10 “(A) PROVISION OF SERVICE.—Subject to
11 subparagraph (B), the Secretary may not make
12 a grant under this section for the provision of
13 substance use disorder treatment services under
14 this section in a State unless, in the case of any
15 such service that is available pursuant to the
16 State plan approved under title XIX of the So-
17 cial Security Act for the State—

18 “(i)(I) the applicant for the grant will
19 provide the service directly, and the appli-
20 cant has entered into a participation agree-
21 ment under the State plan and is qualified
22 to receive payments under such plan; or

23 “(II) the applicant for the grant will
24 enter into an agreement with public or
25 nonprofit entities, Indian entities, or other

1 Medicaid providers if more than half of
2 their patients are diagnosed with a sub-
3 stance use disorder and covered by Med-
4 icaid, under which such entities and other
5 providers will provide the substance use
6 disorder treatment service, and such enti-
7 ties and other providers have entered into
8 such a participation agreement and are
9 qualified to receive such payments; and

10 “(ii) the applicant ensures that pay-
11 ment will be sought for each such service
12 rendered in accordance with the usual pay-
13 ment schedule under the State plan.

14 “(B) WAIVER.—In the case of an entity
15 making an agreement pursuant to subpara-
16 graph (A) regarding the provision of substance
17 use disorder treatment services, the require-
18 ment established in such paragraph shall be
19 waived by the State if the entity does not, in
20 providing such services, impose a charge or ac-
21 cept reimbursement available from any third-
22 party payor, including reimbursement under
23 any insurance policy or under any Federal or
24 State health benefits program. A waiver under

1 this subparagraph shall not be longer than 2
2 years in duration and shall not be renewed.

3 “(C) DETERMINATION.—A determination
4 by the State of whether an entity referred to in
5 subparagraph (A) meets the criteria for a waiv-
6 er under such subparagraph shall be made
7 without regard to whether the entity accepts
8 voluntary donations for the purpose of pro-
9 viding services to the public.

10 “(5) REQUIRED TERMS FOR EXPANDING AND
11 IMPROVING CARE.—A funding agreement for a grant
12 under this section is that—

13 “(A) funds received under the grant will
14 not be utilized to make payments for any item
15 or service to the extent that payment has been
16 made, or can reasonably be expected to be
17 made, with respect to that item or service under
18 a State compensation program, under an insur-
19 ance policy, or under any Federal or State
20 health benefits program (except for a program
21 administered by, or providing the services of,
22 the Indian Health Service);

23 “(B) entities providing substance use dis-
24 order treatment services with assistance made
25 available under the grant shall offer all drugs

1 approved by the Food and Drug Administration
2 for the treatment of substance use disorder for
3 which the applicant offers treatment, in accord-
4 ance with section 3435(e);

5 “(C) substance use disorder treatment
6 services provided with assistance made available
7 under the grant will be provided without re-
8 gard—

9 “(i) to the ability of the individual to
10 pay for such services; and

11 “(ii) to the current or past health con-
12 dition of the individual to be served;

13 “(D) substance use disorder treatment
14 services will be provided in a setting that is ac-
15 cessible to low-income individuals with sub-
16 stance use disorders and to individuals with
17 substance use disorders residing in rural areas;
18 and

19 “(E) the confidentiality of individuals re-
20 ceiving substance use disorder treatment serv-
21 ices will be maintained in a manner not incon-
22 sistent with applicable law.

23 “(c) AMOUNT OF GRANT TO INDIAN ENTITIES.—

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

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

3 “(2) FORMULA GRANTS.—The Secretary, acting
4 through the Indian Health Service, shall use 10 per-
5 cent of the amount available under section 3425 for
6 each fiscal year to provide grants to Indian entities
7 in an amount determined pursuant to criteria devel-
8 oped by the Secretary in consultation with Indian
9 Tribes and after conferring with urban Indian orga-
10 nizations, for the purposes of addressing substance
11 use.

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

18 **“SEC. 3422. USE OF AMOUNTS.**

19 “(a) USE OF FUNDS.—An entity shall use amounts
20 received under a grant under section 3421 to provide di-
21 rect financial assistance to eligible entities for the purpose
22 of delivering or enhancing—

23 “(1) prevention services described in subsection
24 (b);

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

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

5 “(4) early intervention and engagement services
6 described in subsection (e);

7 “(5) harm reduction services described in sub-
8 section (f); and

9 “(6) administrative expenses described in sub-
10 section (g).

11 “(b) PREVENTION SERVICES.—For purposes of this
12 section, the term ‘prevention services’ means evidence-
13 based services, programs, or multi-sector strategies to pre-
14 vent substance use disorder (including education cam-
15 paigns, community-based prevention programs, risk iden-
16 tification programs, opioid diversion, collection and dis-
17 posal of unused opioids, services to at-risk populations,
18 and trauma support services).

19 “(c) CORE MEDICAL SERVICES.—For purposes of
20 this section, the term ‘core medical services’ means the
21 following evidence-based services provided to individuals
22 with substance use disorder or at risk for developing sub-
23 stance use disorder, including through the use of telemedi-
24 cine or a hub and spoke model:

1 “(1) Substance use disorder treatment, as more
2 fully described in section 3439(4), including assess-
3 ment of disease presence, severity, and co-occurring
4 conditions, treatment planning, clinical stabilization
5 services, withdrawal management and detoxification,
6 intensive inpatient treatment, intensive outpatient
7 treatment, outpatient treatment, residential inpa-
8 tient services, treatment for co-occurring mental
9 health and substance use disorders, and all drugs
10 approved by the Food and Drug Administration for
11 the treatment of substance use disorder.

12 “(2) Outpatient and ambulatory health services,
13 including those administered by Federally-qualified
14 health centers, rural health clinics, tribal clinics and
15 hospitals, urban Indian organizations, certified com-
16 munity behavioral health clinics (as described in sec-
17 tion 223 of the Protecting Access to Medicare Act),
18 and comprehensive opioid recovery centers (as de-
19 scribed in section 552 of this Act).

20 “(3) Hospice services.

21 “(4) Mental health services.

22 “(5) Opioid overdose reversal drug products
23 procurement, distribution, and training.

1 “(6) Pharmaceutical assistance related to the
2 management of substance-use disorder and co-mor-
3 bid conditions.

4 “(7) Home and community-based health serv-
5 ices.

6 “(8) Comprehensive Case Management and care
7 coordination, including substance use disorder treat-
8 ment adherence services.

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

11 “(10) Programs that hire, employ, train, and
12 dispatch mental health professionals, harm reduction
13 providers, or community health workers to respond
14 in lieu of law enforcement officers in emergencies in
15 which—

16 “(A) an individual calling 911, the Na-
17 tional Suicide Hotline, or another emergency
18 hotlines states that a person is experiencing a
19 drug overdose or is otherwise under the influ-
20 ence of a legal or illegal substance; and

21 “(B) a law enforcement officer, other first
22 responder, or other individual identifies a per-
23 son as being (or possibly being) under the influ-
24 ence of a legal or illegal substance.

1 “(d) RECOVERY AND SUPPORT SERVICES.—For pur-
2 poses of this section, the term ‘recovery and support serv-
3 ices’ means services that are provided to individuals with
4 substance use disorder, including residential recovery
5 housing, mental health services, long term recovery serv-
6 ices, 24/7 hotline crisis center support, medical transpor-
7 tation services, respite care for persons caring for individ-
8 uals with substance use disorder, child care and family
9 services while an individual is receiving inpatient treat-
10 ment services or at the time of outpatient services, out-
11 reach services, peer recovery services, nutrition services,
12 and referrals for job training and career services, housing,
13 legal services, and child care and family services. The enti-
14 ties through which such services may be provided include
15 local and tribal authorities that provide child care, hous-
16 ing, community development, and other recovery and sup-
17 port services, so long as they do not exclude individuals
18 on the basis that such individuals receive medication for
19 addiction treatment.

20 “(e) EARLY INTERVENTION SERVICES.—For pur-
21 poses of this section, the term ‘early intervention services’
22 means services to provide screening and connection to the
23 appropriate level of substance use disorder and mental
24 health treatment (including same-day connection), coun-
25 seling provided to individuals who have misused sub-

1 stances, who have experienced an overdose, or are at risk
2 of developing substance use disorder, the provision of re-
3 ferrals to facilitate the access of such individuals to core
4 medical services or recovery and support services for sub-
5 stance use disorder, and rapid access to medication for
6 addiction treatment in the setting of recent overdose. The
7 entities through which such services may be provided in-
8 clude emergency rooms, fire departments and emergency
9 medical services, detention facilities, prisons and jails
10 homeless shelters, health care points of entry specified by
11 eligible local areas, Federally-qualified health centers,
12 workforce agencies and job centers, youth development
13 centers, tribal clinics and hospitals, urban Indian organi-
14 zations, and rural health clinics.

15 “(f) HARM REDUCTION SERVICES.—For purposes of
16 this section, the term ‘harm reduction services’ means
17 services provided to individuals engaging in substance use
18 that are scientifically accepted to reduce the risk of infec-
19 tious disease transmission, overdose, or death, including
20 by increasing access to health care, housing, and recovery
21 and support services, including syringe services programs.
22 Such term includes evidence-based services.

23 “(g) ADMINISTRATION AND PLANNING.—An entity
24 (not including tribal entities) shall not use in excess of
25 10 percent of amounts received under a grant under sec-

1 tion 3421 for administration, accounting, reporting, and
2 program oversight functions, including for the purposes of
3 developing systems to improve data collection and data
4 sharing.

5 “(h) RELATION TO EXISTING EMERGENCY MEDICAL
6 SERVICES.—Nothing in this section shall be construed to
7 diminish or alter the rights, privileges, remedies, or obliga-
8 tions of any provider or any Federal, State, or local gov-
9 ernment to provide emergency medical services.

10 **“SEC. 3423. TECHNICAL ASSISTANCE.**

11 “The Secretary may, directly or through grants or
12 contracts, provide technical assistance to public or non-
13 profit entities, Indian entities, and other eligible Medicaid
14 providers regarding the process of submitting to the Sec-
15 retary applications for grants under section 3421, and
16 may provide technical assistance with respect to the plan-
17 ning, development, and operation of any program or serv-
18 ice carried out pursuant to such section.

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

20 “(a) IN GENERAL.—The Secretary may provide plan-
21 ning grants to public or nonprofit entities, Indian entities,
22 and other eligible Medicaid providers for purposes of as-
23 sisting such entities and providers in expanding their ca-
24 pacity to provide substance use disorder treatment services

1 in low-income communities and affected subpopulations
2 that are underserved with respect to such services.

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

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

6 “There is authorized to be appropriated to carry out
7 this subtitle—

8 “(1) \$1,000,000,000 for fiscal year 2022;

9 “(2) \$1,000,000,000 for fiscal year 2023;

10 “(3) \$1,000,000,000 for fiscal year 2024;

11 “(4) \$1,000,000,000 for fiscal year 2025;

12 “(5) \$1,000,000,000 for fiscal year 2026;

13 “(6) \$1,000,000,000 for fiscal year 2027;

14 “(7) \$1,000,000,000 for fiscal year 2028;

15 “(8) \$1,000,000,000 for fiscal year 2029;

16 “(9) \$1,000,000,000 for fiscal year 2030; and

17 “(10) \$1,000,000,000 for fiscal year 2031.

18 **“Subtitle D—Innovation, Training,**
19 **and Health Systems Strengthening**

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

22 “(a) IN GENERAL.—The Secretary shall award
23 grants to entities to administer special projects of national
24 significance to support the development of innovative and

1 original models for the delivery of substance use disorder
2 treatment and harm reduction services.

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

8 “(c) REPLICATION.—The Secretary shall make infor-
9 mation concerning successful models or programs devel-
10 oped under this section available to grantees under this
11 title for the purpose of coordination, replication, and inte-
12 gration. To facilitate efforts under this section, the Sec-
13 retary may provide for peer-based technical assistance for
14 grantees funded under this section.

15 “(d) GRANTS TO TRIBAL GOVERNMENTS.—

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

20 “(2) USE OF FUNDS.—The Secretary, acting
21 through the Indian Health Service, shall use 10 per-
22 cent of the amount available under this section for
23 each fiscal year to provide grants to Indian tribes
24 for the purposes of supporting the development of
25 innovative and original models for the delivery of

1 substance use disorder treatment services, including
2 the development of culturally-informed care models.

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

5 “(1) \$500,000,000 for fiscal year 2022;

6 “(2) \$500,000,000 for fiscal year 2023;

7 “(3) \$500,000,000 for fiscal year 2024;

8 “(4) \$500,000,000 for fiscal year 2025;

9 “(5) \$500,000,000 for fiscal year 2026;

10 “(6) \$500,000,000 for fiscal year 2027;

11 “(7) \$500,000,000 for fiscal year 2028;

12 “(8) \$500,000,000 for fiscal year 2029;

13 “(9) \$500,000,000 for fiscal year 2030; and

14 “(10) \$500,000,000 for fiscal year 2031.

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

16 “(a) IN GENERAL.—The Secretary may make grants
17 and enter into contracts to assist public or nonprofit enti-
18 ties, public or nonprofit schools, and academic health cen-
19 ters in meeting the cost of projects—

20 “(1) to train health professionals, including
21 practitioners in programs under this title and other
22 community providers, including physician addiction
23 specialists, psychologists, counselors, case managers,
24 social workers, peer recovery coaches, harm reduc-
25 tion workers, public health workers, and community

1 health workers, and paraprofessionals, such as peer
2 support specialists and recovery coaches, in the diag-
3 nosis, treatment, and prevention of substance use
4 disorders and drug use-related health issues, includ-
5 ing measures for the prevention and treatment of co-
6 occurring infectious diseases, mental health dis-
7 orders, and other conditions, and including (as appli-
8 cable to the type of health professional involved),
9 care for women, pregnant women, and children;

10 “(2) to train the faculty of schools of medicine,
11 nursing, public health, osteopathic medicine, den-
12 tistry, allied health, social work, and mental health
13 practice to teach health professions students to
14 screen for and provide for the needs of individuals
15 with substance use disorders or at risk of substance
16 use; and

17 “(3) to develop and disseminate curricula and
18 resource materials relating to evidence-based prac-
19 tices for the screening, prevention, and treatment of
20 substance use disorders and drug use-related health
21 issues, including information about combating stig-
22 ma, prescribing best practices, overdose reversal, al-
23 ternative pain therapies, and all drugs approved by
24 the Food and Drug Administration for the treat-
25 ment of substance use disorders, including for the

1 purposes authorized under the amendments made by
2 section 3203 of the SUPPORT for Patients and
3 Communities Act.

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

7 “(1) train, or result in the training of, health
8 professionals and other community providers de-
9 scribed in subsection (a)(1), to provide substance
10 use disorder treatments for underserved groups, in-
11 cluding minority individuals and Indians with sub-
12 stance use disorder and other individuals who are at
13 a high risk of substance use;

14 “(2) train, or result in the training of, minority
15 health professionals and minority allied health pro-
16 fessionals, to provide substance use disorder treat-
17 ment for individuals with such disease;

18 “(3) train or result in the training of individ-
19 uals who will provide substance use disorder treat-
20 ment in rural or other areas that are underserved by
21 current treatment structures;

22 “(4) train or result in the training of health
23 professionals and allied health professionals, includ-
24 ing counselors, case managers, social workers, peer
25 recovery coaches, and harm reduction workers, pub-

1 lic health workers, and community health workers,
2 to provide treatment for infectious diseases and
3 mental health disorders co-occurring with substance
4 use disorder; and

5 “(5) train or result in the training of health
6 professionals and other community providers to pro-
7 vide substance use disorder treatments for pregnant
8 women, children, and adolescents.

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

13 “(1) tribal colleges and universities;

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

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

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

- 1 “(1) \$500,000,000 for fiscal year 2022;
2 “(2) \$500,000,000 for fiscal year 2023;
3 “(3) \$500,000,000 for fiscal year 2024;
4 “(4) \$500,000,000 for fiscal year 2025;
5 “(5) \$500,000,000 for fiscal year 2026;
6 “(6) \$500,000,000 for fiscal year 2027;
7 “(7) \$500,000,000 for fiscal year 2028;
8 “(8) \$500,000,000 for fiscal year 2029;
9 “(9) \$500,000,000 for fiscal year 2030; and
10 “(10) \$500,000,000 for fiscal year 2031.

11 **“SEC. 3433. SUBSTANCE USE DISORDER TREATMENT PRO-**
12 **VIDER CAPACITY UNDER THE MEDICAID PRO-**
13 **GRAM.**

14 “(a) PROJECTS.—

15 “(1) IN GENERAL.—The Secretary shall use
16 amounts appropriated under this section to provide
17 funding for projects in any State or territory to in-
18 crease substance use provider capacity, as provided
19 for in section 1903(aa) of the Social Security Act.

20 “(2) PRIORITIZATIONS.—

21 “(A) IN GENERAL.—In awarding grants
22 under this section, the Secretary shall, to the
23 extent practicable, prioritize the distribution of
24 grant funds to grantees that have—

1 “(i) an explicit policy not to deter em-
2 ployees with respect to—

3 “(I) labor organizing for the em-
4 ployees engaged in the covered activi-
5 ties; and

6 “(II) such employees’ choice to
7 form and join labor organizations; and

8 “(ii) policies that require—

9 “(I) the posting and maintenance
10 of notices in the workplace to such
11 employees of their rights under the
12 National Labor Relations Act (29
13 U.S.C. 151 et seq.);

14 “(II) that such employees are, at
15 the beginning of their employment,
16 provided notice and information re-
17 garding the employees’ rights under
18 such Act; and

19 “(III) the employer to voluntarily
20 recognize a union in cases where such
21 workers of the employer have joined
22 and requested representation.

23 “(B) EXCEPTION.—This paragraph shall
24 not apply to Indian tribes.

25 “(b) AMOUNT OF GRANT TO INDIAN ENTITIES.—

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

5 “(2) URBAN INDIAN ORGANIZATION.—In this
6 section, the term ‘urban Indian organization’ has the
7 meaning given such in section 4 of the Indian
8 Health Care Improvement Act.

9 “(3) GRANTS.—The Secretary, acting through
10 the Indian Health Service, shall use 10 percent of
11 the amount appropriated under this section for each
12 fiscal year to award grants to Indian tribes and
13 urban Indian organizations in an amount deter-
14 mined pursuant to criteria developed by the Sec-
15 retary in consultation with Indian tribes and in con-
16 ference with urban Indian organizations.

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

19 “(1) \$50,000,000 for fiscal year 2022;

20 “(2) \$50,000,000 for fiscal year 2023;

21 “(3) \$50,000,000 for fiscal year 2024;

22 “(4) \$50,000,000 for fiscal year 2025;

23 “(5) \$50,000,000 for fiscal year 2026;

24 “(6) \$50,000,000 for fiscal year 2027;

25 “(7) \$50,000,000 for fiscal year 2028;

1 “(8) \$50,000,000 for fiscal year 2029;

2 “(9) \$50,000,000 for fiscal year 2030; and

3 “(10) \$50,000,000 for fiscal year 2031.

4 **“SEC. 3434. PROGRAMS TO SUPPORT EMPLOYEES.**

5 “(a) GRANT PROGRAM FOR WORKERS.—

6 “(1) IN GENERAL.—The Secretary, acting
7 through the Director of the National Institute for
8 Occupational Safety and Health, shall award grants
9 to non-profit entities that meet the requirements of
10 this section to fund programs and projects to assist
11 workers who are at risk of substance use disorder,
12 who have substance use disorder, or who are recover-
13 ing from substance use disorder to maintain or
14 gain employment.

15 “(2) GRANTS FOR WORKERS.—

16 “(A) IN GENERAL.—The Secretary shall,
17 on a competitive basis, award grants for a pe-
18 riod of not more than 3 years to non-profit en-
19 tities that submit an application under para-
20 graph (3) to enable such entities to implement,
21 conduct, continue, and expand evidence-based
22 programs and projects to assist individuals de-
23 scribed in subparagraph (G).

1 “(B) USE OF AMOUNTS.—An entity may
2 use amounts provided under this subsection
3 for—

4 “(i) prevention services described in
5 subparagraph (C), including providing edu-
6 cation and information to workers regard-
7 ing the dangers of illicit and licit drug use,
8 non-opioid pain management and non-drug
9 pain management, or occupational injury
10 and illness prevention;

11 “(ii) early intervention services de-
12 scribed in subparagraph (D) to enable in-
13 dividuals to maintain or gain employment;

14 “(iii) recovery and support services
15 described in subparagraph (E) to enable
16 individuals to maintain or gain employ-
17 ment;

18 “(iv) harm reduction services de-
19 scribed in subparagraph (F) to enable indi-
20 viduals to maintain or gain employment;

21 “(v) hiring case managers, care coor-
22 dinators, and peer support specialists to
23 assist employed individuals who are experi-
24 encing substance use disorder, or who are
25 recovering from substance use disorder, in

1 accessing substance use disorder treatment
2 services; or

3 “(vi) providing vocational, life skills,
4 and other forms of job training to workers
5 who are receiving substance use disorder
6 treatment services to enable such workers
7 to maintain or gain employment.

8 “(C) PREVENTION SERVICES.—For pur-
9 poses of this section, the term ‘prevention serv-
10 ices’ means evidence-based services, programs,
11 or multi-sector strategies to prevent substance
12 use disorder (including education campaigns,
13 community-based prevention programs, risk
14 identification programs, opioid diversion, collec-
15 tion and disposal of unused opioids, services to
16 at-risk populations, and trauma support serv-
17 ices).

18 “(D) RECOVERY AND SUPPORT SERV-
19 ICES.—For purposes of this section, the term
20 ‘recovery and support services’ means services
21 including residential recovery housing, mental
22 health services, long term recovery services, 24/
23 7 hotline crisis center services, medical trans-
24 portation services, respite care for persons car-
25 ing for individuals with substance use disorder,

1 child care and family services while an indi-
2 vidual is receiving inpatient treatment services
3 or at the time of outpatient services, outreach
4 services, peer recovery services, nutrition serv-
5 ices, and referrals for job training and career
6 services, housing, legal services, and child care
7 and family services so long as they do not ex-
8 clude individuals on the basis that such individ-
9 uals receive medication for addiction treatment.

10 “(E) EARLY INTERVENTION SERVICES.—
11 For purposes of this section, the term ‘early
12 intervention services’ means services to provide
13 screening and connection to the appropriate
14 level of substance use disorder and mental
15 health treatment (including same-day connec-
16 tion), counseling provided to individuals who
17 have misused substances, who have experienced
18 an overdose, or are at risk of developing sub-
19 stance use disorder, the provision of referrals to
20 facilitate the access of such individuals to core
21 medical services or recovery and support serv-
22 ices for substance use disorder, and rapid ac-
23 cess to medication for addiction treatment in
24 the setting of recent overdose.

1 “(F) HARM REDUCTION SERVICES.—For
2 purposes of this section, the term ‘harm reduc-
3 tion services’ means services provided to indi-
4 viduals engaging in substance use scientifically
5 accepted to reduce the risk of infectious disease
6 transmission, overdose, or death, including by
7 increasing access to health care, housing, and
8 recovery and support services, including syringe
9 services programs. Such term includes evidence-
10 based services.

11 “(G) INDIVIDUALS DESCRIBED.—Individ-
12 uals described in this subparagraph are individ-
13 uals who—

14 “(i)(I) have been employed in the 12-
15 month period immediately preceding the
16 date on which the determination is being
17 made, or who are participating in an em-
18 ployee training or apprenticeship program;
19 and

20 “(II) are at high risk of developing
21 substance use disorder, including as a re-
22 sult of employment in industries that expe-
23 rience high rates of occupational injuries
24 and illness; or

1 “(ii) are experiencing a substance use
2 disorder or are in recovery from a sub-
3 stance use disorder.

4 “(3) APPLICATIONS.—To be eligible for a grant
5 under this subsection, an entity shall submit to the
6 Secretary an application at such time, in such man-
7 ner, and containing such information as the Sec-
8 retary may require, including—

9 “(A) a complete accounting of the dis-
10 bursement of any prior grants received under
11 this title by the applicant and the results
12 achieved by such expenditures;

13 “(B) a description of the population to be
14 served with grant funds provided under this
15 section, including a description of the unique
16 risks the population faces for experiencing occu-
17 pational injuries or exposure to illicit sub-
18 stances;

19 “(C) the goals and objectives to be
20 achieved with grant funds provided under this
21 section, including targets and milestones that
22 are intended to be met, the activities that will
23 be undertaken to achieve those targets, and the
24 number of individuals likely to be served by the

1 grant funds, including demographic data on the
2 populations to be served;

3 “(D) a demonstration of the ability of the
4 applicant to reach the individuals described in
5 paragraph (2)(G) and to provide services de-
6 scribed in paragraph (2)(B) included in the ap-
7 plicant’s grant application, including by
8 partnering with local stakeholders;

9 “(E) for any prior funding received under
10 this subsection, data provided in such form as
11 the Secretary shall require detailing, at a min-
12 imum, the extent to which the activities sup-
13 ported by the funding met the goals, objectives,
14 targets, and milestones specified in the applica-
15 tion for the funding, and the number of individ-
16 uals with and without substance use disorder
17 who received services supported by the funding,
18 including the services provided to these individ-
19 uals, the industries in which the individuals
20 were employed when they received services, and
21 whether the individuals were still employed in
22 that same industry or in any industry when the
23 individuals ceased receiving services supported
24 by the funding; and

1 “(F) any other information the Secretary
2 shall require.

3 “(4) DATA REPORTING AND OVERSIGHT.—An
4 entity awarded a grant under this subsection shall
5 submit to the Secretary an annual report at such
6 time and in such manner as the Secretary shall re-
7 quire. Such report shall include, at a minimum, a
8 description of—

9 “(A) the activities funded by the grant;

10 “(B) the number of individuals with and
11 without substance use disorder served through
12 activities funded by the grant, including the
13 services provided to those individuals and the
14 industries in which those individuals were em-
15 ployed at the time they received services sup-
16 ported by the grant;

17 “(C) for workers experiencing substance
18 use disorder or recovering from substance use
19 disorder served by activities funded by the
20 grant, the number of individuals who main-
21 tained employment, the number of individuals
22 who gained employment, and the number of in-
23 dividuals who failed to maintain employment
24 over the course of the reporting period; and

1 “(D) any other information required by the
2 Secretary.

3 “(5) AUTHORIZATION OF APPROPRIATIONS.—

4 There is authorized to be appropriated to carry out
5 this subsection—

6 “(A) \$40,000,000 for fiscal year 2022;

7 “(B) \$40,000,000 for fiscal year 2023;

8 “(C) \$40,000,000 for fiscal year 2024;

9 “(D) \$40,000,000 for fiscal year 2025;

10 “(E) \$40,000,000 for fiscal year 2026;

11 “(F) \$40,000,000 for fiscal year 2027;

12 “(G) \$40,000,000 for fiscal year 2028;

13 “(H) \$40,000,000 for fiscal year 2029;

14 “(I) \$40,000,000 for fiscal year 2030; and

15 “(J) \$40,000,000 for fiscal year 2031.

16 “(b) RESEARCH ON THE IMPACT OF SUBSTANCE USE
17 DISORDER IN THE WORKPLACE AND ON DIRECT SERVICE
18 PROVIDERS.—

19 “(1) RISKS OF SUBSTANCE USE DISORDER.—

20 The Secretary, in consultation with the Director of
21 the National Institute for Occupational Safety and
22 Health, shall conduct (directly or through grants or
23 contracts) research, experiments, and demonstra-
24 tions, and publish studies relating to—

1 “(A) the risks faced by employees in var-
2 rious occupations of developing substance use
3 disorder and of drug overdose deaths and non-
4 fatal drug overdoses, and the formulation of
5 prevention activities tailored to the risks identi-
6 fied in these occupations, including occupational
7 injury and illness prevention;

8 “(B) the prevalence of substance use dis-
9 order among employees in various occupations;

10 “(C) efforts that employers may undertake
11 to assist employees who are undergoing sub-
12 stance use disorder treatment services in main-
13 taining employment while ensuring workplaces
14 are safe and healthful;

15 “(D) risks of occupational exposure to
16 opioids and other illicit substances and the for-
17 mulation of prevention activities tailored to the
18 risks identified; and

19 “(E) other subjects related to substance
20 use disorder in the workplace as the Secretary
21 determines.

22 “(2) DIRECT SERVICE PROVIDERS.—The Sec-
23 retary shall conduct (directly or through grants or
24 contracts) research, experiments, and demonstra-
25 tions, and publish studies relating to the occupa-

1 tional health and safety, recruitment, and retention
2 of behavioral health providers who, as part of their
3 job responsibilities, provide direct services to individ-
4 uals who are at risk of experiencing substance use
5 disorder or who are experiencing or recovering from
6 substance use disorder, including—

7 “(A) identifying factors that the Secretary
8 believes may endanger the health or safety of
9 such workers, including factors that affect the
10 risks such workers face of developing substance
11 use disorder;

12 “(B) motivational and behavioral factors
13 relating to the field of behavioral health pro-
14 viders;

15 “(C) strategies to support the recruitment
16 and retention of behavioral health providers;
17 and

18 “(D) other subjects related to behavioral
19 health providers engaged in direct provision of
20 substance use disorder prevention and treat-
21 ment services as the Secretary determines ap-
22 propriate.

23 “(3) AUTHORIZATION OF APPROPRIATIONS.—
24 There is authorized to be appropriated to carry out
25 this subsection—

- 1 “(A) \$10,000,000 for fiscal year 2022;
2 “(B) \$10,000,000 for fiscal year 2023;
3 “(C) \$10,000,000 for fiscal year 2024;
4 “(D) \$10,000,000 for fiscal year 2025;
5 “(E) \$10,000,000 for fiscal year 2026;
6 “(F) \$10,000,000 for fiscal year 2027;
7 “(G) \$10,000,000 for fiscal year 2028;
8 “(H) \$10,000,000 for fiscal year 2029;
9 “(I) \$10,000,000 for fiscal year 2030; and
10 “(J) \$10,000,000 for fiscal year 2031.

11 **“SEC. 3435. IMPROVING AND EXPANDING CARE.**

12 “(a) LEVEL OF CARE STANDARDS FOR SUBSTANCE
13 USE DISORDER TREATMENT SERVICES.—

14 “(1) IN GENERAL.—Not later than 1 year after
15 the date of enactment of this title, the Secretary, in
16 consultation with the American Society of Addiction
17 Medicine, State and tribal officials selected by the
18 Secretary, and other stakeholders as the Secretary
19 determines necessary, and after seeking public input,
20 shall promulgate model standards for the regulation
21 of substance use disorder treatment services.

22 “(2) SUBSTANCE USE DISORDER TREATMENT
23 SERVICES.—The model standards promulgated
24 under paragraph (1) shall, at a minimum—

1 “(A) identify the types of substance use
2 disorder treatment services intended to be cov-
3 ered without regard to whether they participate
4 in any Federal health care program (as defined
5 in section 1128B(f) of the Social Security Act)
6 and shall not include—

7 “(i) a private practitioner who is al-
8 ready licensed by a State licensing board
9 and whose practice is limited to non-inten-
10 sive outpatient care; or

11 “(ii) any substance use disorder treat-
12 ment service provided on a non-intensive
13 outpatient basis in the office of a private
14 practitioner who is licensed by a State li-
15 censing board;

16 “(B) require the designation of a single
17 State agency to serve as the primary regulator
18 in the State for substance use disorder treat-
19 ment services;

20 “(C) subject to paragraph (3), require that
21 substance use disorder treatment services iden-
22 tified in accordance with subparagraph (A), be
23 licensed by the respective States according to
24 the standards for levels of care set forth by the

1 American Society of Addiction Medicine in
2 2013 or an equivalent set of standards;

3 “(D) require implementation of a process
4 to ensure that substance use disorder treatment
5 program qualifications are verified by means of
6 an onsite inspection not less frequently than
7 every 3 years by the State agency serving as
8 the primary regulator in the State for substance
9 use disorder treatment services or by an inde-
10 pendent third party that is approved by the
11 State’s primary regulator; and

12 “(E) require that all patients leaving a res-
13 idential treatment program receive a written
14 transition plan prior to discharge from that
15 level of care.

16 “(3) ANNUAL ASSESSMENT.—Beginning with
17 respect to fiscal year 2022, the Secretary shall make
18 a determination with respect to each State on
19 whether the State has adopted, for each of the sub-
20 stance use disorder treatment services identified in
21 accordance with paragraph (2)(A), licensure stand-
22 ards that are in compliance in all material respects
23 with the model standards promulgated in accordance
24 with this subsection. In the event the American Soci-
25 ety of Addiction Medicine revises its criteria, the

1 Secretary shall revise the national model level of
2 care standards accordingly and disseminate any such
3 update to the States, and the States may adopt any
4 such updates to be in compliance with this sub-
5 section.

6 “(b) STANDARDS FOR OTHER SPECIFIED MATTERS
7 RELATED TO SUBSTANCE USE DISORDER TREATMENT
8 SERVICES AND RECOVERY RESIDENCES.—

9 “(1) IN GENERAL.—Not later than 2 year after
10 the date of enactment of this title, the Secretary, in
11 consultation with representatives of nonprofit service
12 providers and State and tribal officials as the Sec-
13 retary determines necessary, shall promulgate model
14 standards for the regulation of—

15 “(A) other specified matters related to sub-
16 stance use disorder treatment services; and

17 “(B) recovery residences.

18 “(2) OTHER SPECIFIED MATTERS RELATED TO
19 SUBSTANCE USE DISORDER TREATMENT SERV-
20 ICES.—The model standards promulgated under
21 paragraph (1)(A) shall, at a minimum—

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

1 “(B) include standards for data reporting
2 and require compilation of statewide reports;

3 “(C) require the establishment and mainte-
4 nance within each State of a toll-free telephone
5 number to receive complaints from the public
6 regarding substance use disorder treatment
7 service providers; and

8 “(D) require the establishment and main-
9 tenance on a publicly accessible internet website
10 of a list of all substance use disorder treatment
11 services in the State that have a certification in
12 effect in accordance with this section.

13 “(3) RECOVERY RESIDENCES.—

14 “(A) ECONOMIC RELATIONSHIP.—The
15 model standards promulgated under paragraph
16 (1)(B) shall, at a minimum, be applied to recov-
17 ery residences that have an ongoing economic
18 relationship with any commercial substance use
19 disorder treatment service.

20 “(B) MINIMUM REQUIREMENTS.—The
21 model standards promulgated under paragraph
22 (1)(B), which may include any model laws de-
23 veloped under section 550(a) shall, at a min-
24 imum, identify requirements for—

1 “(i) the designation of a single State
2 agency to certify recovery residences;

3 “(ii) the implementation of a process
4 to ensure that the qualifications of recovery
5 residences in which not fewer than 10
6 individuals may lawfully reside are verified
7 by means of an onsite inspection not less
8 frequently than every 3 years by the State
9 agency serving as the primary regulator in
10 the State or by an independent third party
11 that is approved by the State’s primary
12 regulator;

13 “(iii) fire, safety, and health stand-
14 ards;

15 “(iv) equipping residences with opioid
16 overdose reversal drug products, such as
17 naloxone and training residence owners,
18 operators, and employees in the adminis-
19 tration of naloxone;

20 “(v) recovery residence owners and
21 operators;

22 “(vi) a written policy that prohibits
23 the exclusion of individuals on the basis
24 that such individuals receive drugs ap-
25 proved by the Food and Drug Administra-

1 tion for the treatment of substance use dis-
2 order;

3 “(vii) the establishment and mainte-
4 nance within each State of a toll-free tele-
5 phone number to receive complaints from
6 the public regarding recovery residences;
7 and

8 “(viii) the establishment and mainte-
9 nance on a publicly accessible internet
10 website of a list of all recovery residences
11 in the State that have a certification in ef-
12 fect in accordance with this section.

13 “(4) ANNUAL ASSESSMENT.—Beginning with
14 respect to fiscal year 2023, the Secretary shall make
15 a determination with respect to each State on
16 whether the State has adopted, for each of the other
17 specified substance use disorder treatment services
18 identified in this section and for recovery residences,
19 standards that are in compliance in all material re-
20 spects with the model standards promulgated in ac-
21 cordance with this subsection.

22 “(c) ENSURING ACCESS TO MEDICATION FOR ADDIC-
23 TION TREATMENT.—

24 “(1) MEDICATION FOR ADDICTION TREAT-
25 MENT.—The Secretary may not make a grant under

1 this section unless the applicant for the grant agrees
2 to require all entities offering substance use disorder
3 treatment services under the grant to offer all drugs
4 approved by the Food and Drug Administration for
5 the treatment of substance use disorder for which
6 the applicant offers treatment.

7 “(2) WAIVER.—The Secretary may grant a
8 waiver with respect to any requirement of this sec-
9 tion if the grant applicant involved—

10 “(A) submits to the Secretary a justifica-
11 tion for such waiver containing such informa-
12 tion as the Secretary shall require; and

13 “(B) agrees to require all entities offering
14 substance use disorder treatment services under
15 the grant to—

16 “(i) offer, on site, at least 2 drugs ap-
17 proved by the Food and Drug Administra-
18 tion for the treatment of substance use dis-
19 order;

20 “(ii) provide counseling to patients on
21 the benefits and risks of all drugs ap-
22 proved by the Food and Drug Administra-
23 tion for the treatment of substance use dis-
24 order; and

1 “(iii) maintain an affiliation agree-
2 ment with a provider that can prescribe or
3 otherwise dispense all other forms of drugs
4 approved by the Food and Drug Adminis-
5 tration for the treatment of substance use
6 disorder.

7 “(3) GAO STUDY.—Not later than 1 year after
8 the date of enactment of this title, the Comptroller
9 General of the United States shall submit to Con-
10 gress a comprehensive report describing any rela-
11 tionship between substance use rates, pain manage-
12 ment practices of the Indian Health Service, and pa-
13 tient request denials through the purchased/referred
14 care program of the Indian Health Service.

15 “(d) ENSURING A FULL CONTINUUM OF SERV-
16 ICES.—

17 “(1) IN GENERAL.—Not later than 6 months
18 after the date of the enactment of this title, the Ad-
19 ministrator of the Centers for Medicare & Medicaid
20 Services shall issue a State Medicaid Director letter
21 and tribal leader letter explaining how States and
22 tribes can ensure access to a continuum of services
23 for adults with substance use disorders who are re-
24 ceiving medical assistance under title XIX of the So-
25 cial Security Act. Such letter shall describe how

1 States can cover the continuum of community-based,
2 residential, and inpatient substance use disorder
3 services and care coordination between different lev-
4 els of care as medical assistance, as defined in sec-
5 tion 1905(a) of such Act, including through section
6 1915 of such Act and through demonstration
7 projects under section 1115 of such Act.

8 “(2) MACPAC ANALYSIS.—Not later than 1
9 year after the date of the enactment of this title, the
10 Medicaid and CHIP Payment and Access Commis-
11 sion shall conduct an analysis, and make publicly
12 available a report containing the results of such
13 analysis, of States’ coverage of substance use serv-
14 ices for Medicaid beneficiaries. Such report shall in-
15 clude examples of promising strategies States use to
16 cover a continuum of community-based substance
17 use services.

18 “(3) ANNUAL ASSESSMENT.—Beginning with
19 respect to fiscal year 2022, the Secretary shall make
20 a determination with respect to each State on
21 whether the State has carried out the requirements
22 to ensure a continuum of services as described in
23 section 1915(l)(4)(C) of the Social Security Act.

24 **“SEC. 3436. NALOXONE DISTRIBUTION PROGRAM.**

25 “(a) ESTABLISHMENT OF PROGRAM.—

1 “(1) IN GENERAL.—The Secretary shall provide
2 for the purchase and delivery of federally approved
3 opioid overdose reversal drug products on behalf of
4 each State (or Indian tribe as defined in section 4
5 of the Indian Health Care Improvement Act) that
6 receives a grant under subtitle B. This paragraph
7 constitutes budget authority in advance of appro-
8 priations Acts, and represents the obligation of the
9 Federal Government to provide for the purchase and
10 delivery to States and Indian tribes of the opioid
11 overdose reversal drug products in accordance with
12 this paragraph.

13 “(2) SPECIAL RULES WHERE OPIOID OVERDOSE
14 REVERSAL DRUG PRODUCTS ARE UNAVAILABLE.—To
15 the extent that a sufficient quantity of opioid over-
16 dose reversal drug products are not available for
17 purchase or delivery under paragraph (1), the Sec-
18 retary shall provide for the purchase and delivery of
19 the available opioid overdose reversal drug products
20 in accordance with priorities established by the Sec-
21 retary, with priority given to States with at least one
22 local area eligible for funding under section 3401(a).

23 “(b) NEGOTIATION OF CONTRACTS WITH MANUFAC-
24 TURERS.—

1 “(1) IN GENERAL.—For the purpose of car-
2 rying out this section, the Secretary shall negotiate
3 and enter into contracts with manufacturers of
4 opioid overdose reversal drug products consistent
5 with the requirements of this subsection and, to the
6 maximum extent practicable, consolidate such con-
7 tracting with any other contracting activities con-
8 ducted by the Secretary to purchase opioid overdose
9 reversal drug products. The Secretary may enter
10 into such contracts under which the Federal Govern-
11 ment is obligated to make outlays, the budget au-
12 thority for which is not provided for in advance in
13 appropriations Acts, for the purchase and delivery of
14 opioid overdose reversal drug products under sub-
15 section (a).

16 “(2) AUTHORITY TO DECLINE CONTRACTS.—
17 The Secretary may decline to enter into contracts
18 under this subsection and may modify or extend
19 such contracts.

20 “(3) CONTRACT PRICE.—

21 “(A) IN GENERAL.—The Secretary, in ne-
22 gotiating the prices at which opioid overdose re-
23 versal drug products will be purchased and de-
24 livered from a manufacturer under this sub-
25 section, shall take into account quantities of

1 opioid overdose reversal drug products to be
2 purchased by States under the option under
3 paragraph (4)(B).

4 “(B) NEGOTIATION OF DISCOUNTED PRICE
5 FOR OPIOID OVERDOSE REVERSAL DRUG PROD-
6 UCTS.—With respect to contracts entered into
7 for the purchase of opioid overdose reversal
8 drug products on behalf of States under this
9 subsection, the price for the purchase of such
10 drug product shall be a discounted price nego-
11 tiated by the Secretary.

12 “(4) PRODUCT DOSAGE.—All opioid overdose
13 reversal products purchased under this section shall
14 contain—

15 “(A) for each dose, the maximum amount
16 of active pharmaceutical ingredient that acts as
17 an opioid receptor antagonist as recommended
18 by the Food and Drug Administration as an
19 initial dose when administered by one of the ap-
20 proved, labeled routes of administration in
21 adults; and

22 “(B) a minimum of two doses packaged to-
23 gether.

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

1 “(A) the Secretary shall provide, consistent
2 with paragraph (6), for the purchase and deliv-
3 ery on behalf of States and Indian tribes of
4 quantities of opioid overdose reversal drug
5 products; and

6 “(B) each State and Indian tribe, at the
7 option of the State or tribe, shall be permitted
8 to obtain additional quantities of opioid over-
9 dose reversal drug products (subject to amounts
10 specified to the Secretary by the State or tribe
11 in advance of negotiations) through purchasing
12 the opioid overdose reversal drug products from
13 the manufacturers at the applicable price nego-
14 tiated by the Secretary consistent with para-
15 graph (3), if the State or tribe provides to the
16 Secretary such information (at a time and man-
17 ner specified by the Secretary, including in ad-
18 vance of negotiations under paragraph (1)) as
19 the Secretary determines to be necessary, to
20 provide for quantities of opioid overdose rever-
21 sal drug products for the State or tribe to pur-
22 chase pursuant to this subsection and to deter-
23 mine annually the percentage of the opioid over-
24 dose reversal drug market that is purchased
25 pursuant to this section and this subparagraph.

1 The Secretary shall enter into the initial negotia-
2 tions not later than 180 days after the date of the
3 enactment of this title.

4 “(6) CHARGES FOR SHIPPING AND HAN-
5 DLING.—The Secretary may enter into a contract
6 referred to in paragraph (1) only if the manufac-
7 turer involved agrees to submit to the Secretary
8 such reports as the Secretary determines to be ap-
9 propriate to assure compliance with the contract and
10 if, with respect to a State program under this sec-
11 tion that does not provide for the direct delivery of
12 qualified opioid overdose reversal drug products, the
13 manufacturer involved agrees that the manufacturer
14 will provide for the delivery of the opioid overdose
15 reversal drug products on behalf of the State in ac-
16 cordance with such program and will not impose any
17 charges for the costs of such delivery (except to the
18 extent such costs are provided for in the price estab-
19 lished under paragraph (3)).

20 “(7) MULTIPLE SUPPLIERS.—In the case of the
21 opioid overdose reversal drug product involved, the
22 Secretary may, as appropriate, enter into a contract
23 referred to in paragraph (1) with each manufacturer
24 of the opioid overdose reversal drug product that
25 meets the terms and conditions of the Secretary for

1 an award of such a contract (including terms and
2 conditions regarding safety and quality). With re-
3 spect to multiple contracts entered into pursuant to
4 this paragraph, the Secretary may have in effect dif-
5 ferent prices under each of such contracts and, with
6 respect to a purchase by States pursuant to para-
7 graph (4)(B), each eligible State may choose which
8 of such contracts will be applicable to the purchase.

9 “(c) USE OF OPIOID OVERDOSE REVERSAL DRUG
10 PRODUCT LIST.—Beginning not later than one year after
11 the first contract has been entered into under this section,
12 the Secretary shall use, for the purpose of the purchase,
13 delivery, and administration of opioid overdose reversal
14 drug products under this section, the list established (and
15 periodically reviewed and, as appropriate, revised) by an
16 advisory committee, established by the Secretary and lo-
17 cated within the Centers for Disease Control and Preven-
18 tion, which considers the cost effectiveness of each opioid
19 overdose reversal drug product.

20 “(d) STATE DISTRIBUTION OF OPIOID OVERDOSE
21 REVERSAL DRUG PRODUCTS.—States shall distribute
22 opioid overdose reversal drug products received under this
23 section to the following:

1 “(1) First responders and local emergency med-
2 ical services organizations, including volunteer emer-
3 gency medical services organizations.

4 “(2) Public entities with authority to administer
5 local public health services, including all local health
6 departments, for the purposes of making opioid over-
7 dose reversal drug products available to—

8 “(A) nonprofit entities, including—

9 “(i) community-based organizations
10 that provide substance use disorder treat-
11 ments or harm reduction services;

12 “(ii) nonprofit entities that provide
13 substance use disorder treatments or harm
14 reduction services; and

15 “(iii) faith based organizations that
16 provide substance use disorder treatments
17 or harm reduction services;

18 “(B) other areas of high need; and

19 “(C) the general public.

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

23 “(1) establish a program for distributing opioid
24 overdose reversal drug products to first responders,
25 the general public, and entities with authority to ad-

1 minister local public health services, including local
2 health departments;

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

7 “(3) certify to the Secretary that the State has
8 in place a Good Samaritan Law that ensures immu-
9 nity from arrest and prosecution, including from pa-
10 role and probation violations, except that the State
11 may apply to the Secretary for a waiver of the re-
12 quirement of this paragraph, and such waiver if
13 granted shall not be longer than 3 years in duration
14 and may not be renewed unless the State can show
15 progress being made towards instituting a Good Sa-
16 maritan Law; and

17 “(4) certify to the Secretary that the State has
18 in place additional measures that enhance access to
19 opioid overdose reversal drug products, such as laws
20 that provide civil or disciplinary immunity for med-
21 ical personnel who prescribe an opioid overdose re-
22 versal drug product, Third Party Prescription Laws,
23 Collaborative Practice Agreements, and Standing
24 Orders.

1 “(f) INDIAN TRIBE REQUIREMENTS.—The Indian
2 Health Service, in consultation with Indian tribes, shall
3 determine any requirements that shall apply to Indian
4 tribes receiving opioid overdose reversal drug products
5 made available under this section.

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

7 “(1) COLLABORATIVE PRACTICE AGREEMENT.—
8 The term ‘Collaborative Practice Agreement’ means
9 an agreement under which a pharmacist operates
10 under authority delegated by another licensed practi-
11 tioner with prescribing authority.

12 “(2) EMERGENCY MEDICAL SERVICE.—The
13 term ‘emergency medical service’ means resources
14 used by a public or private licensed entity to deliver
15 medical care outside of a medical facility under
16 emergency conditions that occur as a result of the
17 condition of the patient and includes services deliv-
18 ered (either on a compensated or volunteer basis) by
19 an emergency medical services provider or other pro-
20 vider that is licensed or certified by the State in-
21 volved as an emergency medical technician, a para-
22 medic, or an equivalent professional (as determined
23 by the State).

24 “(3) GOOD SAMARITAN LAW.—The term ‘Good
25 Samaritan Law’ means a law that provides criminal

1 immunity for a person who administers an opioid
2 overdose reversal drug product, a person who, in
3 good faith, seeks medical assistance for someone ex-
4 periencing a drug-related overdose, or a person who
5 experiences a drug-related overdose and is in need of
6 medical assistance and, in good faith, seeks such
7 medical assistance, or is the subject of such a good
8 faith request for medical assistance.

9 “(4) INDIANS.—The terms ‘Indian’, ‘Indian
10 tribe’, ‘tribal organization’, and ‘urban Indian orga-
11 nization’ have the meanings given such terms in sec-
12 tion 4 of the Indian Health Care Improvement Act.

13 “(5) MANUFACTURER.—The term ‘manufac-
14 turer’ means any corporation, organization, or insti-
15 tution, whether public or private (including Federal,
16 State, and local departments, agencies, and instru-
17 mentalities), which manufactures, imports, proc-
18 esses, or distributes under its label any opioid over-
19 dose reversal drug product. The term ‘manufacture’
20 means to manufacture, import, process, or distribute
21 an opioid overdose reversal drug.

22 “(6) OPIOID OVERDOSE REVERSAL DRUG PROD-
23 UCT.—The term ‘opioid overdose reversal drug prod-
24 uct’ means a finished dosage form that has been ap-
25 proved by the Food and Drug Administration and

1 that contains an active pharmaceutical ingredient
2 that acts as an opioid receptor antagonist. The term
3 ‘opioid overdose reversal drug product’ includes a
4 combination product, as defined in section 3.2(e) of
5 title 21, Code of Federal Regulations.

6 “(7) STANDING ORDER.—The term ‘standing
7 order’ means a non-patient-specific order covering
8 administration of medication by others to a patient
9 who may be unknown to the prescriber at the time
10 of the order.

11 “(8) THIRD PARTY PRESCRIPTION.—The term
12 ‘third party prescription’ means an order written for
13 medication dispensed to one person with the inten-
14 tion that it will be administered to another person.

15 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this suc-
17 tion—

18 “(1) \$1,000,000,000 for fiscal year 2022;

19 “(2) \$1,000,000,000 for fiscal year 2023;

20 “(3) \$1,000,000,000 for fiscal year 2024;

21 “(4) \$1,000,000,000 for fiscal year 2025;

22 “(5) \$1,000,000,000 for fiscal year 2026;

23 “(6) \$1,000,000,000 for fiscal year 2027;

24 “(7) \$1,000,000,000 for fiscal year 2028;

25 “(8) \$1,000,000,000 for fiscal year 2029;

1 “(9) \$1,000,000,000 for fiscal year 2030; and

2 “(10) \$1,000,000,000 for fiscal year 2031.

3 **“SEC. 3437. ADDITIONAL FUNDING FOR THE NATIONAL IN-**
4 **STITUTES OF HEALTH.**

5 “There is authorized to be appropriated to the Na-
6 tional Institutes of Health for the purpose of conducting
7 research on addiction and pain, including research to de-
8 velop overdose reversal drug products, non-opioid drug
9 products and non-pharmacological treatments for address-
10 ing pain and substance use disorder, and drug products
11 used to treat substance use disorder—

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

13 “(2) \$1,000,000,000 for fiscal year 2023;

14 “(3) \$1,000,000,000 for fiscal year 2024;

15 “(4) \$1,000,000,000 for fiscal year 2025;

16 “(5) \$1,000,000,000 for fiscal year 2026;

17 “(6) \$1,000,000,000 for fiscal year 2027;

18 “(7) \$1,000,000,000 for fiscal year 2028;

19 “(8) \$1,000,000,000 for fiscal year 2029;

20 “(9) \$1,000,000,000 for fiscal year 2030; and

21 “(10) \$1,000,000,000 for fiscal year 2031.

22 **“SEC. 3438. ADDITIONAL FUNDING FOR THE CENTERS FOR**
23 **DISEASE CONTROL AND PREVENTION.**

24 “(a) IMPROVED DATA COLLECTION AND PREVEN-
25 TION OF INFECTIOUS DISEASE TRANSMISSION.—

1 “(1) DATA COLLECTION.—The Centers for Dis-
2 ease Control and Prevention shall use a portion of
3 the funding appropriated under this section to en-
4 sure that all States participate in the Enhanced
5 State Opioid Overdose Surveillance program and to
6 provide technical assistance to medical examiners
7 and coroners to facilitate improved data collection on
8 fatal overdoses through such program.

9 “(2) CENTERS FOR DISEASE CONTROL AND
10 PREVENTION.—The Centers for Disease Control and
11 Prevention shall use amounts appropriated under
12 this section for the purpose of improving data on
13 drug overdose deaths and non-fatal drug overdoses,
14 surveillance related to addiction and substance use
15 disorder, and the prevention of transmission of infec-
16 tious diseases related to substance use.

17 “(3) TRIBAL DATA.—Not later than 6 months
18 after the date of enactment of this title, the Director
19 of the Centers for Disease Control and Prevention
20 shall consult with Indian tribes and confer with
21 urban Indian organizations to develop and imple-
22 ment strategies that improve surveillance and re-
23 porting of fatal overdose deaths among American In-
24 dians and Alaska Natives, including strategies that
25 reduce the underestimation of fatal overdose deaths

1 among American Indians and Alaska Natives due to
2 undersampling or racial misclassification in State
3 and Federal public health surveillance systems.

4 “(b) CHILDHOOD TRAUMA.—The Centers for Disease
5 Control and Prevention shall use a portion of the funding
6 appropriated under this section to fund the surveillance
7 and data collection activities described in section 7131 of
8 the SUPPORT for Patients and Communities Act, includ-
9 ing to encourage all States to participate in collecting and
10 reporting data on adverse childhood experiences through
11 the Behavioral Risk Factor Surveillance System, the
12 Youth Risk Behavior Surveillance System, and other rel-
13 evant public health surveys or questionnaires.

14 “(c) WORKER HEALTH RISKS.—The Centers for Dis-
15 ease Control and Prevention shall use a portion of the
16 funding appropriated under this section for data collection
17 and surveillance activities on substance use, substance use
18 disorders, drug overdose deaths, and non-fatal drug
19 overdoses among workers, and the factors and practices
20 that contribute to such use, disorders, and overdoses, in-
21 cluding occupational injuries and illness as well as occupa-
22 tional exposure to opioids and other illicit and licit drugs.

23 “(d) TRIBAL EPIDEMIOLOGY CENTERS.—There shall
24 be made available to the Indian Health Service for the
25 purpose of funding efforts by Indian tribes and tribal epi-

1 demiology centers to improve data on drug overdose
2 deaths and non-fatal drug overdoses, surveillance related
3 to addiction and substance use disorder, and prevention
4 of childhood trauma, not less than 1.5 percent of the total
5 amount appropriated under this section for each fiscal
6 year.

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

9 “(1) \$500,000,000 for fiscal year 2022;

10 “(2) \$500,000,000 for fiscal year 2023;

11 “(3) \$500,000,000 for fiscal year 2024;

12 “(4) \$500,000,000 for fiscal year 2025;

13 “(5) \$500,000,000 for fiscal year 2026;

14 “(6) \$500,000,000 for fiscal year 2027;

15 “(7) \$500,000,000 for fiscal year 2028;

16 “(8) \$500,000,000 for fiscal year 2029;

17 “(9) \$500,000,000 for fiscal year 2030; and

18 “(10) \$500,000,000 for fiscal year 2031.

19 **“SEC. 3439. DEFINITIONS.**

20 “In this title:

21 “(1) PLANNING COUNCIL.—The term ‘planning
22 council’ means the substance use planning council
23 established under section 3402.

24 “(2) RECOVERY RESIDENCE.—The term ‘recov-
25 ery residence’ means a residential dwelling unit, or

1 other form of group housing, that is offered or ad-
2 vertised through any means, including oral, written,
3 electronic, or printed means, by any individual or en-
4 tity as a residence that provides an evidence-based,
5 peer-supported living environment for individuals un-
6 dergoing any type of substance use disorder treat-
7 ment or who have received any type of substance use
8 disorder treatment in the past 3 years, including
9 medication for addiction treatment.

10 “(3) STATE.—

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

14 “(B) TERRITORIES.—The term ‘territory’
15 means each of American Samoa, Guam, the
16 Commonwealth of Puerto Rico, the Common-
17 wealth of the Northern Mariana Islands, the
18 Virgin Islands, the Republic of the Marshall Is-
19 lands, the Federated States of Micronesia, and
20 Palau.

21 “(4) SUBSTANCE USE DISORDER TREAT-
22 MENT.—

23 “(A) IN GENERAL.—The term ‘substance
24 use disorder treatment’ means an evidence-
25 based, professionally directed, deliberate, and

1 planned regimen including evaluation, observa-
2 tion, medical monitoring, and rehabilitative
3 services and interventions such as
4 pharmacotherapy, mental health services, and
5 individual and group counseling, on an inpa-
6 tient or outpatient basis, to help patients with
7 substance use disorder reach remission and
8 maintain recovery.

9 “(B) TYPES OF TREATMENT.—Substance
10 use disorder treatments shall include the fol-
11 lowing:

12 “(i) Clinical stabilization services,
13 which are evidence-based services provided
14 in secure, acute care facilities (which may
15 be referred to as ‘addictions receiving fa-
16 cilities’) that, at a minimum—

17 “(I) provide intoxication manage-
18 ment and stabilization services;

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

21 “(III) that serve individuals
22 found to be substance use impaired.

23 These can also be referred to as ‘Ad-
24 dictions receiving facilities’.

1 “(ii) Withdrawal management and de-
2 toxification, which is a medical service that
3 is provided on an inpatient or an out-
4 patient basis to assist an individual in
5 managing the process of withdrawal from
6 the physiological and psychological effects
7 of substance use disorder.

8 “(iii) All outpatient, residential, and
9 inpatient services described in section
10 1915(l)(4)(c) of the Social Security Act.

11 “(C) LIMITATION.—Substance use disorder
12 treatment providers shall not include—

13 “(i) prevention only providers; and

14 “(ii) a private practitioner who is li-
15 censed by a State licensing board and
16 whose practice is limited to non-intensive
17 outpatient care.

18 “(5) SUBSTANCE USE DISORDER TREATMENT
19 SERVICES.—The term ‘substance use disorder treat-
20 ment services’ means any prevention services, core
21 medical services, recovery and support services, early
22 intervention services, and harm reduction services
23 authorized under this title.”.

1 **SEC. 4. AMENDMENTS TO THE CONTROLLED SUBSTANCES**
2 **ACT.**

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

6 “CERTIFICATIONS RELATING TO DIVERSION CONTROLS
7 AND MISBRANDING

8 “SEC. 313. (a) DEFINITIONS.—In this section—

9 “(1) the term ‘covered dispenser’—

10 “(A) means a dispenser—

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

13 “(ii) dispenses a controlled substance
14 in schedule II; and

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

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

19 “(ii) operating in that capacity;

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

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

24 “(B) distributes a controlled substance in
25 schedule II;

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

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

5 “(B) manufactures a controlled substance
6 in schedule II;

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

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

11 “(i) the chief executive officer of the
12 covered person;

13 “(ii) the president of the covered per-
14 son;

15 “(iii) the chief medical officer of the
16 covered person; or

17 “(iv) the chief counsel of the covered
18 person; and

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

21 “(5) the term ‘covered person’ means—

22 “(A) a covered dispenser;

23 “(B) a covered distributor; or

24 “(C) a covered manufacturer.

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

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

9 “(2) certifying that—

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

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

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

24 “(c) CERTIFICATIONS RELATING TO MIS-
25 BRANDING.—

1 “(1) IN GENERAL.—Not later than 180 days
2 after the date of enactment of this section, and each
3 year thereafter, each covered officer of a covered
4 manufacturer shall submit to the Secretary, for each
5 controlled substance in schedule II manufactured by
6 the covered manufacturer, a certification—

7 “(A) signed by the covered officer; and

8 “(B) certifying that the controlled sub-
9 stance is not misbranded, as described in sec-
10 tion 502 of the Federal Food, Drug, and Cos-
11 metic Act (21 U.S.C. 352).

12 “(2) NOTIFICATION TO THE ATTORNEY GEN-
13 ERAL.—

14 “(A) FAILURE TO SUBMIT CERTIFI-
15 CATIONS.—Not later than 30 days after the
16 date on which a covered officer of a covered
17 manufacturer is required to submit a certifi-
18 cation under paragraph (1) and fails to do so,
19 the Secretary shall notify the Attorney General
20 of the failure by the covered officer to submit
21 the certification.

22 “(B) FALSE CERTIFICATIONS RELATING
23 TO MISBRANDING.—Not later than 30 days
24 after the date on which the Secretary becomes
25 aware that a certification submitted under

1 paragraph (1) contains a materially false state-
2 ment or representation relating to the mis-
3 branding of a controlled substance with respect
4 to the year for which the certification is sub-
5 mitted, the Secretary shall notify the Attorney
6 General that the certification contains the ma-
7 terially false statement or representation.”.

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

11 “CERTIFICATIONS BY COVERED OFFICERS

12 “SEC. 424. (a) DEFINITIONS.—In this section, the
13 terms ‘covered dispenser’, ‘covered distributor’, ‘covered
14 manufacturer’, ‘covered officer’, and ‘covered person’ have
15 the meanings given those terms in section 313.

16 “(b) OFFENSES.—

17 “(1) FAILURE TO SUBMIT CERTIFICATIONS.—

18 “(A) CERTIFICATIONS RELATING TO DI-
19 VERSION CONTROLS.—It shall be unlawful for a
20 covered officer of a covered person to fail to
21 submit a certification required under section
22 313(b), without regard to the state of mind of
23 the covered officer.

24 “(B) CERTIFICATIONS RELATING TO MIS-
25 BRANDING.—It shall be unlawful for a covered
26 officer of a covered manufacturer to fail to sub-

1 mit a certification required under section
2 313(c)(1), without regard to the state of mind
3 of the covered officer.

4 “(2) SUBMISSION OF FALSE CERTIFICATIONS.—

5 “(A) FALSE CERTIFICATIONS RELATING TO
6 DIVERSION CONTROLS.—It shall be unlawful for
7 a covered officer of a covered person to submit
8 a certification required under section 313(b),
9 without regard to the state of mind of the cov-
10 ered officer, that contains a materially false
11 statement or representation relating to the in-
12 formation required to be certified under that
13 section for the year for which the certification
14 is submitted.

15 “(B) FALSE CERTIFICATIONS RELATING
16 TO MISBRANDING.—It shall be unlawful for a
17 covered officer of a covered manufacturer to
18 submit a certification required under section
19 313(c)(1), without regard to the state of mind
20 of the covered officer, that contains a materially
21 false statement or representation relating to the
22 misbranding of a controlled substance with re-
23 spect to the year for which the certification is
24 submitted.

25 “(c) PENALTIES.—

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

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

8 “(d) COMPREHENSIVE ADDICTION RESOURCES
9 FUND.—

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

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

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

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

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

24 “(A) remain available until expended; and

1 “(B) be made available to supplement
2 amounts appropriated to carry out title XXXIV
3 of the Public Health Service Act.”.

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

6 (1) in subsection (d)(1)—

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

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

12 (2) in subsection (f)—

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

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

19 (d) TECHNICAL AND CONFORMING AMENDMENTS.—

20 The table of contents for the Comprehensive Drug Abuse
21 Prevention and Control Act of 1970 (Public Law 91–513;
22 84 Stat. 1236) is amended—

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

“Sec. 312. Suspicious orders.

“Sec. 313. Certifications relating to diversion controls and misbranding.”;

1 and

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

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

4 (e) EFFECTIVE DATE.—The amendments made by
5 subsections (b) and (c) of this section shall take effect on
6 the date that is 180 days after the date of enactment of
7 this Act.

8 **SEC. 5. GENERAL LIMITATION ON USE OF FUNDS.**

9 Amounts appropriated or provided under this Act, or
10 an amendment made by this Act, shall be used only for
11 the public health purposes described in this Act (or
12 amendments) and shall not be used to increase the incar-
13 ceration or institutionalization of individuals with sub-
14 stance use disorder.

15 **SEC. 6. FEDERAL DRUG DEMAND REDUCTION ACTIVITIES.**

16 (a) PUBLICATION OF LIST.—

17 (1) AMENDMENT.—Section 705(f) of the Office
18 of National Drug Control Policy Reauthorization Act
19 of 1998 (21 U.S.C. 1704(f)) is amended by inserting
20 at the end the following new paragraph:

21 “(5) PUBLICATION OF LIST.—The Director
22 shall publish online a complete list of all drug con-
23 trol program grant programs and any other relevant
24 information included in the system developed under
25 paragraph (1).”.

1 (2) DEADLINE AND FREQUENCY.—Not later
2 than one year after the date of the enactment of this
3 Act, and annually thereafter, the Director of Na-
4 tional Drug Control Policy shall publish the list re-
5 quired under section 705(f)(5) of the National Drug
6 Control Act of 1998, as added by paragraph (1).

7 (b) NATIONAL DRUG CONTROL STRATEGY.—Section
8 706(c)(1) of the National Drug Control Act of 1998 (21
9 U.S.C. 1705(c)(1)) is amended by adding at the end the
10 following new subparagraph:

11 “(O) A review of all federally funded de-
12 mand reduction activities, including an evalua-
13 tion of—

14 “(i) the effectiveness of those activi-
15 ties;

16 “(ii) the contribution of those activi-
17 ties to demand reduction activities funded
18 by State, local, and Tribal governments;
19 and

20 “(iii) whether any duplication or inef-
21 ficiency in federally funded demand reduc-
22 tion activities needs to be addressed.”.