

117TH CONGRESS
1ST SESSION

H. R. 6311

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 HOUSE OF REPRESENTATIVES

DECEMBER 16, 2021

Mrs. CAROLYN B. MALONEY of New York (for herself, Ms. KUSTER, Mr. TRONE, Mr. LYNCH, Ms. DEAN, Ms. LEE of California, Ms. JACKSON LEE, Ms. PINGREE, Ms. ROSS, Mr. MOULTON, Mr. MCGOVERN, Mr. KEATING, Ms. NORTON, Mr. CONNOLLY, Ms. TLAIB, Mrs. MCBATH, Ms. PRESSLEY, Mr. POCAN, Ms. GARCIA of Texas, Mr. CICILLINE, Mr. CLEAVER, Ms. TITUS, Ms. UNDERWOOD, Mrs. TRAHAN, Ms. MENG, Mr. RASKIN, Mr. DESAULNIER, Mr. CÁRDENAS, Ms. VELÁZQUEZ, Ms. SPANBERGER, Mr. RYAN, Ms. MANNING, Ms. MCCOLLUM, Mr. SCHIFF, Ms. KELLY of Illinois, Ms. MATSUI, Ms. BROWNLEY, Mr. PERLMUTTER, Mr. WELCH, Ms. SCANLON, Ms. CLARK of Massachusetts, Ms. OCASIO-CORTEZ, Mr. TAKANO, Mrs. HAYES, Mr. COOPER, Mr. NEGUSE, Mr. KILMER, Mr. CASE, Mr. BLUMENAUER, Mr. LIEU, Mr. GRIJALVA, Mr. O'HALLERAN, Ms. WASSERMAN SCHULTZ, Mr. GOMEZ, Mr. KRISHNAMOORTHY, Mr. SUOZZI, Mr. NADLER, Ms. BUSH, Mr. KHANNA, Ms. SEWELL, Mr. JONES, Mr. GALLEG0, Mr. ESPAILLAT, Ms. JAYAPAL, Mr. MFUME, Ms. BARRAGÁN, Ms. SCHAKOWSKY, Mr. TORRES of New York, Ms. MOORE of Wisconsin, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. HUFFMAN, Mr. LARSON of Connecticut, Mr. THOMPSON of California, Mr. GARCÍA of Illinois, Mr. TONKO, Mr. CARSON, Mr. CARTWRIGHT, Mr. DANNY K. DAVIS of Illinois, Mr. MORELLE, Ms. BASS, Mrs. WATSON COLEMAN, Mr. MEEKS, Mrs. DINGELL, Mr. JOHNSON of Georgia, Ms. BROWN of Ohio, Ms. CHU, Mr. YARMUTH, Ms. BONAMICI, Mr. SARBANES, Mr. CUELLAR, Ms. ESCOBAR, Mr. PAPPAS, Mr. BOWMAN, Mr. PANETTA, Ms. SÁNCHEZ, Ms. DEGETTE, and Ms. ROYBAL-ALLARD) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, the Judiciary, and Oversight and Reform, for a period to be sub-

sequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide emergency assistance to States, territories, Tribal nations, and local areas affected by 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 non-profit 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

1 of more effective and cost efficient systems for the delivery
 2 of essential services to individuals with substance use dis-
 3 order, including with co-occurring mental health and sub-
 4 stance use disorders, and their families.

5 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
 6 **ACT.**

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

9 **“TITLE XXXIV—SUBSTANCE USE**
 10 **RESOURCES**

11 **“Subtitle A—Local Substance Use**
 12 **Emergency Relief Grant Program**

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

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

17 “(b) ELIGIBILITY.—

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

20 “(A) be—

21 “(i) a county that can demonstrate
 22 that the rate of drug overdose deaths per
 23 100,000 population in the county during
 24 the most recent 3-year period for which
 25 such data are available was not less than

1 the rate of such deaths for the county that
2 ranked at the 67th percentile of all coun-
3 ties, as determined by the Secretary;

4 “(ii) a county that can demonstrate
5 that the number of drug overdose deaths
6 during the most recent 3-year period for
7 which such data are available was not less
8 than the number of such deaths for the
9 county that ranked at the 90th percentile
10 of all counties, as determined by the Sec-
11 retary;

12 “(iii) a county that encompasses an
13 undeserved area, defined as a health pro-
14 fessional shortage area (as defined in sec-
15 tion 332(a)(1)(A)) and a medically under-
16 served area (according to a designation
17 under section 330(b)(3)(A)), that can dem-
18 onstrate a high burden of both fatal and
19 non-fatal drug overdoses in a manner de-
20 termined by the Secretary; or

21 “(iv) a city that is located within a
22 county described in clause (i), (ii), or (iii)
23 that meets the requirements of paragraph
24 (3); and

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

3 “(2) MULTIPLE CONTIGUOUS COUNTIES.—In
4 the case of an eligible county that is contiguous to
5 one or more other eligible counties within the same
6 State, the group of counties shall—

7 “(A) be considered as a single eligible
8 county for purposes of a grant under this sec-
9 tion;

10 “(B) submit a single application under sec-
11 tion 3404;

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

14 “(D) establish, through intergovernmental
15 agreements, an administrative mechanism to al-
16 locate funds and substance use disorder treat-
17 ment services under the grant based on—

18 “(i) the number and rate of drug
19 overdose deaths and nonfatal drug
20 overdoses in each of the counties that com-
21 pose the eligible county;

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

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

1 “(3) CITIES AND COUNTIES WITHIN MULTIPLE
2 CONTIGUOUS COUNTIES.—

3 “(A) IN GENERAL.—A city that is within
4 an eligible county described in paragraph (1),
5 or a county or group of counties that is within
6 a group of counties determined to be an eligible
7 county under paragraph (2), shall be eligible to
8 receive a grant under section 3401 if such city
9 or county or group of counties meets the re-
10 quirements of subparagraph (B).

11 “(B) REQUIREMENTS.—A city or county
12 meets the requirements of this subparagraph if
13 such city or county—

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

17 “(ii) meets the requirements of para-
18 graph (1)(A);

19 “(iii) submits an application under
20 section 3404;

21 “(iv) establishes a planning council
22 (for purposes of section 3402); and

23 “(v) establishes an administrative
24 mechanism to allocate funds and services
25 under the grant based on—

1 “(I) the number and rate of drug
2 overdose deaths and nonfatal drug
3 overdoses in the city or county;

4 “(II) the severity of need for sub-
5 stance use disorder treatment services
6 in the city or county; and

7 “(III) the health and support
8 personnel needs of the city or county.

9 “(C) POPULATION EXCEPTION.—A city or
10 county or group of counties that does not meet
11 the requirements of subparagraph (B)(i) may
12 apply to the Secretary for a waiver of such re-
13 quirement. Such application shall dem-
14 onstrate—

15 “(i) that the needs of the population
16 to be served are distinct or that addressing
17 substance use in the service area would be
18 best served by the formation of an inde-
19 pendent council; and

20 “(ii) that the city or county or group
21 of counties has the capacity to administer
22 the funding received under this subtitle.

23 “(D) MINIMUM FUNDING.—A city or coun-
24 ty that meets the requirement of this paragraph
25 and receives a grant under section 3401 shall

1 be entitled to an amount of funding under the
2 grant in an amount that is not less than the
3 amount determined under section 3403(a) with
4 respect to such city or county.

5 “(4) INDEPENDENT CITY.—Independent cities
6 that are not located within the territory of a county
7 shall be treated as eligible counties for purposes of
8 this subtitle.

9 “(5) POLITICAL SUBDIVISIONS.—With respect
10 to States that do not have a local county system of
11 governance, the Secretary shall determine the local
12 political subdivisions within such States that are eli-
13 gible to receive a grant under section 3401 and such
14 subdivisions shall be treated as eligible counties for
15 purposes of this subtitle.

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

24 “(7) DATA FROM TRIBAL AREAS.—The Sec-
25 retary, acting through the Indian Health Service,

1 shall consult with Indian Tribes and confer with
2 urban Indian organizations to establish eligibility
3 and allocation criteria that provide an equivalent
4 measure of need for Tribal and urban Indian areas
5 for which the data described in paragraph (1)(A) or
6 (2)(D)(i) are not available or do not apply.

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

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

24 “(A) a city or county described in para-
25 graph (1);

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

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

5 “(D) an independent city described in
6 paragraph (4); and

7 “(E) a political subdivision described in
8 paragraph (5).

9 “(c) ADMINISTRATION.—

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

14 “(2) MULTIPLE CONTIGUOUS COUNTIES.—

15 “(A) IN GENERAL.—Except as provided in
16 subparagraph (B), in the case of an eligible
17 county described in subsection (b)(2), assist-
18 ance made available under a grant awarded
19 under this section shall be directed to the chief
20 elected official of the particular county des-
21 ignated in the application submitted for the
22 grant under section 3404. Such chief elected of-
23 ficial shall be the administrator of the grant.

24 “(B) STATE ADMINISTRATION.—Notwith-
25 standing subparagraph (A), the eligible county

1 described in subsection (b)(2) may elect to des-
2 ignate the chief elected State official of the
3 State in which the eligible county is located as
4 the administrator of the grant funds.

5 **“SEC. 3402. PLANNING COUNCIL.**

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

11 “(1) be representative of the demographics of
12 the population of individuals with substance use dis-
13 order in the area; and

14 “(2) include representatives of—

15 “(A) health care providers, including Fed-
16 erally-qualified health centers, rural health clin-
17 ics, Indian health programs as defined in sec-
18 tion 4 of the Indian Health Care Improvement
19 Act, urban Indian organizations as defined in
20 section 4 of the Indian Health Care Improve-
21 ment Act, and facilities operated by the Depart-
22 ment of Veterans Affairs;

23 “(B) Native Hawaiian organizations as de-
24 fined in section 11 of the Native Hawaiian
25 Health Care Act of 1988;

1 “(C) community-based health, harm reduc-
2 tion, or addiction service organizations, includ-
3 ing, where applicable, representatives of Drug
4 Free Communities Coalition grantees;

5 “(D) social service providers, including
6 providers of housing and homelessness services
7 and recovery residence providers;

8 “(E) mental health care providers;

9 “(F) local public health agencies;

10 “(G) individuals with substance use dis-
11 order and individuals who use drugs;

12 “(H) individuals in recovery from sub-
13 stance use disorders;

14 “(I) State governments, including the
15 State Medicaid agency and the Single State
16 Agency for Substance Abuse Services;

17 “(J) local governments;

18 “(K) non-elected community leaders;

19 “(L) substance use disorder treatment pro-
20 viders, including physician addiction specialists;

21 “(M) Indian tribes and tribal organizations
22 as defined in section 4 of the Indian Self-Deter-
23 mination and Education Assistance Act;

24 “(N) Urban Indians as defined in section
25 4 of the Indian Health Care Improvement Act;

1 “(O) historically underserved groups and
2 subpopulations;

3 “(P) individuals who were formerly incar-
4 cerated;

5 “(Q) organizations serving individuals who
6 are currently incarcerated or in pre-trial deten-
7 tion or were formerly incarcerated;

8 “(R) Federal agencies;

9 “(S) organizations that provide drug pre-
10 vention programs and services to youth at risk
11 of substance use;

12 “(T) medical examiners or coroners;

13 “(U) labor unions and the workplace com-
14 munity;

15 “(V) local fire departments and emergency
16 medical services;

17 “(W) the lesbian, gay, bisexual,
18 transgender, queer (LGBTQ) community; and

19 “(X) certified or accredited addiction re-
20 covery community organizations.

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

22 “(1) IN GENERAL.—In providing for a council
23 for purposes of subsection (a), the chief elected offi-
24 cial of the eligible local area may establish the coun-

1 cil directly or designate an existing entity to serve as
2 the council, subject to paragraph (2).

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

17 “(3) DESIGNATION OF EXISTING ENTITY.—If
18 an existing entity is designated to serve as the coun-
19 cil under this section, the membership of the entity
20 shall comply with the requirements of subsection
21 (a)(1) before it performs any of the duties set forth
22 in subsection (e).

23 “(4) JOINT COUNCIL.—The Secretary shall es-
24 tablish a process to permit an eligible local area that
25 is not contiguous with any other eligible local area

1 to form a joint planning council with such other eli-
2 gible local area or areas, as long as such areas are
3 located in geographical proximity to each other, as
4 determined by the Secretary, and submit a joint ap-
5 plication under section 3404.

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

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

16 “(1) be nominated and selected through an
17 open process;

18 “(2) elect from among their membership a chair
19 and vice chair;

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

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

1 “(5) include at least 1 representative from a
2 nonprofit substance use disorder service provider, at
3 least 1 representative of an urban Indian organiza-
4 tion, at least 1 physician addiction specialist, and at
5 least 1 representative from an organization pro-
6 viding harm reduction services;

7 “(6) include at least 1 representative of a Na-
8 tive Hawaiian organization (as defined in section 11
9 of the Native Hawaiian Health Care Act of 1988)
10 when the Native Hawaiian population exceeds 10
11 percent; and

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

14 “(d) MEMBERSHIP TERMS.—Members of the plan-
15 ning council established or designated under subsection
16 (a) may serve additional terms if nominated and selected
17 through the process established in subsection (c)(1).

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

20 “(1) establish priorities for the allocation of
21 grant funds within the eligible local area that em-
22 phasize reducing drug use rates, overdose, substance
23 use disorder, and health conditions associated with
24 drug use such as human immunodeficiency virus,
25 hepatitis B, and hepatitis C through evidence-based

1 interventions in both community and criminal justice
2 settings and that are based on—

3 “(A) the use by the grantee of substance
4 use disorder prevention, intervention, treat-
5 ment, and recovery strategies that comply with
6 best practices identified by the Secretary;

7 “(B) the demonstrated or probable cost-ef-
8 fectiveness of proposed substance use disorder
9 prevention, intervention, treatment, and recov-
10 ery services;

11 “(C) the health priorities of the commu-
12 nities within the eligible local area that are af-
13 fected by substance use;

14 “(D) the priorities and needs of individuals
15 with substance use disorder; and

16 “(E) the availability of other governmental
17 and non-governmental services;

18 “(2) ensure the use of grant funds will advance
19 any existing State or local plan regarding the provi-
20 sion of substance use disorder treatment services to
21 individuals with substance use disorder;

22 “(3) in the absence of a State or local plan,
23 work with local public health agencies to develop a
24 comprehensive plan for the organization and delivery

1 of substance use disorder prevention and treatment
2 services;

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

8 “(5) work with local public health agencies to
9 determine the size and demographics of the popu-
10 lation of individuals with substance use disorders
11 and the types of substance use that are most preva-
12 lent in the eligible local area;

13 “(6) work with local public health agencies to
14 determine the needs of such population, including
15 the need for substance use disorder prevention,
16 intervention, treatment, harm reduction, and recov-
17 ery services;

18 “(7) work with local public agencies to deter-
19 mine the disparities in access to services among af-
20 fected subpopulations and historically underserved
21 communities, including infrastructure and capacity
22 shortcomings of providers that contribute to these
23 disparities;

24 “(8) work with local public agencies to establish
25 methods for obtaining input on community needs

1 and priorities, including by partnering with organi-
2 zations that serve targeted communities experiencing
3 high addictive substance-related health disparities to
4 gather data using culturally attuned data collection
5 methodologies;

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

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

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

15 “(B) rates of discontinuation from sub-
16 stance use disorder treatment services and rates
17 of sustained recovery;

18 “(C) long-term outcomes among individ-
19 uals receiving treatment for substance use dis-
20 orders; and

21 “(D) the availability and use of substance
22 use disorder treatment services needed by indi-
23 viduals with substance use disorders over their
24 lifetimes.

25 “(f) CONFLICTS OF INTEREST.—

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

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

17 “(g) GRIEVANCE PROCEDURES.—A planning council
18 under subsection (a) shall develop procedures for address-
19 ing grievances with respect to funding under this subtitle,
20 including procedures for submitting grievances that can-
21 not be resolved to binding arbitration. Such procedures
22 shall be described in the by-laws of the planning council.

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

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

4 “(2) The records, reports, transcripts, minutes,
5 agenda, or other documents which were made avail-
6 able to or prepared for or by the council shall be
7 available for public inspection and copying at a sin-
8 gle location.

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

12 “(4) This subparagraph does not apply to any
13 disclosure of information of a personal nature that
14 would constitute a clearly unwarranted invasion of
15 personal privacy, including any disclosure of medical
16 information or personnel matters.

17 “(i) NEUTRALITY TOWARDS ORGANIZED LABOR.—

18 “(1) IN GENERAL.—In carrying out duties
19 under subsection (e), planning councils shall, to the
20 extent practicable, prioritize the distribution of grant
21 funds to grantees that have—

22 “(A)(i) a collective bargaining agreement;
23 or

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

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

3 “(II) such employees’ choice to form
 4 and join labor organizations; and

5 “(B) policies that require—

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

10 “(ii) that such employees are, at the
 11 beginning of their employment, provided
 12 notice and information regarding the em-
 13 ployees’ rights under such Act; and

14 “(iii) the employer to voluntarily rec-
 15 ognize a union in cases where a majority
 16 of such workers of the employer have
 17 joined and requested representation.

18 “(2) LIMITATION.—This subsection does not
 19 apply to Indian tribes.

20 **“SEC. 3403. AMOUNT OF GRANT, USE OF AMOUNTS, AND**
 21 **FUNDING AGREEMENT.**

22 “(a) AMOUNT OF GRANT.—

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

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

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

16 “(C) AMOUNT.—

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

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

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

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

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

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

13 “(I) an amount equal to—

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

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

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

1 area receiving the greatest amount of
2 funds; or

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

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

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

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

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

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

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

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

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

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

21 “(2) SUPPLEMENTAL GRANTS.—

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

counties whose application under section
3404—

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

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

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

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

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

“(vi) demonstrates the inclusiveness of
affected communities and individuals with

1 substance use disorders, including those
2 communities and individuals that are dis-
3 proportionately affected or historically un-
4 derserved;

5 “(vii) demonstrates the manner in
6 which the proposed services are consistent
7 with the local needs assessment and the
8 State plan approved by the Secretary pur-
9 suant to section 1932(b);

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

13 “(ix) demonstrates that support for
14 substance use disorder prevention and
15 treatment services is organized to maxi-
16 mize the value to the population to be
17 served with an appropriate mix of sub-
18 stance use disorder prevention and treat-
19 ment services and attention to transition in
20 care.

21 “(B) AMOUNT.—

22 “(i) IN GENERAL.—The amount of
23 each grant made for purposes of this para-
24 graph shall be determined by the Sec-

1 retary. In making such determination, the
2 Secretary shall consider—

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

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

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

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

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

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

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

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

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

20 “(VII) The prevalence of home-
21 lessness among individuals with sub-
22 stance use disorders.

23 “(VIII) The relevant factors that
24 limit access to health care, including
25 geographic variation, adequacy of

1 health insurance coverage, and lan-
2 guage barriers.

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

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

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

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

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

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

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 3406 for each fiscal year to provide for-
11 mula funds to Indian tribes disproportionately
12 affected by substance use, in an amount deter-
13 mined pursuant to a formula and eligibility cri-
14 teria developed by the Secretary in consultation
15 with Indian tribes, for the purposes of address-
16 ing substance use.

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

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

1 awarded under this paragraph for the uses
2 identified in subsection (b) and any other activi-
3 ties determined appropriate by the Secretary, in
4 consultation with Indian tribes. An Indian tribe
5 shall not be required to allocate funds and serv-
6 ices in accordance with the goals, priorities, or
7 objectives established by a planning council
8 under section 3402.

9 “(b) USE OF AMOUNTS.—

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

14 “(A) the allocation of funds and services
15 within the area under the grant will be made in
16 accordance with the priorities established by the
17 planning council; and

18 “(B) funds provided under this grant will
19 be expended for—

20 “(i) prevention services described in
21 paragraph (3);

22 “(ii) core medical services described in
23 paragraph (4);

24 “(iii) recovery and support services
25 described in paragraph (5);

1 “(iv) early intervention services de-
2 scribed in paragraph (6);

3 “(v) harm reduction services described
4 in paragraph (7);

5 “(vi) financial assistance with health
6 insurance described in paragraph (8); and

7 “(vii) administrative expenses de-
8 scribed in paragraph (9).

9 “(2) DIRECT FINANCIAL ASSISTANCE.—

10 “(A) IN GENERAL.—An eligible local area
11 shall use amounts received under a grant under
12 section 3401 to provide direct financial assist-
13 ance to eligible entities or providers for the pur-
14 pose of providing prevention services, core med-
15 ical services, recovery and support services,
16 early intervention services, and harm reduction
17 services.

18 “(B) APPROPRIATE ENTITIES.—Direct fi-
19 nancial assistance may be provided under sub-
20 paragraph (A) to public or nonprofit entities,
21 other eligible Medicaid providers if more than
22 half of their patients are diagnosed with a sub-
23 stance use disorder and covered by Medicaid, or
24 other private for-profit entities if such entities
25 are the only available provider of quality sub-

1 stance use disorder treatment services in the
2 area.

3 “(C) LIMITATION.—An eligible local area
4 (not including tribal areas) may not provide di-
5 rect financial assistance to any entity or pro-
6 vider that provides medication for addiction
7 treatment if that entity or provider does not
8 also offer mental health services or psycho-
9 therapy by licensed clinicians through a referral
10 or onsite.

11 “(D) NEUTRALITY TOWARDS ORGANIZED
12 LABOR.—

13 “(i) IN GENERAL.—In carrying out
14 duties under this section, eligible local
15 areas shall, to the extent practicable,
16 prioritize the distribution of grant funds to
17 grantees that have—

18 “(I)(aa) a collective bargaining
19 agreement; or

20 “(bb) an explicit policy not to
21 deter employees with respect to—

22 “(AA) labor organizing for
23 the employees engaged in the
24 covered activities; and

1 “(BB) such employees’
2 choice to form and join labor or-
3 ganizations; and

4 “(II) policies that require—

5 “(aa) the posting and main-
6 tenance of notices in the work-
7 place to such employees of their
8 rights under the National Labor
9 Relations Act (29 U.S.C. 151 et
10 seq.);

11 “(bb) that such employees
12 are, at the beginning of their em-
13 ployment, provided notice and in-
14 formation regarding the employ-
15 ees’ rights under such Act; and

16 “(cc) the employer to volun-
17 tarily recognize a union in cases
18 where a majority of such workers
19 of the employer have joined and
20 requested representation.

21 “(ii) LIMITATION.—This subsection
22 does not apply to Indian tribes.

23 “(3) PREVENTION SERVICES.—

24 “(A) IN GENERAL.—For purposes of this
25 section, the term ‘prevention services’ means

1 evidence-based services, programs, or multi-sec-
2 tor strategies to prevent substance use disorder
3 (including education campaigns, community-
4 based prevention programs, risk identification
5 programs, opioid diversion, collection and dis-
6 posal of unused opioids, services to at-risk pop-
7 ulations, and trauma support services).

8 “(B) LIMIT.—An eligible local area may
9 use not to exceed 20 percent of the amount of
10 the grant under section 3401 for prevention
11 services. An eligible local area may apply to the
12 Secretary for a waiver of this subparagraph.

13 “(4) CORE MEDICAL SERVICES.—For purposes
14 of this section, the term ‘core medical services’
15 means the following evidence-based services provided
16 to individuals with substance use disorder or at risk
17 for developing substance use disorder, including
18 through the use of telemedicine or a hub and spoke
19 model:

20 “(A) Substance use disorder treatments, as
21 more fully described in section 3439, including
22 assessment of disease presence, severity, and
23 co-occurring conditions, treatment planning,
24 clinical stabilization services, withdrawal man-
25 agement and detoxification, intensive inpatient

1 treatment, intensive outpatient treatment, out-
2 patient treatment, residential inpatient services,
3 treatment for co-occurring mental health and
4 substance use disorders, and all drugs approved
5 by the Food and Drug Administration for the
6 treatment of substance use disorder.

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

18 “(C) Hospice services.

19 “(D) Mental health services.

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

22 “(F) Pharmaceutical assistance and diag-
23 nostic testing related to the management of
24 substance use disorders and co-morbid condi-
25 tions.

1 “(G) Home- and community-based health
2 services.

3 “(H) Comprehensive Case Management
4 and care coordination, including substance use
5 disorder treatment adherence services.

6 “(I) Health insurance enrollment and cost-
7 sharing assistance in accordance with para-
8 graph (8).

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

18 “(i) an individual calling 911, the Na-
19 tional Suicide Hotline, or another emer-
20 gency hotlines states that a person is expe-
21 riencing a drug overdose or is otherwise
22 under the influence of a legal or illegal
23 substance; or

24 “(ii) a law enforcement officer, other
25 first responder, or other individual identi-

1 fies a person as being (or possibly being)
2 under the influence of a legal or illegal
3 substance.

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

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

23 “(7) HARM REDUCTION SERVICES.—For pur-
24 poses of this section, the term ‘harm reduction serv-
25 ices’ means services provided to individuals engaging

1 in substance use scientifically accepted to reduce the
2 risk of infectious disease transmission, overdose, or
3 death, including by increasing access to health care,
4 housing, and recovery and support services, includ-
5 ing syringe services programs. Such term includes
6 evidence-based services.

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

13 “(A) enrolling in health insurance cov-
14 erage; or

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

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

1 cess of 10 percent of amounts received under a
2 grant under section 3401 for such activities in sub-
3 sequent years.

4 “(10) INCARCERATED INDIVIDUALS.—Amounts
5 received under a grant under section 3401 may be
6 used to provide substance use disorder treatment
7 services, including medication for addiction treat-
8 ment, to individuals who are currently incarcerated
9 or in pre-trial detention.

10 “(c) REQUIRED TERMS.—

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

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

21 “(i) the political subdivision involved
22 will provide the service directly, and the
23 political subdivision has entered into a par-
24 ticipation agreement under the State plan

1 and is qualified to receive payments under
2 such plan; or

3 “(ii) the eligible local area involved—

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

16 “(II) demonstrates that it will
17 ensure that such entities and other
18 providers providing the service will
19 seek payment for each such service
20 rendered in accordance with the usual
21 payment schedule under the State
22 plan.

23 “(B) WAIVER.—

24 “(i) IN GENERAL.—In the case of an
25 entity making an agreement pursuant to

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

15 “(ii) DETERMINATION.—A determina-
16 tion by the substance use planning council
17 of whether an entity referred to in clause
18 (i) meets the criteria for a waiver under
19 such clause shall be made without regard
20 to whether the entity accepts voluntary do-
21 nations for the purpose of providing serv-
22 ices to the public.

23 “(2) REQUIRED TERMS FOR EXPANDING AND
24 IMPROVING CARE.—A funding agreement for a grant
25 under this section shall—

1 “(A) ensure that funds received under the
2 grant will not be utilized to make payments for
3 any item or service to the extent that payment
4 has been made, or can reasonably be expected
5 to be made, with respect to that item or service
6 under a State compensation program, under an
7 insurance policy, or under any Federal or State
8 health benefits program (except for a program
9 administered by, or providing the services of,
10 the Indian Health Service); and

11 “(B) ensure that all entities providing sub-
12 stance use disorder treatment services with as-
13 sistance made available under the grant offer
14 all drugs approved by the Food and Drug Ad-
15 ministration for the treatment of substance use
16 disorder for which the applicant offers treat-
17 ment, in accordance with section 3435.

18 “(3) ADDITIONAL REQUIRED TERMS.—A fund-
19 ing agreement for a grant under this section is
20 that—

21 “(A) funds received under the grant will be
22 utilized to supplement not supplant other Fed-
23 eral, State, or local funds made available in the
24 year for which the grant is awarded to provide
25 substance use disorder treatment services to in-

1 dividuals with substance use disorder, including
2 funds for each of prevention services, core med-
3 ical services, recovery and support services,
4 early intervention services, harm reduction serv-
5 ices, mental health services, and administrative
6 expenses;

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

18 “(C) political subdivisions within the eligi-
19 ble local area will not use funds received under
20 a grant awarded under section 3401 in main-
21 taining the level of substance use disorder treat-
22 ment services as required in subparagraph (B);

23 “(D) substance use disorder treatment
24 services provided with assistance made available

1 under the grant will be provided without re-
2 gard—

3 “(i) to the ability of the individual to
4 pay for such services; and

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

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

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

18 “(G) Indian tribes are included in planning
19 for the use of grant funds and the Federal trust
20 responsibility is upheld at all levels of program
21 administration; and

22 “(H) the confidentiality of individuals re-
23 ceiving substance use disorder treatment serv-
24 ices will be maintained in a manner not incon-
25 sistent with applicable law.

1 **“SEC. 3404. APPLICATION.**

2 “(a) APPLICATION.—To be eligible to receive a grant
3 under section 3401, an eligible local area shall prepare and
4 submit to the Secretary an application in such form, and
5 containing such information, as the Secretary shall re-
6 quire, including—

7 “(1) a complete accounting of the disbursement
8 of any prior grants received under this subtitle by
9 the applicant and the results achieved by these ex-
10 penditures and a demonstration that funds received
11 from a grant under this subtitle in the prior year
12 were expended in accordance with local priorities de-
13 veloped by the local planning council established
14 under section 3402, except that the planning council
15 requirement shall not apply with respect to areas re-
16 ceiving supplemental grant funds under section
17 3403(a)(2);

18 “(2) establishment of goals and objectives to be
19 achieved with grant funds provided under this sub-
20 title, including targets and milestones that are in-
21 tended to be met, the activities that will be under-
22 taken to achieve those targets, the number of indi-
23 viduals likely to be served by the funds sought, in-
24 cluding demographic data on the populations to be
25 served, and an explanation of how these goals and

1 objectives advance the State plan approved by the
2 Secretary pursuant to section 1932(b);

3 “(3) a demonstration that the local area will
4 use funds in a manner that provides substance use
5 disorder treatment services in compliance with the
6 evidence-based standards developed in accordance
7 with section 3435, including providing all drugs ap-
8 proved by the Food and Drug Administration for the
9 treatment of substance use disorder;

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

15 “(5) an explanation of how income, asset, and
16 medical expense criteria will be established and ap-
17 plied to those who qualify for assistance under the
18 program;

19 “(6) where practical, an explanation of how an
20 eligible local area shall coordinate with local public
21 health departments in the distribution of funding;
22 and

23 “(7) for any prior funding received under this
24 section, data provided in such form as the Secretary
25 shall require detailing, at a minimum, the extent to

1 which the activities supported by the funding met
2 the goals and objectives specified in the application
3 for the funding, the number of individuals who
4 accessed medication for treatment by age, gender,
5 sexual orientation, race, disability status, and other
6 demographic criteria relevant to the program, and
7 the effect of the program on overdose rates and
8 rates of death due to overdose in the local area
9 served by the program.

10 “(b) REQUIREMENTS REGARDING IMPOSITION OF
11 CHARGES FOR SERVICES.—

12 “(1) IN GENERAL.—The Secretary may not
13 make a grant under section 3401 to an eligible local
14 area unless the eligible local area provides assur-
15 ances that in the provision of substance use disorder
16 treatment services with assistance provided under
17 the grant—

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

23 “(B) in the case of individuals with an in-
24 come greater than 150 percent of the official
25 poverty level, the provider will impose a charge

1 on each such individual according to a schedule
2 of charges made available to the public;

3 “(C) in the case of individuals with an in-
4 come greater than 150 percent of the official
5 poverty level but not exceeding 200 percent of
6 such poverty level, the provider will not, for any
7 calendar year, impose charges in an amount ex-
8 ceeding 2 percent of the annual gross income of
9 the individual;

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

17 “(E) in the case of individuals with an in-
18 come greater than 250 percent of the official
19 poverty level but not exceeding 300 percent of
20 such poverty level, the provider will not, for any
21 calendar year, impose charges in an amount ex-
22 ceeding 6 percent of the annual gross income of
23 the individual involved;

24 “(F) in the case of individuals with an in-
25 come greater than 300 percent of the official

1 poverty level but not exceeding 400 percent of
2 such poverty level, the provider will not, for any
3 calendar year, impose charges in an amount ex-
4 ceeding 8.5 percent of the annual gross income
5 of the individual involved;

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

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

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

1 “(A) assess the amount of the charge in
2 the discretion of the area, including imposing
3 only a nominal charge for the provision of sub-
4 stance use disorder treatment services, subject
5 to the provisions of the paragraph regarding
6 public schedules and regarding limitations on
7 the maximum amount of charges; and

8 “(B) take into consideration the total med-
9 ical expenses of individuals in assessing the
10 amount of the charge, subject to such provi-
11 sions.

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

22 “(c) INDIAN TRIBES.—Any application requirements
23 for grants distributed in accordance with section
24 3403(a)(3) shall be developed by the Secretary in con-
25 sultation with Indian tribes.

1 **“SEC. 3405. TECHNICAL ASSISTANCE.**

2 “The Secretary shall, beginning on the date of enact-
3 ment of this title, provide technical assistance, including
4 assistance from other grantees, contractors or subcontrac-
5 tors under this title to assist newly eligible local areas in
6 the establishment of planning councils and, to assist enti-
7 ties in complying with the requirements of this subtitle
8 in order to make such areas eligible to receive a grant
9 under this subtitle. The Secretary may make planning
10 grants available to eligible local areas, in an amount not
11 to exceed \$75,000, for any area that is projected to be
12 eligible for funding under section 3401 in the following
13 fiscal year. Such grant amounts shall be deducted from
14 the first year formula award to eligible local areas accept-
15 ing such grants.

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

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

- 19 “(1) \$3,300,000,000 for fiscal year 2022;
20 “(2) \$3,300,000,000 for fiscal year 2023;
21 “(3) \$3,300,000,000 for fiscal year 2024;
22 “(4) \$3,300,000,000 for fiscal year 2025;
23 “(5) \$3,300,000,000 for fiscal year 2026;
24 “(6) \$3,300,000,000 for fiscal year 2027;
25 “(7) \$3,300,000,000 for fiscal year 2028;
26 “(8) \$3,300,000,000 for fiscal year 2029;

1 “(9) \$3,300,000,000 for fiscal year 2030; and

2 “(10) \$3,300,000,000 for fiscal year 2031.

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

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

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

11 **“SEC. 3412. AMOUNT OF GRANT, USE OF AMOUNTS, AND**
12 **FUNDING AGREEMENT.**

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

15 “(1) IN GENERAL.—

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

1 “(B) MINIMUM ALLOTMENT.—Subject to
2 the amount made available under section 3415,
3 the amount of a grant under section 3411 for—

4 “(i) each of the 50 States, the District
5 of Columbia, and Puerto Rico for a fiscal
6 year shall be the greater of—

7 “(I) \$2,000,000; or

8 “(II) an amount determined
9 under the subparagraph (C); and

10 “(ii) each territory other than Puerto
11 Rico for a fiscal year shall be the greater
12 of—

13 “(I) \$500,000; or

14 “(II) an amount determined
15 under the subparagraph (C).

16 “(C) DETERMINATION.—

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

21 “(I) an amount equal to the
22 amount made available under section
23 3415 for the fiscal year involved for
24 grants pursuant to subparagraph (B);
25 and

1 “(II) the percentage constituted
2 by the sum of—

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

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

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

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

1 “(II) the number of non-fatal
2 drug overdoses in the State, as deter-
3 mined under clause (iv),
4 as determined by the Secretary based on
5 which distribution factor (subclause (I) or
6 (II)) will result in the State receiving the
7 greatest amount of funds.

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

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

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

3 “(v) NON-LOCAL DISTRIBUTION FAC-
4 TORS.—For purposes of clause (i)(II)(bb),
5 the term ‘non-local distribution factor’
6 means an amount equal to the sum of—

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

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

18 “(vi) STUDY.—Not later than 3 years
19 after the date of enactment of this title,
20 the Comptroller General shall conduct a
21 study to determine whether the data uti-
22 lized for purposes of clause (ii) provide the
23 most precise measure of State need related
24 to substance use and addiction prevalence
25 and whether additional data would provide

1 more precise measures the levels of sub-
2 stance use and addiction prevalent in
3 States. Such study shall identify barriers
4 to collecting or analyzing such data, and
5 make recommendations for revising the
6 distribution factors used under such clause
7 to determine funding levels in order to di-
8 rect funds to the States in most need of
9 funding to provide substance use disorder
10 treatment services.

11 “(2) SUPPLEMENTAL GRANTS.—

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

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

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

1 “(iii) demonstrates the existing com-
2 mitment of local resources of the State,
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 State 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 substances 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 treatment services and
10 attention to transition in care.

11 “(B) AMOUNT.—

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

17 “(I) the rate of drug overdose
18 deaths per 100,000 population in the
19 State; and

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

1 drug overdose deaths since the data
2 were reported under section 3413, if
3 applicable.

4 “(ii) DEMONSTRATED NEED.—The
5 factors considered by the Secretary in de-
6 termining whether a State has a dem-
7 onstrated need for purposes of subpara-
8 graph (A)(ii) may include any or all of the
9 following:

10 “(I) The unmet need for such
11 services, including the factors identi-
12 fied in clause (i)(II).

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

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

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

23 “(V) Relevant factors related to
24 the cost and complexity of delivering

1 substance use disorder treatment serv-
2 ices to individuals in the State.

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

7 “(VII) The prevalence of home-
8 lessness among individuals with sub-
9 stance use disorder.

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

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

22 “(X) The increasing incidence in
23 conditions related to substance use,
24 including hepatitis C, human immuno-
25 deficiency virus, hepatitis B and other

1 infections associated with injection
2 drug use.

3 “(C) MODEL STANDARDS.—

4 “(i) PREFERENCE.—In determining
5 whether a State will receive funds under
6 this paragraph, except as provided in
7 clause (ii), the Secretary shall give pref-
8 erence to States that have adopted the
9 model standards for each substance use
10 disorder treatment service and recovery
11 residence developed in accordance with
12 subsections (a) and (b) of section 3435.

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

22 “(D) CONTINUUM OF CARE.—

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 carried out the
3 requirements to ensure a continuum of
4 services in accordance with section
5 3435(d).

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

13 “(E) UTILIZATION MANAGEMENT FOR
14 MEDICATION FOR ADDICTION TREATMENT.—

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

24 “(ii) ADDITIONAL PREFERENCES.—
25 Additional preference shall be given to

1 States that have prohibited prior author-
2 ization and step therapy requirements for
3 2 or more drugs in each class approved by
4 the Food and Drug Administration for the
5 treatment of substance use disorder.

6 “(iii) DEFINITIONS.—In this subpara-
7 graph:

8 “(I) PRIOR AUTHORIZATION.—

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

22 “(II) STEP THERAPY.—The term
23 ‘step therapy’ means a protocol or
24 program that establishes the specific
25 sequence in which prescription drugs

1 for a medical condition that are medi-
2 cally appropriate for a particular pa-
3 tient are authorized by a health insur-
4 ance issuer or prescription drug man-
5 agement company.

6 “(3) AMOUNT OF GRANT TO TRIBAL GOVERN-
7 MENTS.—

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

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

21 “(C) PAYMENT OF FUNDS.—At the option
22 of an Indian tribe the Secretary shall pay funds
23 under this section through a contract, coopera-
24 tive agreement, or compact under, as applicable,

1 title I or V of the Indian Self-Determination
2 and Education Assistance Act.

3 “(D) USE OF AMOUNTS.—Notwithstanding
4 any requirements in this section, an Indian
5 tribe may use amounts provided under funds
6 awarded under this paragraph for the uses
7 identified in subsection (b) and any other activi-
8 ties determined appropriate by the Secretary, in
9 consultation with Indian tribes.

10 “(b) USE OF AMOUNTS.—

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

14 “(A) prevention services described in para-
15 graph (3);

16 “(B) core medical services described in
17 paragraph (4);

18 “(C) recovery and support services de-
19 scribed in paragraph (5);

20 “(D) early intervention services described
21 in paragraph (6);

22 “(E) harm reduction services described in
23 paragraph (7);

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

1 “(G) administrative expenses described in
2 paragraph (9).

3 “(2) DIRECT FINANCIAL ASSISTANCE.—

4 “(A) IN GENERAL.—A State or tribe may
5 use amounts received under a grant under sec-
6 tion 3411 to provide direct financial assistance
7 to eligible entities or other eligible Medicaid
8 providers for the purpose of providing preven-
9 tion services, core medical services, recovery
10 and support services, early intervention services,
11 and harm reduction services.

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

21 “(C) LIMITATION.—A State may not pro-
22 vide direct financial assistance to any entity or
23 provider that provides medication for addiction
24 treatment if that entity or provider does not
25 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, States shall, to
7 the extent practicable, prioritize the dis-
8 tribution of grant funds to grantees that
9 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.—A State may use not to ex-
2 ceed 20 percent of the amount of the grant
3 under section 3411 for prevention services. A
4 State may apply to the Secretary for a waiver
5 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 when
9 provided to individuals with substance use disorder
10 or at risk for developing substance use disorder, in-
11 cluding through the use of telemedicine or a hub and
12 spoke model:

13 “(A) Substance use disorder treatment, as
14 described in section 3439(4), including assess-
15 ment of disease presence, severity, and co-oc-
16 curring conditions, treatment planning, clinical
17 stabilization services, withdrawal management
18 and detoxification, intensive inpatient treat-
19 ment, intensive outpatient treatment, outpatient
20 treatment, residential inpatient services, treat-
21 ment for co-occurring mental health and sub-
22 stance use disorders, and all drugs approved by
23 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), and com-
8 prehensive opioid recovery centers (as described
9 in section 552 of this Act).

10 “(C) Hospice services.

11 “(D) Mental health services.

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

14 “(F) Pharmaceutical assistance related to
15 the management of substance-use disorders and
16 co-morbid conditions.

17 “(G) Home- and community-based health
18 services.

19 “(H) Comprehensive Case Management
20 and care coordination, including substance use
21 disorder treatment adherence services.

22 “(I) Health insurance enrollment and cost-
23 sharing assistance in accordance with para-
24 graph (8).

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

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

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

21 “(5) RECOVERY AND SUPPORT SERVICES.—For
22 purposes of this section, the term ‘recovery and sup-
23 port services’ means services including residential re-
24 covery housing, mental health services, long term re-
25 covery services, 24/7 hotline crisis center services,

1 medical transportation services, respite care for per-
2 sons caring for individuals with substance use dis-
3 order, child care and family services while an indi-
4 vidual is receiving inpatient treatment services or at
5 the time of outpatient services, outreach services,
6 peer recovery services, nutrition services, and refer-
7 rals for job training and career services, housing,
8 legal services, and child care and family services.
9 The entities through which such services may be
10 provided include State, local, and tribal authorities
11 that provide child care, housing, community develop-
12 ment, and other recovery and support services, so
13 long as they do not exclude individuals on the basis
14 that such individuals receive medication for addic-
15 tion treatment.

16 “(6) EARLY INTERVENTION SERVICES.—For
17 purposes of this section, the term ‘early intervention
18 services’ means services to provide screening and
19 connection to the appropriate level of substance use
20 disorder and mental health treatment (including
21 same-day connection), counseling provided to indi-
22 viduals who have misused substances, who have ex-
23perienced an overdose, or are at risk of developing
24 substance use disorder, the provision of referrals to
25 facilitate the access of such individuals to core med-

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

13 “(7) HARM REDUCTION SERVICES.—For pur-
14 poses of this section, the term ‘harm reduction serv-
15 ices’ means services provided to individuals engaging
16 in substance use scientifically accepted to reduce the
17 risk of infectious disease transmission, overdose, or
18 death, including by increasing access to health care,
19 housing, recovery, and support services, including sy-
20 ringe services programs. Such term includes evi-
21 dence-based services.

22 “(8) AFFORDABLE HEALTH INSURANCE COV-
23 ERAGE.—A State may use amounts provided under
24 a grant awarded under section 3411 to establish a

1 program of financial assistance to assist eligible indi-
2 viduals with substance use disorder in—

3 “(A) enrolling in health insurance cov-
4 erage; or

5 “(B) affording health care services, includ-
6 ing assistance paying cost-sharing amounts, in-
7 cluding premiums.

8 “(9) ADMINISTRATION AND PLANNING.—A
9 State shall not use in excess of 10 percent of
10 amounts received under a grant under section 3411
11 for administration, accounting, reporting, and pro-
12 gram oversight functions, including the development
13 of systems to improve data collection and data shar-
14 ing.

15 “(10) INCARCERATED INDIVIDUALS.—Amounts
16 received under a grant under section 3411 may be
17 used to provide substance use disorder treatment
18 services, including medication for addiction treat-
19 ment, to individuals who are currently incarcerated
20 or in pre-trial detention.

21 “(c) REQUIRED TERMS.—

22 “(1) REQUIREMENT OF STATUS AS MEDICAID
23 PROVIDER.—

24 “(A) PROVISION OF SERVICE.—Subject to
25 subparagraph (B), the Secretary may not make

1 a grant under section 3411 for the provision of
2 substance use disorder treatment services under
3 this section in a State unless, in the case of any
4 such service that is available pursuant to the
5 State plan approved under title XIX of the So-
6 cial Security Act for the State—

7 “(i)(I) the State will enter into an
8 agreement with a political subdivision,
9 under which the political subdivision will
10 provide the service directly, and the polit-
11 ical subdivision has entered into a partici-
12 pation agreement under the State plan and
13 is qualified to receive payments under such
14 plan; or

15 “(II) the State will enter into agree-
16 ments with public or nonprofit entities, or
17 other Medicaid providers if more than half
18 of their patients are diagnosed with a sub-
19 stance use disorder and covered by Med-
20 icaid, under which such entities and other
21 providers will provide the service, and such
22 entities and other providers have entered
23 into such a participation agreement and
24 are qualified to receive such payments; and

1 “(III) the State ensures the political
2 subdivision under clause (i)(I) or the pub-
3 lic or nonprofit private entities and other
4 providers under clause (i)(II) will seek pay-
5 ment for each such service rendered in ac-
6 cordance with the usual payment schedule
7 under the State plan.

8 “(B) WAIVER.—

9 “(i) IN GENERAL.—In the case of an
10 entity making an agreement pursuant to
11 subparagraph (A)(ii) regarding the provi-
12 sion of substance use disorder treatment
13 services, the requirement established in
14 such subparagraph shall be waived by the
15 State if the entity does not, in providing
16 health care services, impose a charge or ac-
17 cept reimbursement available from any
18 third-party payor, including reimbursement
19 under any insurance policy or under any
20 Federal or State health benefits program.
21 A waiver under this subparagraph shall
22 not be longer than 2 years in duration and
23 shall not be renewed.

24 “(ii) DETERMINATION.—A determina-
25 tion by the State of whether an entity re-

ferred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the entity accepts voluntary donations for the purpose of providing services to the public.

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

“(A) ensure that funds received under the grant will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service under a State compensation program, under an insurance policy, or under any Federal or State health benefits program (except for a program administered by, or providing the services of, the Indian Health Service); and

“(B) ensure that all entities providing substance use disorder treatment services with assistance made available under the grant shall offer all drugs approved by the Food and Drug Administration for the treatment of substance use disorder for which the applicant offers treatment, in accordance with section 3435.

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

4 “(A) funds received under the grant will be
5 utilized to supplement not supplant other Fed-
6 eral, State, or local funds made available in the
7 year for which the grant is awarded to provide
8 substance use disorder treatment services to in-
9 dividuals with substance use disorder, including
10 funds for each of prevention services, core med-
11 ical services, recovery and support services,
12 early intervention services, harm reduction serv-
13 ices, mental health services, and administrative
14 expenses;

15 “(B) political subdivisions within the State
16 will maintain the level of expenditures by such
17 political subdivisions for substance use disorder
18 treatment services at a level that is at least
19 equal to the level of such expenditures by such
20 political subdivisions for the preceding fiscal
21 year including expenditures for each of preven-
22 tion services, core medical services, recovery
23 and support services, early intervention services,
24 harm reduction services, mental health services,
25 and administrative expenses;

1 “(C) political subdivisions within the State
2 will not use funds received under a grant
3 awarded under section 3411 in maintaining the
4 level of substance use disorder treatment serv-
5 ices as required in subparagraph (B);

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

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

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

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

19 “(F) a program of outreach will be pro-
20 vided to low-income individuals with substance
21 use disorders to inform such individuals of sub-
22 stance use disorder treatment services and to
23 individuals with substance use disorders resid-
24 ing in rural areas;

1 “(G) Indian tribes are included in planning
 2 for the use of grant funds and the Federal trust
 3 responsibility is upheld at all levels of program
 4 administration; and

5 “(H) the confidentiality of individuals re-
 6 ceiving substance use disorder treatment serv-
 7 ices will be maintained in a manner not incon-
 8 sistent with applicable law.

9 **“SEC. 3413. APPLICATION.**

10 “(a) APPLICATION.—To be eligible to receive a grant
 11 under section 3411, a State shall have in effect a State
 12 plan approved by the Secretary pursuant to section
 13 1932(b), and shall prepare and submit to the Secretary
 14 an application in such form, and containing such informa-
 15 tion, as the Secretary shall require, including—

16 “(1) a complete accounting of the disbursement
 17 of any prior grants received under this subtitle by
 18 the applicant and the results achieved by these ex-
 19 penditures and a demonstration that funds received
 20 from a grant under this subtitle in the prior year
 21 were expended in accordance with State priorities;

22 “(2) establishment of goals and objectives to be
 23 achieved with grant funds provided under this sub-
 24 title, including targets and milestones that are in-
 25 tended to be met, the activities that will be under-

1 taken to achieve those targets, and the number of
2 individuals likely to be served by the funds sought,
3 including demographic data on the populations to be
4 served;

5 “(3) a demonstration that the State will use
6 funds in a manner that provides substance use dis-
7 order treatment services in compliance with the evi-
8 dence-based standards developed in accordance with
9 section 3435, including all drugs approved by the
10 Food and Drug Administration for the treatment of
11 substance use disorder;

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

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

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

1 for the funding, the number of individuals who
2 accessed medication for addiction treatment by age,
3 gender, sexual orientation, race, disability status,
4 and other demographic criteria relevant to the pro-
5 gram, and the effect of the program on overdose
6 rates and rates of death due to overdose in the re-
7 gion served by the program.

8 “(b) REQUIREMENTS REGARDING IMPOSITION OF
9 CHARGES FOR SERVICES.—

10 “(1) IN GENERAL.—The Secretary may not
11 make a grant under section 3411 to a State unless
12 the State provides assurances that in the provision
13 of services with assistance provided under the
14 grant—

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

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

1 “(C) in the case of individuals with an in-
2 come greater than 150 percent of the official
3 poverty level but not exceeding 200 percent of
4 such poverty level, the provider will not, for any
5 calendar year, impose charges in an amount ex-
6 ceeding 2 percent of the annual gross income of
7 the individual;

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

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

22 “(F) in the case of individuals with an in-
23 come greater than 300 percent of the official
24 poverty level but not exceeding 400 percent of
25 such poverty level, the provider will not, for any

1 calendar year, impose charges in an amount ex-
2 ceeding 8.5 percent of the annual gross income
3 of the individual involved;

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

10 “(H) in the case of eligible American In-
11 dian and Alaska Native and urban Indian indi-
12 viduals as defined by section 447.50 of title 42,
13 Code of Federal Regulations (as in effect on
14 July 1, 2010), the provider will not impose any
15 charges for substance use disorder treatment
16 services, including any charges or cost-sharing
17 prohibited by section 1402(d) of the Patient
18 Protection and Affordable Care Act.

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

23 “(A) assess the amount of the charge in
24 the discretion of the State, including imposing
25 only a nominal charge for the provision of serv-

1 ices, subject to the provisions of the paragraph
2 regarding public schedules and regarding limi-
3 tations on the maximum amount of charges;
4 and

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

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

18 “(c) INDIAN TRIBES.—Any application requirements
19 applying to grants distributed in accordance with section
20 3412(b) shall be developed by the Secretary in consulta-
21 tion with Indian tribes.

22 **“SEC. 3414. TECHNICAL ASSISTANCE.**

23 “The Secretary shall, directly or through grants or
24 contracts, provide technical assistance in administering
25 and coordinating the activities authorized under section

1 3412, including technical assistance for the development
 2 of State applications for supplementary grants authorized
 3 in section 3412(a)(2).

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

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

7 “(1) \$4,600,000,000 for fiscal year 2022;

8 “(2) \$4,600,000,000 for fiscal year 2023;

9 “(3) \$4,600,000,000 for fiscal year 2024;

10 “(4) \$4,600,000,000 for fiscal year 2025;

11 “(5) \$4,600,000,000 for fiscal year 2026;

12 “(6) \$4,600,000,000 for fiscal year 2027;

13 “(7) \$4,600,000,000 for fiscal year 2028;

14 “(8) \$4,600,000,000 for fiscal year 2029;

15 “(9) \$4,600,000,000 for fiscal year 2030; and

16 “(10) \$4,600,000,000 for fiscal year 2031.

17 **“Subtitle C—Other Grant Program**

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

19 “(a) GRANTS.—

20 “(1) IN GENERAL.—The Secretary shall award
 21 grants to public entities, nonprofit entities, Indian
 22 entities, and other eligible Medicaid providers for the
 23 purpose of funding prevention services, core medical
 24 services, recovery and support services, early inter-
 25 vention services, harm reduction services, and ad-

1 ministrative expenses in accordance with this sec-
2 tion.

3 “(2) PRIORITIZATION.—

4 “(A) IN GENERAL.—In awarding grants
5 under this section, the Secretary shall, to the
6 extent practicable, prioritize the distribution of
7 grant funds to grantees that have—

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

10 “(I) labor organizing for the em-
11 ployees engaged in the covered activi-
12 ties; and

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

15 “(ii) policies that require—

16 “(I) the posting and maintenance
17 of notices in the workplace to such
18 employees of their rights under the
19 National Labor Relations Act (29
20 U.S.C. 151 et seq.);

21 “(II) that such employees are, at
22 the beginning of their employment,
23 provided notice and information re-
24 garding the employees’ rights under
25 such Act; and

1 “(III) the employer to voluntarily
2 recognize a union in cases where such
3 workers of the employer have joined
4 and requested representation.

5 “(B) EXCEPTION.—This paragraph shall
6 not apply to Indian tribes.

7 “(b) ELIGIBILITY.—

8 “(1) ENTITIES.—Public entities, nonprofit enti-
9 ties, urban Indian organizations, and other Medicaid
10 providers eligible to receive a grant under subsection
11 (a) may include—

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

15 “(B) family planning clinics;

16 “(C) rural health clinics;

17 “(D) Indian entities, including Indian
18 health programs as defined in section 4 of the
19 Indian Health Care Improvement Act, urban
20 Indian organizations as defined in section 4 of
21 the Indian Health Care Improvement Act, and
22 Native Hawaiian organizations as defined in
23 section 11 of the Native Hawaiian Health Care
24 Act of 1988;

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

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

7 “(G) certified community behavioral health
8 clinics and certified community behavioral
9 health clinic expansion grant recipients, under
10 section 223 of the Protecting Access to Medi-
11 care Act (42 U.S.C. 1396a note); and

12 “(H) other Medicaid providers if more
13 than half of their patients are diagnosed with a
14 substance use disorder and covered by Med-
15 icaid.

16 “(2) UNDERSERVED POPULATIONS.—Entities
17 described in paragraph (1) shall serve underserved
18 populations which may include—

19 “(A) minority populations and Indian pop-
20 ulations;

21 “(B) formerly incarcerated individuals;

22 “(C) individuals with comorbidities includ-
23 ing human immunodeficiency virus, hepatitis B,
24 hepatitis C, mental health disorder or other be-
25 havioral health disorders;

1 “(D) low-income populations;

2 “(E) people with disabilities;

3 “(F) urban populations;

4 “(G) rural populations;

5 “(H) the lesbian, gay, bisexual,
6 transgender, queer (LGBTQ) community; and

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

10 “(3) APPLICATION.—To be eligible to receive a
11 grant under this section, public entities, nonprofit
12 entities, and other Medicaid providers described in
13 this subsection shall prepare and submit to the Sec-
14 retary an application in such form, and containing
15 such information, as the Secretary shall require, in-
16 cluding—

17 “(A) a complete accounting of the dis-
18 bursement of any prior grants received under
19 this subtitle by the applicant and the results
20 achieved by these expenditures;

21 “(B) a comprehensive plan for the use of
22 the grant, including—

23 “(i) a demonstration of the extent of
24 local need for the funds sought;

1 “(ii) a plan for providing substance
2 use disorder treatment services that is con-
3 sistent with local needs; and

4 “(iii) goals and objectives to be
5 achieved with grant funds provided under
6 this section, including targets and mile-
7 stones that are intended to be met and a
8 description of the activities that will be un-
9 dertaken to achieve those targets;

10 “(C) a demonstration that the grantee will
11 use funds in a manner that provides substance
12 use disorder treatment services compliant with
13 the evidence-based standards developed in ac-
14 cordance with section 3435, including all drugs
15 approved by the Food and Drug Administration
16 for the treatment of substance use disorder for
17 which the applicant offers treatment, in accord-
18 ance with section 3435(c);

19 “(D) information on the number of individ-
20 uals to be served by the funds sought, including
21 demographic data on the populations to be
22 served;

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

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

3 “(F) an explanation of how income, asset,
4 and medical expense criteria will be established
5 and applied to those who qualify for assistance
6 under the program; and

7 “(G) for any prior funding received under
8 this section, data provided in such form as the
9 Secretary shall require detailing, at a minimum,
10 the extent to which the activities supported by
11 the funding met the goals and objectives speci-
12 fied in the application for the funding, the num-
13 ber of individuals who accessed medication for
14 addiction treatment by age, gender, race, sexual
15 orientation, disability status, and other demo-
16 graphic criteria relevant to the program, and
17 the effect of the program on overdose rates and
18 rates of death due to overdose in the region
19 served by the program.

20 “(4) REQUIREMENT OF STATUS AS MEDICAID
21 PROVIDER.—

22 “(A) PROVISION OF SERVICE.—Subject to
23 subparagraph (B), the Secretary may not make
24 a grant under this section for the provision of
25 substance use disorder treatment services under

1 this section in a State unless, in the case of any
2 such service that is available pursuant to the
3 State plan approved under title XIX of the So-
4 cial Security Act for the State—

5 “(i)(I) the applicant for the grant will
6 provide the service directly, and the appli-
7 cant has entered into a participation agree-
8 ment under the State plan and is qualified
9 to receive payments under such plan; or

10 “(II) the applicant for the grant will
11 enter into an agreement with public or
12 nonprofit entities, Indian entities, or other
13 Medicaid providers if more than half of
14 their patients are diagnosed with a sub-
15 stance use disorder and covered by Med-
16 icaid, under which such entities and other
17 providers will provide the substance use
18 disorder treatment service, and such enti-
19 ties and other providers have entered into
20 such a participation agreement and are
21 qualified to receive such payments; and

22 “(ii) the applicant ensures that pay-
23 ment will be sought for each such service
24 rendered in accordance with the usual pay-
25 ment schedule under the State plan.

1 “(B) WAIVER.—In the case of an entity
2 making an agreement pursuant to subpara-
3 graph (A) regarding the provision of substance
4 use disorder treatment services, the require-
5 ment established in such paragraph shall be
6 waived by the State if the entity does not, in
7 providing such services, impose a charge or ac-
8 cept reimbursement available from any third-
9 party payor, including reimbursement under
10 any insurance policy or under any Federal or
11 State health benefits program. A waiver under
12 this subparagraph shall not be longer than 2
13 years in duration and shall not be renewed.

14 “(C) DETERMINATION.—A determination
15 by the State of whether an entity referred to in
16 subparagraph (A) meets the criteria for a waiv-
17 er under such subparagraph shall be made
18 without regard to whether the entity accepts
19 voluntary donations for the purpose of pro-
20 viding services to the public.

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

24 “(A) funds received under the grant will
25 not be utilized to make payments for any item

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

9 “(B) entities providing substance use dis-
10 order treatment services with assistance made
11 available under the grant shall offer all drugs
12 approved by the Food and Drug Administration
13 for the treatment of substance use disorder for
14 which the applicant offers treatment, in accord-
15 ance with section 3435(c);

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

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

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

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

cessible to low-income individuals with substance use disorders and to individuals with substance use disorders residing in rural areas; and

“(E) the confidentiality of individuals receiving substance use disorder treatment services will be maintained in a manner not inconsistent with applicable law.

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

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

“(2) FORMULA GRANTS.—The Secretary, acting through the Indian Health Service, shall use 10 percent of the amount available under section 3425 for each fiscal year to provide grants to Indian entities in an amount determined pursuant to criteria developed by the Secretary in consultation with Indian Tribes and after conferring with urban Indian organizations, for the purposes of addressing substance use.

“(3) USE OF AMOUNTS.—Notwithstanding any requirements in this section, Native entities may use amounts provided under grants awarded under this

1 section for the uses identified in section 3422 and
2 any other activities determined appropriate by the
3 Secretary, in consultation with Indian Tribes.

4 **“SEC. 3422. USE OF AMOUNTS.**

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

9 “(1) prevention services described in subsection
10 (b);

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

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

15 “(4) early intervention and engagement services
16 described in subsection (e);

17 “(5) harm reduction services described in sub-
18 section (f); and

19 “(6) administrative expenses described in sub-
20 section (g).

21 “(b) PREVENTION SERVICES.—For purposes of this
22 section, the term ‘prevention services’ means evidence-
23 based services, programs, or multi-sector strategies to pre-
24 vent substance use disorder (including education cam-
25 paigns, community-based prevention programs, risk iden-

1 tification programs, opioid diversion, collection and dis-
2 posal of unused opioids, services to at-risk populations,
3 and trauma support services).

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

10 “(1) Substance use disorder treatment, as more
11 fully described in section 3439(4), including assess-
12 ment of disease presence, severity, and co-occurring
13 conditions, treatment planning, clinical stabilization
14 services, withdrawal management and detoxification,
15 intensive inpatient treatment, intensive outpatient
16 treatment, outpatient treatment, residential inpa-
17 tient services, treatment for co-occurring mental
18 health and substance use disorders, and all drugs
19 approved by the Food and Drug Administration for
20 the treatment of substance use disorder.

21 “(2) Outpatient and ambulatory health services,
22 including those administered by Federally-qualified
23 health centers, rural health clinics, tribal clinics and
24 hospitals, urban Indian organizations, certified com-
25 munity behavioral health clinics (as described in sec-

tion 223 of the Protecting Access to Medicare Act),
and comprehensive opioid recovery centers (as described in section 552 of this Act).

“(3) Hospice services.

“(4) Mental health services.

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

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

“(7) Home- and community-based health services.

“(8) Comprehensive Case Management and care coordination, including substance use disorder treatment adherence services.

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

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

“(A) an individual calling 911, the National Suicide Hotline, or another emergency hotlines states that a person is experiencing a

1 drug overdose or is otherwise under the influ-
2 ence of a legal or illegal substance; and

3 “(B) a law enforcement officer, other first
4 responder, or other individual identifies a per-
5 son as being (or possibly being) under the influ-
6 ence of a legal or illegal substance.

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

1 “(e) EARLY INTERVENTION SERVICES.—For pur-
2 poses of this section, the term ‘early intervention services’
3 means services to provide screening and connection to the
4 appropriate level of substance use disorder and mental
5 health treatment (including same-day connection), coun-
6 seling provided to individuals who have misused sub-
7 stances, who have experienced an overdose, or are at risk
8 of developing substance use disorder, the provision of re-
9 ferrals to facilitate the access of such individuals to core
10 medical services or recovery and support services for sub-
11 stance use disorder, and rapid access to medication for
12 addiction treatment in the setting of recent overdose. The
13 entities through which such services may be provided in-
14 clude emergency rooms, fire departments and emergency
15 medical services, detention facilities, prisons and jails
16 homeless shelters, health care points of entry specified by
17 eligible local areas, Federally-qualified health centers,
18 workforce agencies and job centers, youth development
19 centers, tribal clinics and hospitals, urban Indian organi-
20 zations, and rural health clinics.

21 “(f) HARM REDUCTION SERVICES.—For purposes of
22 this section, the term ‘harm reduction services’ means
23 services provided to individuals engaging in substance use
24 that are scientifically accepted to reduce the risk of infec-
25 tious disease transmission, overdose, or death, including

1 by increasing access to health care, housing, and recovery
2 and support services, including syringe services programs.
3 Such term includes evidence-based services.

4 “(g) ADMINISTRATION AND PLANNING.—An entity
5 (not including tribal entities) shall not use in excess of
6 10 percent of amounts received under a grant under sec-
7 tion 3421 for administration, accounting, reporting, and
8 program oversight functions, including for the purposes of
9 developing systems to improve data collection and data
10 sharing.

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

16 **“SEC. 3423. TECHNICAL ASSISTANCE.**

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

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

2 “(a) IN GENERAL.—The Secretary may provide plan-
3 ning grants to public or nonprofit entities, Indian entities,
4 and other eligible Medicaid providers for purposes of as-
5 sisting such entities and providers in expanding their ca-
6 pacity to provide substance use disorder treatment services
7 in low-income communities and affected subpopulations
8 that are underserved with respect to such services.

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

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

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

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

15 “(2) \$1,000,000,000 for fiscal year 2023;

16 “(3) \$1,000,000,000 for fiscal year 2024;

17 “(4) \$1,000,000,000 for fiscal year 2025;

18 “(5) \$1,000,000,000 for fiscal year 2026;

19 “(6) \$1,000,000,000 for fiscal year 2027;

20 “(7) \$1,000,000,000 for fiscal year 2028;

21 “(8) \$1,000,000,000 for fiscal year 2029;

22 “(9) \$1,000,000,000 for fiscal year 2030; and

23 “(10) \$1,000,000,000 for fiscal year 2031.

1 **“Subtitle D—Innovation, Training,**
2 **and Health Systems Strengthening**

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

5 “(a) IN GENERAL.—The Secretary shall award
6 grants to entities to administer special projects of national
7 significance to support the development of innovative and
8 original models for the delivery of substance use disorder
9 treatment and harm reduction services.

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

15 “(c) REPLICATION.—The Secretary shall make infor-
16 mation concerning successful models or programs devel-
17 oped under this section available to grantees under this
18 title for the purpose of coordination, replication, and inte-
19 gration. To facilitate efforts under this section, the Sec-
20 retary may provide for peer-based technical assistance for
21 grantees funded under this section.

22 “(d) GRANTS TO TRIBAL GOVERNMENTS.—

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

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

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

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

13 “(1) \$500,000,000 for fiscal year 2022;

14 “(2) \$500,000,000 for fiscal year 2023;

15 “(3) \$500,000,000 for fiscal year 2024;

16 “(4) \$500,000,000 for fiscal year 2025;

17 “(5) \$500,000,000 for fiscal year 2026;

18 “(6) \$500,000,000 for fiscal year 2027;

19 “(7) \$500,000,000 for fiscal year 2028;

20 “(8) \$500,000,000 for fiscal year 2029;

21 “(9) \$500,000,000 for fiscal year 2030; and

22 “(10) \$500,000,000 for fiscal year 2031.

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

24 “(a) IN GENERAL.—The Secretary may make grants
25 and enter into contracts to assist public or nonprofit enti-

1 ties, public or nonprofit schools, and academic health cen-
2 ters in meeting the cost of projects—

3 “(1) to train health professionals, including
4 practitioners in programs under this title and other
5 community providers, including physician addiction
6 specialists, psychologists, counselors, case managers,
7 social workers, peer recovery coaches, harm reduc-
8 tion workers, public health workers, and community
9 health workers, and paraprofessionals, such as peer
10 support specialists and recovery coaches, in the diag-
11 nosis, treatment, and prevention of substance use
12 disorders and drug use-related health issues, includ-
13 ing measures for the prevention and treatment of co-
14 occurring infectious diseases, mental health dis-
15 orders, and other conditions, and including (as appli-
16 cable to the type of health professional involved),
17 care for women, pregnant women, and children;

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

1 “(3) to develop and disseminate curricula and
2 resource materials relating to evidence-based prac-
3 tices for the screening, prevention, and treatment of
4 substance use disorders and drug use-related health
5 issues, including information about combating stig-
6 ma, prescribing best practices, overdose reversal, al-
7 ternative pain therapies, and all drugs approved by
8 the Food and Drug Administration for the treat-
9 ment of substance use disorders, including for the
10 purposes authorized under the amendments made by
11 section 3203 of the SUPPORT for Patients and
12 Communities Act.

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

16 “(1) train, or result in the training of, health
17 professionals and other community providers de-
18 scribed in subsection (a)(1), to provide substance
19 use disorder treatments for underserved groups, in-
20 cluding minority individuals and Indians with sub-
21 stance use disorder and other individuals who are at
22 a high risk of substance use;

23 “(2) train, or result in the training of, minority
24 health professionals and minority allied health pro-

1 professionals, to provide substance use disorder treat-
2 ment for individuals with such disease;

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

7 “(4) train or result in the training of health
8 professionals and allied health professionals, includ-
9 ing counselors, case managers, social workers, peer
10 recovery coaches, and harm reduction workers, pub-
11 lic health workers, and community health workers,
12 to provide treatment for infectious diseases and
13 mental health disorders co-occurring with substance
14 use disorder; and

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

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

23 “(1) tribal colleges and universities;

24 “(2) Indian Health Service grant funded insti-
25 tutions; and

1 “(3) Native partner institutions, including insti-
2 tutions of higher education with medical training
3 programs that partner with one or more Indian
4 tribes, tribal organizations, Native Hawaiian organi-
5 zations, or tribal colleges and universities to train
6 Native health professionals that will provide sub-
7 stance use disorder treatment services in Native
8 communities.

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

11 “(1) \$500,000,000 for fiscal year 2022;

12 “(2) \$500,000,000 for fiscal year 2023;

13 “(3) \$500,000,000 for fiscal year 2024;

14 “(4) \$500,000,000 for fiscal year 2025;

15 “(5) \$500,000,000 for fiscal year 2026;

16 “(6) \$500,000,000 for fiscal year 2027;

17 “(7) \$500,000,000 for fiscal year 2028;

18 “(8) \$500,000,000 for fiscal year 2029;

19 “(9) \$500,000,000 for fiscal year 2030; and

20 “(10) \$500,000,000 for fiscal year 2031.

21 **“SEC. 3433. SUBSTANCE USE DISORDER TREATMENT PRO-**
22 **VIDER CAPACITY UNDER THE MEDICAID PRO-**
23 **GRAM.**

24 “(a) PROJECTS.—

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

6 “(2) PRIORITIZATIONS.—

7 “(A) IN GENERAL.—In awarding grants
8 under this section, the Secretary shall, to the
9 extent practicable, prioritize the distribution of
10 grant funds to grantees that have—

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

13 “(I) labor organizing for the em-
14 ployees engaged in the covered activi-
15 ties; and

16 “(II) such employees’ choice to
17 form and join labor organizations; and

18 “(ii) policies that require—

19 “(I) the posting and maintenance
20 of notices in the workplace to such
21 employees of their rights under the
22 National Labor Relations Act (29
23 U.S.C. 151 et seq.);

24 “(II) that such employees are, at
25 the beginning of their employment,

1 provided notice and information re-
2 garding the employees' rights under
3 such Act; and

4 “(III) the employer to voluntarily
5 recognize a union in cases where such
6 workers of the employer have joined
7 and requested representation.

8 “(B) EXCEPTION.—This paragraph shall
9 not apply to Indian tribes.

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

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

15 “(2) URBAN INDIAN ORGANIZATION.—In this
16 section, the term ‘urban Indian organization’ has the
17 meaning given such in section 4 of the Indian
18 Health Care Improvement Act.

19 “(3) GRANTS.—The Secretary, acting through
20 the Indian Health Service, shall use 10 percent of
21 the amount appropriated under this section for each
22 fiscal year to award grants to Indian tribes and
23 urban Indian organizations in an amount deter-
24 mined pursuant to criteria developed by the Sec-

1 retary in consultation with Indian tribes and in con-
2 ference with urban Indian organizations.

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

5 “(1) \$50,000,000 for fiscal year 2022;

6 “(2) \$50,000,000 for fiscal year 2023;

7 “(3) \$50,000,000 for fiscal year 2024;

8 “(4) \$50,000,000 for fiscal year 2025;

9 “(5) \$50,000,000 for fiscal year 2026;

10 “(6) \$50,000,000 for fiscal year 2027;

11 “(7) \$50,000,000 for fiscal year 2028;

12 “(8) \$50,000,000 for fiscal year 2029;

13 “(9) \$50,000,000 for fiscal year 2030; and

14 “(10) \$50,000,000 for fiscal year 2031.

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

16 “(a) GRANT PROGRAM FOR WORKERS.—

17 “(1) IN GENERAL.—The Secretary, acting
18 through the Director of the National Institute for
19 Occupational Safety and Health, shall award grants
20 to non-profit entities that meet the requirements of
21 this section to fund programs and projects to assist
22 workers who are at risk of substance use disorder,
23 who have substance use disorder, or who are recov-
24 ering from substance use disorder to maintain or
25 gain employment.

1 “(2) GRANTS FOR WORKERS.—

2 “(A) IN GENERAL.—The Secretary shall,
3 on a competitive basis, award grants for a pe-
4 riod of not more than 3 years to non-profit en-
5 tities that submit an application under para-
6 graph (3) to enable such entities to implement,
7 conduct, continue, and expand evidence-based
8 programs and projects to assist individuals de-
9 scribed in subparagraph (G).

10 “(B) USE OF AMOUNTS.—An entity may
11 use amounts provided under this subsection
12 for—

13 “(i) prevention services described in
14 subparagraph (C), including providing edu-
15 cation and information to workers regard-
16 ing the dangers of illicit and licit drug use,
17 non-opioid pain management and non-drug
18 pain management, or occupational injury
19 and illness prevention;

20 “(ii) early intervention services de-
21 scribed in subparagraph (D) to enable in-
22 dividuals to maintain or gain employment;

23 “(iii) recovery and support services
24 described in subparagraph (E) to enable

1 individuals to maintain or gain employ-
2 ment;

3 “(iv) harm reduction services de-
4 scribed in subparagraph (F) to enable indi-
5 viduals to maintain or gain employment;

6 “(v) hiring case managers, care coor-
7 dinators, and peer support specialists to
8 assist employed individuals who are experi-
9 encing substance use disorder, or who are
10 recovering from substance use disorder, in
11 accessing substance use disorder treatment
12 services; or

13 “(vi) providing vocational, life skills,
14 and other forms of job training to workers
15 who are receiving substance use disorder
16 treatment services to enable such workers
17 to maintain or gain employment.

18 “(C) PREVENTION SERVICES.—For pur-
19 poses of this section, the term ‘prevention serv-
20 ices’ means evidence-based services, programs,
21 or multi-sector strategies to prevent substance
22 use disorder (including education campaigns,
23 community-based prevention programs, risk
24 identification programs, opioid diversion, collec-
25 tion and disposal of unused opioids, services to

1 at-risk populations, and trauma support serv-
2 ices).

3 “(D) RECOVERY AND SUPPORT SERV-
4 ICES.—For purposes of this section, the term
5 ‘recovery and support services’ means services
6 including residential recovery housing, mental
7 health services, long term recovery services, 24/
8 7 hotline crisis center services, medical trans-
9 portation services, respite care for persons car-
10 ing for individuals with substance use disorder,
11 child care and family services while an indi-
12 vidual is receiving inpatient treatment services
13 or at the time of outpatient services, outreach
14 services, peer recovery services, nutrition serv-
15 ices, and referrals for job training and career
16 services, housing, legal services, and child care
17 and family services so long as they do not ex-
18 clude individuals on the basis that such individ-
19 uals receive medication for addiction treatment.

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

tion), counseling provided to individuals who have misused substances, who have experienced an overdose, or are at risk of developing substance use disorder, the provision of referrals to facilitate the access of such individuals to core medical services or recovery and support services for substance use disorder, and rapid access to medication for addiction treatment in the setting of recent overdose.

“(F) HARM REDUCTION SERVICES.—For purposes of this section, the term ‘harm reduction services’ means services provided to individuals engaging in substance use scientifically accepted to reduce the risk of infectious disease transmission, overdose, or death, including by increasing access to health care, housing, and recovery and support services, including syringe services programs. Such term includes evidence-based services.

“(G) INDIVIDUALS DESCRIBED.—Individuals described in this subparagraph are individuals who—

“(i)(I) have been employed in the 12-month period immediately preceding the date on which the determination is being

1 made, or who are participating in an em-
2 ployee training or apprenticeship program;
3 and

4 “(II) are at high risk of developing
5 substance use disorder, including as a re-
6 sult of employment in industries that expe-
7 rience high rates of occupational injuries
8 and illness; or

9 “(ii) are experiencing a substance use
10 disorder or are in recovery from a sub-
11 stance use disorder.

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

17 “(A) a complete accounting of the dis-
18 bursement of any prior grants received under
19 this title by the applicant and the results
20 achieved by such expenditures;

21 “(B) a description of the population to be
22 served with grant funds provided under this
23 section, including a description of the unique
24 risks the population faces for experiencing occu-

1 pational injuries or exposure to illicit sub-
2 stances;

3 “(C) the goals and objectives to be
4 achieved with grant funds provided under this
5 section, including targets and milestones that
6 are intended to be met, the activities that will
7 be undertaken to achieve those targets, and the
8 number of individuals likely to be served by the
9 grant funds, including demographic data on the
10 populations to be served;

11 “(D) a demonstration of the ability of the
12 applicant to reach the individuals described in
13 paragraph (2)(G) and to provide services de-
14 scribed in paragraph (2)(B) included in the ap-
15 plicant’s grant application, including by
16 partnering with local stakeholders;

17 “(E) for any prior funding received under
18 this subsection, data provided in such form as
19 the Secretary shall require detailing, at a min-
20 imum, the extent to which the activities sup-
21 ported by the funding met the goals, objectives,
22 targets, and milestones specified in the applica-
23 tion for the funding, and the number of individ-
24 uals with and without substance use disorder
25 who received services supported by the funding,

1 including the services provided to these individ-
2 uals, the industries in which the individuals
3 were employed when they received services, and
4 whether the individuals were still employed in
5 that same industry or in any industry when the
6 individuals ceased receiving services supported
7 by the funding; and

8 “(F) any other information the Secretary
9 shall require.

10 “(4) DATA REPORTING AND OVERSIGHT.—An
11 entity awarded a grant under this subsection shall
12 submit to the Secretary an annual report at such
13 time and in such manner as the Secretary shall re-
14 quire. Such report shall include, at a minimum, a
15 description of—

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

17 “(B) the number of individuals with and
18 without substance use disorder served through
19 activities funded by the grant, including the
20 services provided to those individuals and the
21 industries in which those individuals were em-
22 ployed at the time they received services sup-
23 ported by the grant;

24 “(C) for workers experiencing substance
25 use disorder or recovering from substance use

1 disorder served by activities funded by the
2 grant, the number of individuals who main-
3 tained employment, the number of individuals
4 who gained employment, and the number of in-
5 dividuals who failed to maintain employment
6 over the course of the reporting period; and

7 “(D) any other information required by the
8 Secretary.

9 “(5) AUTHORIZATION OF APPROPRIATIONS.—

10 There is authorized to be appropriated to carry out
11 this subsection—

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

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

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

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

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

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

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

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

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

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

22 “(b) RESEARCH ON THE IMPACT OF SUBSTANCE USE

23 DISORDER IN THE WORKPLACE AND ON DIRECT SERVICE

24 PROVIDERS.—

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

2 The Secretary, in consultation with the Director of
3 the National Institute for Occupational Safety and
4 Health, shall conduct (directly or through grants or
5 contracts) research, experiments, and demonstra-
6 tions, and publish studies relating to—

7 “(A) the risks faced by employees in var-
8 ious occupations of developing substance use
9 disorder and of drug overdose deaths and non-
10 fatal drug overdoses, and the formulation of
11 prevention activities tailored to the risks identi-
12 fied in these occupations, including occupational
13 injury and illness prevention;

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

16 “(C) efforts that employers may undertake
17 to assist employees who are undergoing sub-
18 stance use disorder treatment services in main-
19 taining employment while ensuring workplaces
20 are safe and healthful;

21 “(D) risks of occupational exposure to
22 opioids and other illicit substances and the for-
23 mulation of prevention activities tailored to the
24 risks identified; and

1 “(E) other subjects related to substance
2 use disorder in the workplace as the Secretary
3 determines.

4 “(2) DIRECT SERVICE PROVIDERS.—The Sec-
5 retary shall conduct (directly or through grants or
6 contracts) research, experiments, and demonstra-
7 tions, and publish studies relating to the occupa-
8 tional health and safety, recruitment, and retention
9 of behavioral health providers who, as part of their
10 job responsibilities, provide direct services to individ-
11 uals who are at risk of experiencing substance use
12 disorder or who are experiencing or recovering from
13 substance use disorder, including—

14 “(A) identifying factors that the Secretary
15 believes may endanger the health or safety of
16 such workers, including factors that affect the
17 risks such workers face of developing substance
18 use disorder;

19 “(B) motivational and behavioral factors
20 relating to the field of behavioral health pro-
21 viders;

22 “(C) strategies to support the recruitment
23 and retention of behavioral health providers;
24 and

1 “(D) other subjects related to behavioral
 2 health providers engaged in direct provision of
 3 substance use disorder prevention and treat-
 4 ment services as the Secretary determines ap-
 5 propriate.

6 “(3) AUTHORIZATION OF APPROPRIATIONS.—
 7 There is authorized to be appropriated to carry out
 8 this subsection—

9 “(A) \$10,000,000 for fiscal year 2022;
 10 “(B) \$10,000,000 for fiscal year 2023;
 11 “(C) \$10,000,000 for fiscal year 2024;
 12 “(D) \$10,000,000 for fiscal year 2025;
 13 “(E) \$10,000,000 for fiscal year 2026;
 14 “(F) \$10,000,000 for fiscal year 2027;
 15 “(G) \$10,000,000 for fiscal year 2028;
 16 “(H) \$10,000,000 for fiscal year 2029;
 17 “(I) \$10,000,000 for fiscal year 2030; and
 18 “(J) \$10,000,000 for fiscal year 2031.

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

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

22 “(1) IN GENERAL.—Not later than 1 year after
 23 the date of enactment of this title, the Secretary, in
 24 consultation with the American Society of Addiction
 25 Medicine, State and tribal officials selected by the

1 Secretary, and other stakeholders as the Secretary
2 determines necessary, and after seeking public input,
3 shall promulgate model standards for the regulation
4 of substance use disorder treatment services.

5 “(2) SUBSTANCE USE DISORDER TREATMENT
6 SERVICES.—The model standards promulgated
7 under paragraph (1) shall, at a minimum—

8 “(A) identify the types of substance use
9 disorder treatment services intended to be cov-
10 ered without regard to whether they participate
11 in any Federal health care program (as defined
12 in section 1128B(f) of the Social Security Act)
13 and shall not include—

14 “(i) a private practitioner who is al-
15 ready licensed by a State licensing board
16 and whose practice is limited to non-inten-
17 sive outpatient care; or

18 “(ii) any substance use disorder treat-
19 ment service provided on a non-intensive
20 outpatient basis in the office of a private
21 practitioner who is licensed by a State li-
22 censing board;

23 “(B) require the designation of a single
24 State agency to serve as the primary regulator

1 in the State for substance use disorder treat-
2 ment services;

3 “(C) subject to paragraph (3), require that
4 substance use disorder treatment services iden-
5 tified in accordance with subparagraph (A), be
6 licensed by the respective States according to
7 the standards for levels of care set forth by the
8 American Society of Addiction Medicine in
9 2013 or an equivalent set of standards;

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

19 “(E) require that all patients leaving a res-
20 idential treatment program receive a written
21 transition plan prior to discharge from that
22 level of care.

23 “(3) ANNUAL ASSESSMENT.—Beginning with
24 respect to fiscal year 2022, the Secretary shall make
25 a determination with respect to each State on

1 whether the State has adopted, for each of the sub-
2 stance use disorder treatment services identified in
3 accordance with paragraph (2)(A), licensure stand-
4 ards that are in compliance in all material respects
5 with the model standards promulgated in accordance
6 with this subsection. In the event the American Soci-
7 ety of Addiction Medicine revises its criteria, the
8 Secretary shall revise the national model level of
9 care standards accordingly and disseminate any such
10 update to the States, and the States may adopt any
11 such updates to be in compliance with this sub-
12 section.

13 “(b) STANDARDS FOR OTHER SPECIFIED MATTERS
14 RELATED TO SUBSTANCE USE DISORDER TREATMENT
15 SERVICES AND RECOVERY RESIDENCES.—

16 “(1) IN GENERAL.—Not later than 2 years
17 after the date of enactment of this title, the Sec-
18 retary, in consultation with representatives of non-
19 profit service providers and State and tribal officials
20 as the Secretary determines necessary, shall promul-
21 gate model standards for the regulation of—

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

24 “(B) recovery residences.

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

5 “(A) identify the professional credentials
6 needed by each type of substance use disorder
7 treatment professional;

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

10 “(C) require the establishment and mainte-
11 nance within each State of a toll-free telephone
12 number to receive complaints from the public
13 regarding substance use disorder treatment
14 service providers; and

15 “(D) require the establishment and main-
16 tenance on a publicly accessible internet website
17 of a list of all substance use disorder treatment
18 services in the State that have a certification in
19 effect in accordance with this section.

20 “(3) RECOVERY RESIDENCES.—

21 “(A) ECONOMIC RELATIONSHIP.—The
22 model standards promulgated under paragraph
23 (1)(B) shall, at a minimum, be applied to recov-
24 ery residences that have an ongoing economic

1 relationship with any commercial substance use
2 disorder treatment service.

3 “(B) MINIMUM REQUIREMENTS.—The
4 model standards promulgated under paragraph
5 (1)(B), which may include any model laws de-
6 veloped under section 550(a) shall, at a min-
7 imum, identify requirements for—

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

10 “(ii) the implementation of a process
11 to ensure that the qualifications of recov-
12 ery residences in which not fewer than 10
13 individuals may lawfully reside are verified
14 by means of an onsite inspection not less
15 frequently than every 3 years by the State
16 agency serving as the primary regulator in
17 the State or by an independent third party
18 that is approved by the State’s primary
19 regulator;

20 “(iii) fire, safety, and health stand-
21 ards;

22 “(iv) equipping residences with opioid
23 overdose reversal drug products, such as
24 naloxone and training residence owners,

1 operators, and employees in the adminis-
2 tration of naloxone;

3 “(v) recovery residence owners and
4 operators;

5 “(vi) a written policy that prohibits
6 the exclusion of individuals on the basis
7 that such individuals receive drugs ap-
8 proved by the Food and Drug Administra-
9 tion for the treatment of substance use dis-
10 order;

11 “(vii) the establishment and mainte-
12 nance within each State of a toll-free tele-
13 phone number to receive complaints from
14 the public regarding recovery residences;
15 and

16 “(viii) the establishment and mainte-
17 nance on a publicly accessible internet
18 website of a list of all recovery residences
19 in the State that have a certification in ef-
20 fect in accordance with this section.

21 “(4) ANNUAL ASSESSMENT.—Beginning with
22 respect to fiscal year 2023, the Secretary shall make
23 a determination with respect to each State on
24 whether the State has adopted, for each of the other
25 specified substance use disorder treatment services

1 identified in this section and for recovery residences,
2 standards that are in compliance in all material re-
3 spects with the model standards promulgated in ac-
4 cordance with this subsection.

5 “(c) ENSURING ACCESS TO MEDICATION FOR ADDIC-
6 TION TREATMENT.—

7 “(1) MEDICATION FOR ADDICTION TREAT-
8 MENT.—The Secretary may not make a grant under
9 this section unless the applicant for the grant agrees
10 to require all entities offering substance use disorder
11 treatment services under the grant to offer all drugs
12 approved by the Food and Drug Administration for
13 the treatment of substance use disorder for which
14 the applicant offers treatment.

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

18 “(A) submits to the Secretary a justifica-
19 tion for such waiver containing such informa-
20 tion as the Secretary shall require; and

21 “(B) agrees to require all entities offering
22 substance use disorder treatment services under
23 the grant to—

24 “(i) offer, on site, at least 2 drugs ap-
25 proved by the Food and Drug Administra-

tion for the treatment of substance use disorder;

“(ii) provide counseling to patients on the benefits and risks of all drugs approved by the Food and Drug Administration for the treatment of substance use disorder; and

“(iii) maintain an affiliation agreement with a provider that can prescribe or otherwise dispense all other forms of drugs approved by the Food and Drug Administration for the treatment of substance use disorder.

“(3) GAO STUDY.—Not later than 1 year after the date of enactment of this title, the Comptroller General of the United States shall submit to Congress a comprehensive report describing any relationship between substance use rates, pain management practices of the Indian Health Service, and patient request denials through the purchased/referred care program of the Indian Health Service.

“(d) ENSURING A FULL CONTINUUM OF SERVICES.—

“(1) IN GENERAL.—Not later than 6 months after the date of the enactment of this title, the Ad-

1 administrator of the Centers for Medicare & Medicaid
2 Services shall issue a State Medicaid Director letter
3 and tribal leader letter explaining how States and
4 tribes can ensure access to a continuum of services
5 for adults with substance use disorders who are re-
6 ceiving medical assistance under title XIX of the So-
7 cial Security Act. Such letter shall describe how
8 States can cover the continuum of community-based,
9 residential, and inpatient substance use disorder
10 services and care coordination between different lev-
11 els of care as medical assistance, as defined in sec-
12 tion 1905(a) of such Act, including through section
13 1915 of such Act and through demonstration
14 projects under section 1115 of such Act.

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

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

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

8 “(a) ESTABLISHMENT OF PROGRAM.—

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

21 “(2) SPECIAL RULES WHERE OPIOID OVERDOSE
22 REVERSAL DRUG PRODUCTS ARE UNAVAILABLE.—To
23 the extent that a sufficient quantity of opioid over-
24 dose reversal drug products are not available for
25 purchase or delivery under paragraph (1), the Sec-

1 retary shall provide for the purchase and delivery of
2 the available opioid overdose reversal drug products
3 in accordance with priorities established by the Sec-
4 retary, with priority given to States with at least one
5 local area eligible for funding under section 3401(a).

6 “(b) NEGOTIATION OF CONTRACTS WITH MANUFAC-
7 TURERS.—

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

23 “(2) AUTHORITY TO DECLINE CONTRACTS.—
24 The Secretary may decline to enter into contracts

1 under this subsection and may modify or extend
2 such contracts.

3 “(3) CONTRACT PRICE.—

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

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

20 “(4) PRODUCT DOSAGE.—All opioid overdose
21 reversal products purchased under this section shall
22 contain—

23 “(A) for each dose, the maximum amount
24 of active pharmaceutical ingredient that acts as
25 an opioid receptor antagonist as recommended

1 by the Food and Drug Administration as an
2 initial dose when administered by one of the ap-
3 proved, labeled routes of administration in
4 adults; and

5 “(B) a minimum of two doses packaged to-
6 gether.

7 “(5) QUANTITIES AND TERMS OF DELIVERY.—

8 Under contracts under this subsection—

9 “(A) the Secretary shall provide, consistent
10 with paragraph (6), for the purchase and deliv-
11 ery on behalf of States and Indian tribes of
12 quantities of opioid overdose reversal drug
13 products; and

14 “(B) each State and Indian tribe, at the
15 option of the State or tribe, shall be permitted
16 to obtain additional quantities of opioid over-
17 dose reversal drug products (subject to amounts
18 specified to the Secretary by the State or tribe
19 in advance of negotiations) through purchasing
20 the opioid overdose reversal drug products from
21 the manufacturers at the applicable price nego-
22 tiated by the Secretary consistent with para-
23 graph (3), if the State or tribe provides to the
24 Secretary such information (at a time and man-
25 ner specified by the Secretary, including in ad-

1 vance of negotiations under paragraph (1)) as
2 the Secretary determines to be necessary, to
3 provide for quantities of opioid overdose rever-
4 sal drug products for the State or tribe to pur-
5 chase pursuant to this subsection and to deter-
6 mine annually the percentage of the opioid over-
7 dose reversal drug market that is purchased
8 pursuant to this section and this subparagraph.

9 The Secretary shall enter into the initial negotia-
10 tions not later than 180 days after the date of the
11 enactment of this title.

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

1 extent such costs are provided for in the price estab-
2 lished under paragraph (3)).

3 “(7) MULTIPLE SUPPLIERS.—In the case of the
4 opioid overdose reversal drug product involved, the
5 Secretary may, as appropriate, enter into a contract
6 referred to in paragraph (1) with each manufacturer
7 of the opioid overdose reversal drug product that
8 meets the terms and conditions of the Secretary for
9 an award of such a contract (including terms and
10 conditions regarding safety and quality). With re-
11 spect to multiple contracts entered into pursuant to
12 this paragraph, the Secretary may have in effect dif-
13 ferent prices under each of such contracts and, with
14 respect to a purchase by States pursuant to para-
15 graph (4)(B), each eligible State may choose which
16 of such contracts will be applicable to the purchase.

17 “(c) USE OF OPIOID OVERDOSE REVERSAL DRUG
18 PRODUCT LIST.—Beginning not later than one year after
19 the first contract has been entered into under this section,
20 the Secretary shall use, for the purpose of the purchase,
21 delivery, and administration of opioid overdose reversal
22 drug products under this section, the list established (and
23 periodically reviewed and, as appropriate, revised) by an
24 advisory committee, established by the Secretary and lo-
25 cated within the Centers for Disease Control and Preven-

1 tion, which considers the cost effectiveness of each opioid
2 overdose reversal drug product.

3 “(d) STATE DISTRIBUTION OF OPIOID OVERDOSE
4 REVERSAL DRUG PRODUCTS.—States shall distribute
5 opioid overdose reversal drug products received under this
6 section to the following:

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

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

14 “(A) nonprofit entities, including—

15 “(i) community-based organizations
16 that provide substance use disorder treat-
17 ments or harm reduction services;

18 “(ii) nonprofit entities that provide
19 substance use disorder treatments or harm
20 reduction services; and

21 “(iii) faith based organizations that
22 provide substance use disorder treatments
23 or harm reduction services;

24 “(B) other areas of high need; and

25 “(C) the general public.

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

4 “(1) establish a program for distributing opioid
5 overdose reversal drug products to first responders,
6 the general public, and entities with authority to ad-
7 minister local public health services, including local
8 health departments;

9 “(2) beginning in the second year of the pro-
10 gram, demonstrate a distribution rate of a minimum
11 of 90 percent of the opioid overdose reversal drug
12 products received under this program;

13 “(3) certify to the Secretary that the State has
14 in place a Good Samaritan Law that ensures immu-
15 nity from arrest and prosecution, including from pa-
16 role and probation violations, except that the State
17 may apply to the Secretary for a waiver of the re-
18 quirement of this paragraph, and such waiver if
19 granted shall not be longer than 3 years in duration
20 and may not be renewed unless the State can show
21 progress being made towards instituting a Good Sa-
22 maritan Law; and

23 “(4) certify to the Secretary that the State has
24 in place additional measures that enhance access to
25 opioid overdose reversal drug products, such as laws

1 that provide civil or disciplinary immunity for med-
2 ical personnel who prescribe an opioid overdose re-
3 versal drug product, Third Party Prescription Laws,
4 Collaborative Practice Agreements, and Standing
5 Orders.

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

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

12 “(1) COLLABORATIVE PRACTICE AGREEMENT.—
13 The term ‘Collaborative Practice Agreement’ means
14 an agreement under which a pharmacist operates
15 under authority delegated by another licensed practi-
16 tioner with prescribing authority.

17 “(2) EMERGENCY MEDICAL SERVICE.—The
18 term ‘emergency medical service’ means resources
19 used by a public or private licensed entity to deliver
20 medical care outside of a medical facility under
21 emergency conditions that occur as a result of the
22 condition of the patient and includes services deliv-
23 ered (either on a compensated or volunteer basis) by
24 an emergency medical services provider or other pro-
25 vider that is licensed or certified by the State in-

1 volved as an emergency medical technician, a para-
2 medic, or an equivalent professional (as determined
3 by the State).

4 “(3) GOOD SAMARITAN LAW.—The term ‘Good
5 Samaritan Law’ means a law that provides criminal
6 immunity for a person who administers an opioid
7 overdose reversal drug product, a person who, in
8 good faith, seeks medical assistance for someone ex-
9 periencing a drug-related overdose, or a person who
10 experiences a drug-related overdose and is in need of
11 medical assistance and, in good faith, seeks such
12 medical assistance, or is the subject of such a good
13 faith request for medical assistance.

14 “(4) INDIANS.—The terms ‘Indian’, ‘Indian
15 tribe’, ‘tribal organization’, and ‘urban Indian orga-
16 nization’ have the meanings given such terms in sec-
17 tion 4 of the Indian Health Care Improvement Act.

18 “(5) MANUFACTURER.—The term ‘manufac-
19 turer’ means any corporation, organization, or insti-
20 tution, whether public or private (including Federal,
21 State, and local departments, agencies, and instru-
22 mentalities), which manufactures, imports, proc-
23 esses, or distributes under its label any opioid over-
24 dose reversal drug product. The term ‘manufacture’

1 means to manufacture, import, process, or distribute
2 an opioid overdose reversal drug.

3 “(6) OPIOID OVERDOSE REVERSAL DRUG PROD-
4 UCT.—The term ‘opioid overdose reversal drug prod-
5 uct’ means a finished dosage form that has been ap-
6 proved by the Food and Drug Administration and
7 that contains an active pharmaceutical ingredient
8 that acts as an opioid receptor antagonist. The term
9 ‘opioid overdose reversal drug product’ includes a
10 combination product, as defined in section 3.2(e) of
11 title 21, Code of Federal Regulations.

12 “(7) STANDING ORDER.—The term ‘standing
13 order’ means a non-patient-specific order covering
14 administration of medication by others to a patient
15 who may be unknown to the prescriber at the time
16 of the order.

17 “(8) THIRD PARTY PRESCRIPTION.—The term
18 ‘third party prescription’ means an order written for
19 medication dispensed to one person with the inten-
20 tion that it will be administered to another person.

21 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this suc-
23 tion—

24 “(1) \$1,000,000,000 for fiscal year 2022;

25 “(2) \$1,000,000,000 for fiscal year 2023;

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

9 **“SEC. 3437. ADDITIONAL FUNDING FOR THE NATIONAL IN-**
10 **STITUTES OF HEALTH.**

11 “There is authorized to be appropriated to the Na-
12 tional Institutes of Health for the purpose of conducting
13 research on addiction and pain, including research to de-
14 velop overdose reversal drug products, non-opioid drug
15 products and non-pharmacological treatments for address-
16 ing pain and substance use disorder, and drug products
17 used to treat substance use disorder—

- 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. 3438. ADDITIONAL FUNDING FOR THE CENTERS FOR**
4 **DISEASE CONTROL AND PREVENTION.**

5 “(a) IMPROVED DATA COLLECTION AND PREVEN-
6 TION OF INFECTIOUS DISEASE TRANSMISSION.—

7 “(1) DATA COLLECTION.—The Centers for Dis-
8 ease Control and Prevention shall use a portion of
9 the funding appropriated under this section to en-
10 sure that all States participate in the Enhanced
11 State Opioid Overdose Surveillance program and to
12 provide technical assistance to medical examiners
13 and coroners to facilitate improved data collection on
14 fatal overdoses through such program.

15 “(2) CENTERS FOR DISEASE CONTROL AND
16 PREVENTION.—The Centers for Disease Control and
17 Prevention shall use amounts appropriated under
18 this section for the purpose of improving data on
19 drug overdose deaths and non-fatal drug overdoses,
20 surveillance related to addiction and substance use
21 disorder, and the prevention of transmission of infec-
22 tious diseases related to substance use.

23 “(3) TRIBAL DATA.—Not later than 6 months
24 after the date of enactment of this title, the Director
25 of the Centers for Disease Control and Prevention

1 shall consult with Indian tribes and confer with
2 urban Indian organizations to develop and imple-
3 ment strategies that improve surveillance and re-
4 porting of fatal overdose deaths among American In-
5 dians and Alaska Natives, including strategies that
6 reduce the underestimation of fatal overdose deaths
7 among American Indians and Alaska Natives due to
8 undersampling or racial misclassification in State
9 and Federal public health surveillance systems.

10 “(b) CHILDHOOD TRAUMA.—The Centers for Disease
11 Control and Prevention shall use a portion of the funding
12 appropriated under this section to fund the surveillance
13 and data collection activities described in section 7131 of
14 the SUPPORT for Patients and Communities Act, includ-
15 ing to encourage all States to participate in collecting and
16 reporting data on adverse childhood experiences through
17 the Behavioral Risk Factor Surveillance System, the
18 Youth Risk Behavior Surveillance System, and other rel-
19 evant public health surveys or questionnaires.

20 “(c) WORKER HEALTH RISKS.—The Centers for Dis-
21 ease Control and Prevention shall use a portion of the
22 funding appropriated under this section for data collection
23 and surveillance activities on substance use, substance use
24 disorders, drug overdose deaths, and non-fatal drug
25 overdoses among workers, and the factors and practices

1 that contribute to such use, disorders, and overdoses, in-
2 cluding occupational injuries and illness as well as occupa-
3 tional exposure to opioids and other illicit and licit drugs.

4 “(d) TRIBAL EPIDEMIOLOGY CENTERS.—There shall
5 be made available to the Indian Health Service for the
6 purpose of funding efforts by Indian tribes and tribal epi-
7 demiology centers to improve data on drug overdose
8 deaths and non-fatal drug overdoses, surveillance related
9 to addiction and substance use disorder, and prevention
10 of childhood trauma, not less than 1.5 percent of the total
11 amount appropriated under this section for each fiscal
12 year.

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

15 “(1) \$500,000,000 for fiscal year 2022;

16 “(2) \$500,000,000 for fiscal year 2023;

17 “(3) \$500,000,000 for fiscal year 2024;

18 “(4) \$500,000,000 for fiscal year 2025;

19 “(5) \$500,000,000 for fiscal year 2026;

20 “(6) \$500,000,000 for fiscal year 2027;

21 “(7) \$500,000,000 for fiscal year 2028;

22 “(8) \$500,000,000 for fiscal year 2029;

23 “(9) \$500,000,000 for fiscal year 2030; and

24 “(10) \$500,000,000 for fiscal year 2031.

1 **“SEC. 3439. DEFINITIONS.**

2 “In this title:

3 “(1) PLANNING COUNCIL.—The term ‘planning
4 council’ means the substance use planning council
5 established under section 3402.

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

17 “(3) STATE.—

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

21 “(B) TERRITORIES.—The term ‘territory’
22 means each of American Samoa, Guam, the
23 Commonwealth of Puerto Rico, the Common-
24 wealth of the Northern Mariana Islands, the
25 Virgin Islands, the Republic of the Marshall Is-

1 lands, the Federated States of Micronesia, and
2 Palau.

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

5 “(A) IN GENERAL.—The term ‘substance
6 use disorder treatment’ means an evidence-
7 based, professionally directed, deliberate, and
8 planned regimen including evaluation, observa-
9 tion, medical monitoring, and rehabilitative
10 services and interventions such as
11 pharmacotherapy, mental health services, and
12 individual and group counseling, on an inpa-
13 tient or outpatient basis, to help patients with
14 substance use disorder reach remission and
15 maintain recovery.

16 “(B) TYPES OF TREATMENT.—Substance
17 use disorder treatments shall include the fol-
18 lowing:

19 “(i) Clinical stabilization services,
20 which are evidence-based services provided
21 in secure, acute care facilities (which may
22 be referred to as ‘addictions receiving fa-
23 cilities’) that, at a minimum—

24 “(I) provide intoxication manage-
25 ment and stabilization services;

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

3 “(III) that serve individuals
4 found to be substance use impaired.
5 These can also be referred to as ‘Ad-
6 dictions receiving facilities’.

7 “(ii) Withdrawal management and de-
8 toxification, which is a medical service that
9 is provided on an inpatient or an out-
10 patient basis to assist an individual in
11 managing the process of withdrawal from
12 the physiological and psychological effects
13 of substance use disorder.

14 “(iii) All outpatient, residential, and
15 inpatient services described in section
16 1915(l)(4)(c) of the Social Security Act.

17 “(C) LIMITATION.—Substance use disorder
18 treatment providers shall not include—

19 “(i) prevention only providers; and

20 “(ii) a private practitioner who is li-
21 censed by a State licensing board and
22 whose practice is limited to non-intensive
23 outpatient care.

24 “(5) SUBSTANCE USE DISORDER TREATMENT
25 SERVICES.—The term ‘substance use disorder treat-

1 ment services’ means any prevention services, core
 2 medical services, recovery and support services, early
 3 intervention services, and harm reduction services
 4 authorized under this title.”.

5 **SEC. 4. AMENDMENTS TO THE CONTROLLED SUBSTANCES**
 6 **ACT.**

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

10 “CERTIFICATIONS RELATING TO DIVERSION CONTROLS
 11 AND MISBRANDING

12 “SEC. 313. (a) DEFINITIONS.—In this section—

13 “(1) the term ‘covered dispenser’—

14 “(A) means a dispenser—

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

17 “(ii) dispenses a controlled substance
 18 in schedule II; and

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

20 “(i) registered to dispense opioid
 21 agonist treatment medication under section
 22 303(g)(1); and

23 “(ii) operating in that capacity;

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

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

3 “(B) distributes a controlled substance in
4 schedule II;

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

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

9 “(B) manufactures a controlled substance
10 in schedule II;

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

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

15 “(i) the chief executive officer of the
16 covered person;

17 “(ii) the president of the covered per-
18 son;

19 “(iii) the chief medical officer of the
20 covered person; or

21 “(iv) the chief counsel of the covered
22 person; and

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

25 “(5) the term ‘covered person’ means—

1 “(A) a covered dispenser;

2 “(B) a covered distributor; or

3 “(C) a covered manufacturer.

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

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

12 “(2) certifying that—

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

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

23 “(C) the covered person is in compliance
24 with all applicable requirements under Federal

1 law relating to reporting suspicious orders for
2 controlled substances.

3 “(c) CERTIFICATIONS RELATING TO MIS-
4 BRANDING.—

5 “(1) IN GENERAL.—Not later than 180 days
6 after the date of enactment of this section, and each
7 year thereafter, each covered officer of a covered
8 manufacturer shall submit to the Secretary, for each
9 controlled substance in schedule II manufactured by
10 the covered manufacturer, a certification—

11 “(A) signed by the covered officer; and

12 “(B) certifying that the controlled sub-
13 stance is not misbranded, as described in sec-
14 tion 502 of the Federal Food, Drug, and Cos-
15 metic Act (21 U.S.C. 352).

16 “(2) NOTIFICATION TO THE ATTORNEY GEN-
17 ERAL.—

18 “(A) FAILURE TO SUBMIT CERTIFI-
19 CATIONS.—Not later than 30 days after the
20 date on which a covered officer of a covered
21 manufacturer is required to submit a certifi-
22 cation under paragraph (1) and fails to do so,
23 the Secretary shall notify the Attorney General
24 of the failure by the covered officer to submit
25 the certification.

1 “(B) FALSE CERTIFICATIONS RELATING
2 TO MISBRANDING.—Not later than 30 days
3 after the date on which the Secretary becomes
4 aware that a certification submitted under
5 paragraph (1) contains a materially false state-
6 ment or representation relating to the mis-
7 branding of a controlled substance with respect
8 to the year for which the certification is sub-
9 mitted, the Secretary shall notify the Attorney
10 General that the certification contains the ma-
11 terially false statement or representation.”.

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

15 “CERTIFICATIONS BY COVERED OFFICERS

16 “SEC. 424. (a) DEFINITIONS.—In this section, the
17 terms ‘covered dispenser’, ‘covered distributor’, ‘covered
18 manufacturer’, ‘covered officer’, and ‘covered person’ have
19 the meanings given those terms in section 313.

20 “(b) OFFENSES.—

21 “(1) FAILURE TO SUBMIT CERTIFICATIONS.—

22 “(A) CERTIFICATIONS RELATING TO DI-
23 VERSION CONTROLS.—It shall be unlawful for a
24 covered officer of a covered person to fail to
25 submit a certification required under section

1 313(b), without regard to the state of mind of
2 the covered officer.

3 “(B) CERTIFICATIONS RELATING TO MIS-
4 BRANDING.—It shall be unlawful for a covered
5 officer of a covered manufacturer to fail to sub-
6 mit a certification required under section
7 313(c)(1), without regard to the state of mind
8 of the covered officer.

9 “(2) SUBMISSION OF FALSE CERTIFICATIONS.—

10 “(A) FALSE CERTIFICATIONS RELATING TO
11 DIVERSION CONTROLS.—It shall be unlawful for
12 a covered officer of a covered person to submit
13 a certification required under section 313(b),
14 without regard to the state of mind of the cov-
15 ered officer, that contains a materially false
16 statement or representation relating to the in-
17 formation required to be certified under that
18 section for the year for which the certification
19 is submitted.

20 “(B) FALSE CERTIFICATIONS RELATING
21 TO MISBRANDING.—It shall be unlawful for a
22 covered officer of a covered manufacturer to
23 submit a certification required under section
24 313(c)(1), without regard to the state of mind
25 of the covered officer, that contains a materially

1 false statement or representation relating to the
2 misbranding of a controlled substance with re-
3 spect to the year for which the certification is
4 submitted.

5 “(c) PENALTIES.—

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

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

13 “(d) COMPREHENSIVE ADDICTION RESOURCES
14 FUND.—

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

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

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

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

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

4 “(A) remain available until expended; and

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

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

10 (1) in subsection (d)(1)—

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

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

16 (2) in subsection (f)—

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

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

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

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

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

“Sec. 312. Suspicious orders.

“Sec. 313. Certifications relating to diversion controls and misbranding.”;

5 and

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

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

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

12 **SEC. 5. GENERAL LIMITATION ON USE OF FUNDS.**

13 Amounts appropriated or provided under this Act, or
14 an amendment made by this Act, shall be used only for
15 the public health purposes described in this Act (or
16 amendments) and shall not be used to increase the incar-
17 ceration or institutionalization of individuals with sub-
18 stance use disorder.

19 **SEC. 6. FEDERAL DRUG DEMAND REDUCTION ACTIVITIES.**

20 (a) PUBLICATION OF LIST.—

21 (1) AMENDMENT.—Section 705(f) of the Office
22 of National Drug Control Policy Reauthorization Act

1 of 1998 (21 U.S.C. 1704(f)) is amended by inserting
2 at the end the following new paragraph:

3 “(5) PUBLICATION OF LIST.—The Director
4 shall publish online a complete list of all drug con-
5 trol program grant programs and any other relevant
6 information included in the system developed under
7 paragraph (1).”.

8 (2) DEADLINE AND FREQUENCY.—Not later
9 than one year after the date of the enactment of this
10 Act, and annually thereafter, the Director of Na-
11 tional Drug Control Policy shall publish the list re-
12 quired under section 705(f)(5) of the National Drug
13 Control Act of 1998, as added by paragraph (1).

14 (b) NATIONAL DRUG CONTROL STRATEGY.—Section
15 706(c)(1) of the National Drug Control Act of 1998 (21
16 U.S.C. 1705(c)(1)) is amended by adding at the end the
17 following new subparagraph:

18 “(O) A review of all federally funded de-
19 mand reduction activities, including an evalua-
20 tion of—

21 “(i) the effectiveness of those activi-
22 ties;

23 “(ii) the contribution of those activi-
24 ties to demand reduction activities funded

1 by State, local, and Tribal governments;
2 and

3 “(iii) whether any duplication or inef-
4 ficiency in federally funded demand reduc-
5 tion activities needs to be addressed.”.

○