

# Calendar No. 398

115<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. 2680

To address the opioid crisis.

## IN THE SENATE OF THE UNITED STATES

APRIL 16, 2018

Mr. ALEXANDER (for himself, Mrs. MURRAY, Mr. ISAKSON, Mr. CASSIDY, Mr. HELLER, Mr. MANCHIN, Ms. BALDWIN, Mr. KAINE, Ms. HEITKAMP, Mrs. CAPITO, Mr. JONES, Ms. MURKOWSKI, Mr. HATCH, Ms. SMITH, Ms. COLLINS, Mr. RUBIO, Mr. CASEY, and Mrs. MCCASKILL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

MAY 7, 2018

Reported by Mr. ALEXANDER, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

# A BILL

To address the opioid crisis.

- 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 “Opioid Crisis Response Act of 2018”.

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

Sec. 1. Short title; table of contents.

#### TITLE I—REAUTHORIZATION OF CURES FUNDING

Sec. 101. State response to the opioid abuse crisis.

#### TITLE II—RESEARCH AND INNOVATION

Sec. 201. Advancing cutting-edge research.

Sec. 202. Pain research.

#### TITLE III—MEDICAL PRODUCTS AND CONTROLLED SUBSTANCES SAFETY

Sec. 301. Clarifying FDA regulation of non-addictive pain products.

Sec. 302. Clarifying FDA packaging authorities.

Sec. 303. Strengthening FDA and CBP coordination and capacity.

Sec. 304. Clarifying FDA post-market authorities.

Sec. 305. First responder training.

Sec. 306. Disposal of controlled substances of a deceased hospice patient by employees of a hospice program.

Sec. 307. GAO study and report on hospice safe drug management.

Sec. 308. Delivery of a controlled substance by a pharmacy to be administered by injection, implantation, or intrathecal pump.

#### TITLE IV—TREATMENT AND RECOVERY

Sec. 401. Comprehensive opioid recovery centers.

Sec. 402. Program to support coordination and continuation of care for drug overdose patients.

Sec. 403. Alternatives to opioids.

Sec. 404. Peer support technical assistance.

Sec. 405. Medication-assisted treatment for recovery from addiction.

Sec. 406. National recovery housing best practices.

Sec. 407. Addressing economic and workforce impacts of the opioid crisis.

Sec. 408. Youth prevention and recovery.

Sec. 409. Plans of safe care.

Sec. 410. Regulations relating to special registration for telemedicine.

Sec. 411. National Health Service Corps behavioral and mental health professionals providing obligated service in schools and other community-based settings.

Sec. 412. Loan repayment for substance use disorder treatment providers.

Sec. 413. Improving treatment for pregnant and postpartum women.

Sec. 414. Early interventions for pregnant women and infants.

#### TITLE V—PREVENTION

Sec. 501. Study on prescribing limits.

Sec. 502. Programs for health care workforce.

Sec. 503. Education and awareness campaigns.

Sec. 504. Enhanced controlled substance overdoses data collection, analysis, and dissemination.

Sec. 505. Preventing overdoses of controlled substances.

- Sec. 506. CDC surveillance and data collection for child, youth, and adult trauma.
- Sec. 507. Reauthorization of NASPER.
- Sec. 508. Jessie's Law.
- Sec. 509. Development and dissemination of model training programs for substance use disorder patient records.
- Sec. 510. Communication with families during emergencies.
- Sec. 511. Prenatal and postnatal health.
- Sec. 512. Surveillance and education regarding infections associated with injection drug use and other risk factors.
- Sec. 513. Task force to develop best practices for trauma-informed identification, referral, and support.
- Sec. 514. Grants to improve trauma support services and mental health care for children and youth in educational settings.
- Sec. 515. National Child Traumatic Stress Initiative.

# 1 **TITLE I—REAUTHORIZATION OF** 2 **CURES FUNDING**

## 3 **SEC. 101. STATE RESPONSE TO THE OPIOID ABUSE CRISIS.**

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

6 (1) in subsection (a)—

7 (A) by striking “the authorization of ap-  
8 propriations under subsection (b) to carry out  
9 the grant program described in subsection (e)”  
10 and inserting “subsection (h) to carry out the  
11 grant program described in subsection (b)”;  
12 and

13 (B) by inserting after “and Indian tribes”  
14 after “States”;

15 (2) by striking subsection (b);

16 (3) by redesignating subsections (c) through (e)  
17 as subsections (b) through (d), respectively;

1           (4) by redesignating subsection (f) as sub-  
2           section (j);

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

4           (A) in paragraph (1)—

5           (i) in the paragraph heading, by in-  
6           serting “AND INDIAN TRIBE” after  
7           “STATE”;

8           (ii) by striking “States for the pur-  
9           pose of addressing the opioid abuse crisis  
10          within such States” and inserting “States  
11          and Indian tribes for the purpose of ad-  
12          dressing the opioid abuse crisis within such  
13          States and Indian tribes”;

14          (iii) by inserting “or Indian tribes”  
15          after “preference to States”; and

16          (iv) by inserting before the period of  
17          the second sentence “or other Indian  
18          tribes, as applicable”; and

19          (B) in paragraph (2)—

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

22          (ii) in subparagraph (A), by striking  
23          “State”;

24          (iii) in subparagraph (C), by inserting  
25          “preventing diversion of controlled sub-

1                   stances,” after “treatment programs,”;  
2                   and

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

12                  (6) in subsection (e), as so redesignated, by  
13                  striking “subsection (e)” and inserting “subsection  
14                  (b)”;

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

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

20                         (B) in paragraph (1), by striking “sub-  
21                         section (e)” and inserting “subsection (b)”;

22                  (8) by inserting after subsection (d), as so re-  
23                  designated, the following:

24                  “(e) INDIAN TRIBES.—

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

6           “(2) APPROPRIATE MECHANISMS.—The Sec-  
7           retary, in consultation with Indian tribes, shall iden-  
8           tify and establish appropriate mechanisms for tribes  
9           to demonstrate or report the information as required  
10          under subsections (b), (c), and (d).

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

23          “(g) TECHNICAL ASSISTANCE.—The Secretary, in-  
24          cluding through the Tribal Training and Technical Assist-  
25          ance Center of the Substance Abuse and Mental Health

1 Services Administration, shall provide State agencies and  
2 Indian tribes, as applicable, with technical assistance con-  
3 cerning grant application and submission procedures  
4 under this section, award management activities, and en-  
5 hancing outreach and direct support to rural and under-  
6 served communities and providers in addressing the opioid  
7 crisis.

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

13 “(i) SET ASIDE.—Of the amounts made available for  
14 each fiscal year to award grants under subsection (b) for  
15 a fiscal year, 5 percent of such amount for such fiscal year  
16 shall be made available to Indian tribes, and up to 15 per-  
17 cent of such amount for such fiscal year may be set aside  
18 for States with the highest age-adjusted mortality rate as-  
19 sociated with opioid use disorders based on the ordinal  
20 ranking of States according to the age-adjusted overdose  
21 mortality rates of the Centers for Disease Control and  
22 Prevention.”.

23 (b) PREVIOUSLY APPROPRIATED AMOUNTS.—

24 (1) APPROPRIATION OF AMOUNTS REMAINING  
25 IN ACCOUNT.—Any unobligated amounts remaining,

1 on the date of enactment of this Act, in the Account  
2 For the State Response to the Opioid Abuse Crisis  
3 established under section ~~1003(b)~~ of the 21st Cen-  
4 tury Cures Act (Public Law ~~114-255~~) (as in effect  
5 on the day before the date of enactment of this Act)  
6 are hereby appropriated to the Secretary of Health  
7 and Human Services for purposes of carrying out  
8 the grant program under subsection (b) of section  
9 ~~1003~~ of the 21st Century Cures Act (Public Law  
10 ~~114-255~~) (as redesignated by subsection (a)(3) of  
11 this section).

12 (2) ~~AVAILABLE UNTIL EXPENDED.~~—Amounts  
13 appropriated under paragraph (1) of this subsection  
14 or section ~~1003(b)(3)~~ of the 21st Century Cures Act  
15 (as in effect on the day before the date of enactment  
16 of this Act) shall remain available until expended.

17 (e) ~~CONFORMING AMENDMENT.~~—Section ~~1004(e)~~ of  
18 the 21st Century Cures Act (Public Law ~~114-255~~) is  
19 amended by striking “, the FDA Innovation Account, or  
20 the Account For the State Response to the Opioid Abuse  
21 Crisis” and inserting “or the FDA Innovation Account”.



1           **TITLE II—RESEARCH AND**  
 2                                   **INNOVATION**

3   **SEC. 201. ADVANCING CUTTING-EDGE RESEARCH.**

4           Section 402(n)(1) of the Public Health Service Act  
 5 (~~42 U.S.C. 282(n)(1)~~) is amended—

- 6                   (1) in subparagraph (A), by striking “or”;
- 7                   (2) in subparagraph (B), by striking the period  
 8 and inserting “; or”; and
- 9                   (3) by adding at the end the following:

10                           “(C) high impact cutting-edge research  
 11 that fosters scientific creativity and increases  
 12 fundamental biological understanding leading to  
 13 the prevention, diagnosis, or treatment of dis-  
 14 eases and disorders, or research urgently re-  
 15 quired to respond to a public health threat.”.

16   **SEC. 202. PAIN RESEARCH.**

17           Section 409J(b) of the Public Health Service Act (~~42~~  
 18 ~~U.S.C. 284q(b)~~) is amended—

- 19                   (1) in paragraph (5)—
- 20                           (A) in subparagraph (A), by striking “and  
 21 treatment of pain and diseases and disorders  
 22 associated with pain” and inserting “treatment,  
 23 and management of pain and diseases and dis-  
 24 orders associated with pain, including informa-  
 25 tion on best practices for utilization of non-

1 pharmacologic treatments, non-addictive med-  
2 ical products, and other drugs approved, or de-  
3 vices approved or cleared, by the Food and  
4 Drug Administration”;

5 (B) in subparagraph (B), by striking “on  
6 the symptoms and causes of pain;” and insert-  
7 ing the following: “on—

8 “(i) the symptoms and causes of pain;

9 “(ii) the diagnosis, prevention, treat-  
10 ment, and management of pain; and

11 “(iii) risk factors for, and early warn-  
12 ing signs of, substance use disorders; and”;

13 (C) by striking subparagraphs (C) through  
14 (E) and inserting the following:

15 “(C) make recommendations to the Direc-  
16 tor of NIH—

17 “(i) to ensure that the activities of the  
18 National Institutes of Health and other  
19 Federal agencies are free of unnecessary  
20 duplication of effort;

21 “(ii) on how best to disseminate infor-  
22 mation on pain care; and

23 “(iii) on how to expand partnerships  
24 between public entities and private entities

1 to expand collaborative, cross-cutting re-  
2 search.”;

3 (2) by redesignating paragraph (6) as para-  
4 graph (7); and

5 (3) by inserting after paragraph (5) the fol-  
6 lowing:

7 “(6) REPORT.—The Director of NIH shall en-  
8 sure that recommendations and actions taken by the  
9 Director with respect to the topics discussed at the  
10 meetings described in paragraph (4) are included in  
11 appropriate reports to Congress.”.

12 **TITLE III—MEDICAL PRODUCTS**  
13 **AND CONTROLLED SUB-**  
14 **STANCES SAFETY**

15 **SEC. 301. CLARIFYING FDA REGULATION OF NON-ADDICT-**  
16 **IVE PAIN PRODUCTS.**

17 (a) PUBLIC MEETINGS.—Not later than 1 year after  
18 the date of enactment of this Act, the Secretary of Health  
19 and Human Services (referred to in this section as the  
20 “Secretary”), acting through the Commissioner of Food  
21 and Drugs, shall hold not less than one public meeting  
22 to address the challenges and barriers of developing non-  
23 addictive medical products intended to treat pain or addic-  
24 tion, which may include—

1           (1) the manner by which the Secretary may in-  
2           corporate the risks of misuse and abuse of a con-  
3           trolled substance (as defined in section 102 of the  
4           Controlled Substances Act (21 U.S.C. 802) into the  
5           risk benefit assessment under section 505(e) of the  
6           Federal Food, Drug, and Cosmetic Act (21 U.S.C.  
7           355(e)), section 510(k) of such Act (21 U.S.C.  
8           360(k)), or section 515(e) of such Act (21 U.S.C.  
9           360e(e)), as applicable;

10           (2) the application of novel clinical trial designs  
11           (consistent with section 3021 of the 21st Century  
12           Cures Act (Public Law 114-255)), use of real world  
13           evidence (consistent with section 505F of the Fed-  
14           eral Food, Drug, and Cosmetic Act (21 U.S.C.  
15           355g)), and use of patient experience data (con-  
16           sistent with section 569C of the Federal Food,  
17           Drug, and Cosmetic Act (21 U.S.C. 360bbb-8e)) for  
18           the development of non-addictive medical products  
19           intended to treat pain or addiction;

20           (3) the evidentiary standards and the develop-  
21           ment of opioid sparing data for inclusion in the la-  
22           beling of medical products; and

23           (4) the application of eligibility criteria under  
24           sections 506 and 515B of the Federal Food, Drug,  
25           and Cosmetic Act (21 U.S.C. 356, 360e-3) for non-

1       addictive medical products intended to treat pain or  
2       addiction.

3       (b) ~~GUIDANCE.~~—Not less than one year after the  
4 public meetings are conducted under subsection (a) the  
5 Secretary shall issue one or more final guidance docu-  
6 ments, or update existing guidance documents, to help ad-  
7 dress challenges to developing non-addictive medical prod-  
8 ucts to treat pain or addiction. Such guidance documents  
9 shall include information regarding—

10           (1) how the Food and Drug Administration  
11 may apply sections 506 and 515B of the Federal  
12 Food, Drug, and Cosmetic Act (21 U.S.C. 356,  
13 360e-3) to non-addictive medical products intended  
14 to treat pain or addiction, including the cir-  
15 cumstances under which the Secretary—

16           (A) may apply the eligibility criteria under  
17 such sections 506 and 515B to non-opioid or  
18 non-addictive medical products intended to  
19 treat pain or addiction;

20           (B) considers the risk of addiction of con-  
21 trolled substances approved to treat pain when  
22 establishing unmet medical need; and

23           (C) considers pain, pain control, or pain  
24 management in assessing whether a disease or

1 condition is a serious or life-threatening disease  
2 or condition;

3 ~~(2)~~ the methods by which sponsors may evalu-  
4 ate acute and chronic pain; endpoints for non-addict-  
5 ive medical products intended to treat pain; the  
6 manner in which endpoints and evaluations of effi-  
7 cacy will be applied across and within review divi-  
8 sions; taking into consideration the etiology of the  
9 underlying disease; and the manner in which spon-  
10 sors may use surrogate endpoints, intermediate  
11 endpoints; and real world evidence;

12 ~~(3)~~ the manner in which the Food and Drug  
13 Administration will assess evidence to support the  
14 inclusion of opioid sparing data in the labeling of  
15 non-addictive medical products intended to treat  
16 pain, including—

17 (A) data collection methodologies, includ-  
18 ing the use of novel clinical trial designs (con-  
19 sistent with section 3021 of the 21st Century  
20 Cures Act (Public Law 114–255)); and real  
21 world evidence (consistent with section 505F of  
22 the Federal Food, Drug, and Cosmetic Act (21  
23 U.S.C. 355g)), as appropriate, to support prod-  
24 uct labeling;

1           (B) ethical considerations of exposing  
2 subjects to controlled substances in clinical  
3 trials to develop opioid sparing data and consid-  
4 erations on data collection methods that reduce  
5 harm, which may include the reduction of  
6 opioid use as a clinical benefit;

7           (C) endpoints, including primary, sec-  
8 ondary, and surrogate endpoints, to evaluate  
9 the reduction of opioid use;

10          (D) best practices for communication be-  
11 tween sponsors and the agency on the develop-  
12 ment of data collection methods, including the  
13 initiation of data collection; and

14          (E) the appropriate format to submit such  
15 data results to the Secretary; and

16          (4) the circumstances under which the Food  
17 and Drug Administration considers misuse and  
18 abuse of drugs in making determinations of safety  
19 under paragraphs (2) and (4) of subsection (d) of  
20 section 505 of the Federal Food, Drug, and Cos-  
21 metic Act (21 U.S.C. 355) and in finding that a  
22 drug is unsafe under paragraph (1) or (2) of sub-  
23 section (e) of such section.

24          (c) DEFINITIONS.—In this section—

1           (1) the term “medical product” means a drug  
 2           (as defined in section 201(g)(1) of the Federal  
 3           Food, Drug, and Cosmetic Act (21 U.S.C.  
 4           321(g)(1))), biological product (as defined in section  
 5           351(i) of the Public Health Service Act (42 U.S.C.  
 6           262(i))), or device (as defined in section 201(h) of  
 7           the Federal Food, Drug, and Cosmetic Act (21  
 8           U.S.C. 321(h))); and

9           (2) the term “opioid sparing” means reducing,  
 10          replacing, or avoiding the use of opioids or other  
 11          controlled substances.

12 **SEC. 302. CLARIFYING FDA PACKAGING AUTHORITIES.**

13          Section 505–1(e) of the Federal Food, Drug, and  
 14          Cosmetic Act (21 U.S.C. 355–1(e)) is amended by adding  
 15          at the end the following:

16               “(4) **SERIOUS ADVERSE DRUG EXPERIENCE.**—  
 17          The Secretary may require a risk evaluation mitiga-  
 18          tion strategy for a drug for which there is a serious  
 19          risk of an adverse drug experience described in sub-  
 20          paragraph (B) or (C) of subsection (b)(1), taking  
 21          into consideration the factors described in subpara-  
 22          graphs (C) and (D) of subsection (f)(2), which may  
 23          include requiring that—

24                       “(A) the drug be made available for dis-  
 25                       pensing to certain patients in unit dose pack-



1           aging, packaging that provides a set duration,  
2           or other packaging system that the Secretary  
3           determines may help mitigate such serious risk;  
4           or

5           “(B) the drug be dispensed to certain pa-  
6           tients with a safe disposal packaging or safe  
7           disposal system for purposes of rendering un-  
8           used drugs non-retrievable (as defined in sec-  
9           tion 1300.05 of title 21, Code of Federal Regu-  
10          lations (or any successor regulation)) if the Sec-  
11          retary has determines that such safe disposal  
12          packaging or system may help mitigate such se-  
13          rious risk and exists in sufficient quantities, in  
14          consultation with other relevant Federal agen-  
15          cies with authorities over drug packaging.”.

16 **SEC. 303. STRENGTHENING FDA AND CBP COORDINATION**  
17 **AND CAPACITY.**

18          (a) **IN GENERAL.**—The Secretary of Health and  
19 Human Services (referred to in this section as the “Sec-  
20 retary”), acting through the Commissioner of Food and  
21 Drugs, shall coordinate with the Secretary of Homeland  
22 Security to carry out activities related to customs and bor-  
23 der protection and response to illegal controlled substances  
24 and drug imports, including at sites of import (such as  
25 international mail facilities). Such Secretaries may carry

1 out such activities through a memorandum of under-  
2 standing between the Food and Drug Administration and  
3 the United States Customs and Border Protection.

4 (b) FDA IMPORT FACILITIES AND INSPECTION CA-  
5 PACITY.—In carrying out this section, the Secretary  
6 shall—

7 (1) in collaboration with the Secretary of  
8 Homeland Security and the Postmaster General of  
9 the United States Postal Service, provide that im-  
10 port facilities in which the Food and Drug Adminis-  
11 tration operates or carries out activities related to  
12 drug imports within the international mail facilities  
13 include—

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

18 (i) improvements to facilities, such as  
19 upgrades or renovations, and support for  
20 the maintenance of existing import facili-  
21 ties and sites to improve coordination be-  
22 tween Federal agencies;

23 (ii) the construction of, or upgrades  
24 to, laboratory capacity for purposes of de-  
25 tection and testing of imported goods;

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

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

9 (B) provide import facilities in which the  
10 Food and Drug Administration operates or ear-  
11 ries out activities related to drug imports within  
12 the international mail facilities with innovative  
13 technology, including controlled substance de-  
14 tection and testing equipment and other appli-  
15 cable technology; and collaborate with United  
16 States Customs and Border Protection to share  
17 near-real-time information, including informa-  
18 tion about test results, as appropriate; provided  
19 that such technology is interoperable with tech-  
20 nology used by other relevant Federal agencies,  
21 including the United States Customs and Bor-  
22 der Protection, as applicable; and is used in the  
23 time and manner that the Secretary determines  
24 appropriate.

1           (c) **REPORT.**—Not later than 6 months after the date  
 2 of enactment of this Act, the Secretary, in consultation  
 3 with the Secretary of Homeland Security and the Post-  
 4 master General of the United States Postal Service, shall  
 5 report to the relevant committees of Congress on the im-  
 6 plementation of this section, including a summary of  
 7 progress made towards near-real-time information sharing  
 8 and the interoperability of such technologies.

9           (d) **AUTHORIZATION OF APPROPRIATIONS.**—Out of  
 10 amounts otherwise available to the Secretary, the Sec-  
 11 retary may allocate such sums as may be necessary for  
 12 purposes of carrying out this section.

13 **SEC. 304. CLARIFYING FDA POST-MARKET AUTHORITIES.**

14           Section 505–1(b)(1)(E) of the Federal Food, Drug,  
 15 and Cosmetic Act (21 U.S.C. 355–1(b)(1)(E)) is amended  
 16 by striking “of the drug” and inserting “of the drug,  
 17 which may include reduced effectiveness that is not in ac-  
 18 cordance with the labeling of such drug”.

19 **SEC. 305. FIRST RESPONDER TRAINING.**

20           Section 546 of the Public Health Service Act (42  
 21 U.S.C. 290ee–1) is amended—

22                   (1) in subsection (c)—

23                           (A) in paragraph (2), by striking “and” at  
 24                   the end;

1           (B) in paragraph (3), by striking the pe-  
2           riod and inserting “; and”; and

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

4           “(4) train and provide resources for first re-  
5           sponders and members of other key community sec-  
6           tors on safety around fentanyl and other dangerous  
7           illicit drugs to protect themselves from exposure to  
8           fentanyl and respond appropriately when exposure  
9           occurs.”;

10          (2) in subsection (d), by inserting “, and safety  
11          around fentanyl and other dangerous illicit drugs”  
12          before the period;

13          (3) in subsection (f)—

14               (A) in paragraph (3), by striking “and” at  
15               the end;

16               (B) in paragraph (4), by striking the pe-  
17               riod and inserting a semicolon; and

18               (C) by adding at the end the following:

19               “(5) the number of first responders and mem-  
20               bers of other key community sectors trained on safe-  
21               ty around fentanyl and other dangerous illicit  
22               drugs.”; and

23          (4) in subsection (g), by striking “\$12,000,000  
24          for each of fiscal years 2017 through 2021” and in-

1       serting “\$36,000,000 for each of fiscal years 2019  
2       through 2023”.

3 **SEC. 306. DISPOSAL OF CONTROLLED SUBSTANCES OF A**  
4                   **DECEASED HOSPICE PATIENT BY EMPLOY-**  
5                   **EES OF A HOSPICE PROGRAM.**

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

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

15       “(B) In this paragraph:

16           “(i) The term ‘employee of a qualified hospice  
17 program’ means a physician, physician assistant, or  
18 nurse who—

19                   “(I) is employed by, or is acting pursuant  
20 to arrangements made with, a qualified hospice  
21 program; and

22                   “(II) is licensed or certified to perform  
23 such employment or acts in accordance with ap-  
24 plicable State law.

1           “(ii) The terms ‘hospice care’ and ‘hospice pro-  
2           gram’ have the meanings given those terms in sec-  
3           tion 1861(dd) of the Social Security Act (42 U.S.C.  
4           1395x(dd)).

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

7           “(iv) The term ‘qualified hospice program’  
8           means a hospice program that—

9                   “(I) has written policies and procedures for  
10                  employees of the hospice program to use assist-  
11                  ing in the disposal of the controlled substances  
12                  of a hospice patient after the hospice patient’s  
13                  death;

14                  “(II) at the time when the controlled sub-  
15                  stances are first ordered—

16                          “(aa) provides a copy of the written  
17                          policies and procedures to the hospice pa-  
18                          tient or hospice patient representative and  
19                          the family of the hospice patient;

20                          “(bb) discusses the policies and proce-  
21                          dures with the hospice patient or hospice  
22                          patient’s representative and the hospice  
23                          patient’s family in a language and manner  
24                          that such individuals understand to ensure  
25                          that such individuals are informed regard-

1           ing the safe disposal of controlled sub-  
2           stances; and

3           “(cc) documents in the clinical record  
4           of the hospice patient that the written poli-  
5           cies and procedures were provided and dis-  
6           cussed with the hospice patient or hospice  
7           patient’s representative; and

8           “(III) at the time when an employee of the  
9           hospice program assists in the disposal of con-  
10          trolled substances of a hospice patient, docu-  
11          ments in the clinical record of the hospice pa-  
12          tient a list of all controlled substances disposed  
13          of.

14          “(C) The Attorney General may, by regulation,  
15          include additional types of licensed medical profes-  
16          sionals in the definition of the term ‘employee of a  
17          qualified hospice program’ under subparagraph  
18          (B).”.

19          (b) NO REGISTRATION REQUIRED.—Section 302(e)  
20          of the Controlled Substances Act (21 U.S.C. 822(e)) is  
21          amended by adding at the end the following:

22          “(4) An employee of a qualified hospice pro-  
23          gram for the purpose of assisting in the disposal of  
24          a controlled substance in accordance with subsection  
25          (g)(5).”.



1 (e) GUIDANCE.—The Attorney General may issue  
 2 guidance to qualified hospice programs to assist the pro-  
 3 grams in satisfying the requirements under paragraph (5)  
 4 of section 302(g) of the Controlled Substances Act (21  
 5 U.S.C. 822(g)), as added by subsection (a).

6 (d) STATE AND LOCAL AUTHORITY.—Nothing in this  
 7 section or the amendments made by this section shall be  
 8 construed to prevent a State or local government from im-  
 9 posing additional controls or restrictions relating to the  
 10 regulation of the disposal of controlled substances in hos-  
 11 pice care or hospice programs.

12 **SEC. 307. GAO STUDY AND REPORT ON HOSPICE SAFE**  
 13 **DRUG MANAGEMENT.**

14 (a) STUDY.—

15 (1) IN GENERAL.—The Comptroller General of  
 16 the United States (in this section referred to as the  
 17 “Comptroller General”) shall conduct a study on the  
 18 requirements applicable to and challenges of hospice  
 19 programs with regard to the management and dis-  
 20 posal of controlled substances in the home of an in-  
 21 dividual.

22 (2) CONTENTS.—In conducting the study under  
 23 paragraph (1), the Comptroller General shall in-  
 24 clude—

1           (A) an overview of challenges encountered  
2           by hospice programs regarding the disposal of  
3           controlled substances, such as opioids, in a  
4           home setting, including any key changes in poli-  
5           cies, procedures, or best practices for the dis-  
6           posal of controlled substances over time; and

7           (B) a description of Federal requirements,  
8           including requirements under the Medicare pro-  
9           gram, for hospice programs regarding the dis-  
10          posal of controlled substances in a home set-  
11          ting, and oversight of compliance with those re-  
12          quirements.

13          (b) REPORT.—Not later than 18 months after the  
14          date of enactment of this Act, the Comptroller General  
15          shall submit to Congress a report containing the results  
16          of the study conducted under subsection (a), together with  
17          recommendations, if any, for such legislation and adminis-  
18          trative action as the Comptroller General determines ap-  
19          propriate.

1 **SEC. 308. DELIVERY OF A CONTROLLED SUBSTANCE BY A**  
 2 **PHARMACY TO BE ADMINISTERED BY INJEC-**  
 3 **TION, IMPLANTATION, OR INTRATHECAL**  
 4 **PUMP.**

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

8 “**DELIVERY OF A CONTROLLED SUBSTANCE BY A**  
 9 **PHARMACY TO AN ADMINISTERING PRACTITIONER**

10 “**SEC. 309A. (a) IN GENERAL.**—Notwithstanding  
 11 section 102(10), a pharmacy may deliver a controlled sub-  
 12 stance to a practitioner in accordance with a prescription  
 13 that meets the requirements of this title and the regula-  
 14 tions issued by the Attorney General under this title, for  
 15 the purpose of administering of the controlled substance  
 16 by the practitioner if—

17 “(1) the controlled substance is delivered by the  
 18 pharmacy to the prescribing practitioner or the prac-  
 19 titioner administering the controlled substance, as  
 20 applicable, at the location listed on the practitioner’s  
 21 certificate of registration issued under this title;

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

25 “(i) the practitioner who issued the pre-  
 26 scription is a qualifying practitioner authorized

1 under, and acting within the scope of that sec-  
2 tion; and

3 “(ii) the controlled substance is to be ad-  
4 ministered by injection or implantation; or

5 “(B) in the case of administering of the con-  
6 trolled substance for a purpose other than mainte-  
7 nance or detoxification treatment, the controlled  
8 substance is to be administered by a practitioner  
9 through use of an intrathecal pump;

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

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

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

22 “(6) notwithstanding any exceptions under sec-  
23 tion 307, the prescribing practitioner, and the prac-  
24 titioner administering the controlled substance, as  
25 applicable, maintain complete and accurate records

1 of all controlled substances delivered, received, ad-  
 2 ministered, or otherwise disposed of under this sec-  
 3 tion, including the persons to whom controlled sub-  
 4 stances were delivered and such other information as  
 5 may be required by regulations of the Attorney Gen-  
 6 eral.

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

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

16 ~~“(A) reduce the risk of diversion; or~~

17 ~~“(B) protect the public health.~~

18 ~~“(2) MODIFICATIONS AFTER SUBMISSION OF~~  
 19 ~~REPORT.—After the date on which the report de-~~  
 20 ~~scribed in subsection (e) is submitted, the Attorney~~  
 21 ~~General, in coordination with the Secretary, may~~  
 22 ~~modify the number of days described in subsection~~  
 23 ~~(a)(5).~~

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

4           (b) STUDY AND REPORT.—Not later than 2 years  
5           after the date of enactment of this section, the Comp-  
6           troller General of the United States shall conduct a study  
7           and submit to Congress a report on access to and potential  
8           diversion of controlled substances administered by injec-  
9           tion, implantation, or through the use of an intrathecal  
10          pump.

11          (c) TECHNICAL AND CONFORMING AMENDMENT.—  
12          The table of contents for the Comprehensive Drug Abuse  
13          Prevention and Control Act of 1970 is amended by insert-  
14          ing after the item relating to section 309 the following:

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

## 15           **TITLE IV—TREATMENT AND** 16           **RECOVERY**

### 17          **SEC. 401. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

18          (a) IN GENERAL.—Part D of title V of the Public  
19          Health Service Act is amended by adding at the end the  
20          following new section:

#### 21          **“SEC. 550. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

22           “(a) IN GENERAL.—The Secretary, acting through  
23          the Assistant Secretary for Mental Health and Substance  
24          Use, shall award grants on a competitive basis to eligible

1 entities to establish or operate a comprehensive opioid re-  
2 covery center (referred to in this section as a ‘Center’).  
3 A Center may be a single entity or an integrated delivery  
4 network.

5 “(b) GRANT PERIOD.—

6 “(1) IN GENERAL.—A grant awarded under  
7 subsection (a) shall be for a period not more than  
8 5 years.

9 “(2) RENEWAL.—A grant awarded under sub-  
10 section (a) may be renewed, on a competitive basis,  
11 for additional periods of time, as determined by the  
12 Secretary. In determining whether to renew a grant  
13 under this paragraph, the Secretary shall consider  
14 the data submitted under subsection (h).

15 “(c) MINIMUM NUMBER OF GRANTS.—The Secretary  
16 shall allocate the amounts made available under sub-  
17 section (j) such that not fewer than 10 grants may be  
18 awarded. Not more than one grant shall be made to enti-  
19 ties in a single State for any one period.

20 “(d) APPLICATION.—In order to be eligible for a  
21 grant under subsection (a), an entity shall submit an ap-  
22 plication to the Secretary at such time and in such manner  
23 as the Secretary may require. Such application shall in-  
24 clude—

1           “(1) evidence that such entity carries out, or is  
2           capable of coordinating with other entities to carry  
3           out, the activities described in subsection (g); and

4           “(2) such other information as the Secretary  
5           may require.

6           “(e) PRIORITY.—In awarding grants under sub-  
7           section (a), the Secretary shall give priority to eligible enti-  
8           ties located in a State with an overdose mortality rate that  
9           is above the national overdose mortality rate, as deter-  
10          mined by the Director of the Centers for Disease Control  
11          and Prevention.

12          “(f) PREFERENCE.—In awarding grants under sub-  
13          section (a), the Secretary may give preference to eligible  
14          entities utilizing technology-enabled collaborative learning  
15          and capacity building models, including such models as de-  
16          fined in section 2 of the Expanding Capacity for Health  
17          Outcomes Act (Public Law 114–270; 130 Stat. 1395), to  
18          conduct the activities described in this section.

19          “(g) CENTER ACTIVITIES.—Each Center shall, at a  
20          minimum, carry out the following activities directly,  
21          through referral, or through contractual arrangements,  
22          which may include carrying out such activities through  
23          technology-enabled collaborative learning and capacity  
24          building models described in subsection (f):



1           “(1) TREATMENT AND RECOVERY SERVICES.—

2       Each Center shall—

3           “(A) ensure that intake and evaluations  
4           meet the individualized clinical needs of pa-  
5           tients, including by offering assessments for  
6           services and care recommendations through  
7           independent, evidence-based verification proc-  
8           esses for reviewing patient placement in treat-  
9           ment settings;

10          “(B) provide the full continuum of treat-  
11       ment services, including—

12           “(i) all drugs approved by the Food  
13           and Drug Administration to treat sub-  
14           stance use disorders;

15           “(ii) medically supervised withdrawal  
16           management that includes patient evalua-  
17           tion, stabilization, and readiness for and  
18           entry into treatment;

19           “(iii) counseling provided by a pro-  
20           gram counselor or other certified profes-  
21           sional who is licensed and qualified by edu-  
22           cation, training, or experience to assess the  
23           psychological and sociological background  
24           of patients, to contribute to the appro-

1            appropriate treatment plan for the patient, and  
2            to monitor patient progress;

3            “(iv) treatment, as appropriate, for  
4            patients with co-occurring substance use  
5            and mental health disorders;

6            “(v) residential rehabilitation, and  
7            outpatient and intensive outpatient pro-  
8            grams;

9            “(vi) recovery housing;

10           “(vii) community-based and peer re-  
11           covery support services;

12           “(viii) job training, job placement as-  
13           sistance, and continuing education assist-  
14           ance to support reintegration into the  
15           workforce; and

16           “(ix) other best practices to provide  
17           the full continuum of treatment and serv-  
18           ices, as determined by the Secretary;

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

1           ~~“(D) administer an onsite pharmacy and~~  
2           ~~provide toxicology services, for purposes of ear-~~  
3           ~~rying out this section; and~~

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

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

10           ~~“(A) training and supervising outreach~~  
11           ~~staff, as appropriate, to work with State and~~  
12           ~~local health departments, health care providers,~~  
13           ~~State and local education agencies, institutions~~  
14           ~~of higher education, State and local workforce~~  
15           ~~development boards, State and local community~~  
16           ~~action agencies, public safety officials, first re-~~  
17           ~~sponders, child welfare agencies, as appropriate,~~  
18           ~~and other community partners and the public,~~  
19           ~~including patients, to identify and respond to~~  
20           ~~community needs, and ensuring that such enti-~~  
21           ~~ties are aware of the services of the Center; and~~

22           ~~“(B) disseminating and making publicly~~  
23           ~~available, including through the internet, evi-~~  
24           ~~dence-based resources that educate profes-~~  
25           ~~sionals and the public on opioid use disorder~~

1           and other substance use disorders, including co-  
2           occurring substance use and mental health dis-  
3           orders.

4           “(h) DATA REPORTING AND PROGRAM OVER-  
5 SIGHT.—With respect to a grant awarded under sub-  
6 section (a), not later than 90 days after the end of the  
7 first year of the grant period, and annually thereafter for  
8 the duration of the grant period (including the duration  
9 of any renewal period for such grant), the entity shall sub-  
10 mit data, as appropriate, to the Secretary regarding—

11           “(1) the programs and activities funded by the  
12 grant;

13           “(2) health outcomes of the population of indi-  
14 viduals with a substance use disorder who received  
15 services from the Center, evaluated by an inde-  
16 pendent program evaluator through the use of out-  
17 comes measures, as determined by the Secretary;

18           “(3) the retention rate of program participants;  
19 and

20           “(4) any other information that the Secretary  
21 may require for the purpose of ensuring that the  
22 Center is complying with all the requirements of the  
23 grant, including providing the full continuum of  
24 services described in subsection (g)(1)(B).

1       “(i) PRIVACY.—The provisions of this section, includ-  
 2 ing with respect to data reporting and program oversight,  
 3 shall be subject to all applicable Federal and State privacy  
 4 laws.

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

9       (b) REPORTS TO CONGRESS.—

10           (1) PRELIMINARY REPORT.—Not later than 3  
 11 years after the date of the enactment of this Act, the  
 12 Secretary of Health and Human Services shall sub-  
 13 mit to Congress a preliminary report that analyzes  
 14 data submitted under section 550(h) of the Public  
 15 Health Service Act, as added by subsection (a).

16           (2) FINAL REPORT.—Not later than 2 years  
 17 after submitting the preliminary report required  
 18 under paragraph (1), the Secretary of Health and  
 19 Human Services shall submit to Congress a final re-  
 20 port that includes—

21           (A) an evaluation of the effectiveness of  
 22 the comprehensive services provided by the Cen-  
 23 ters established or operated pursuant to section  
 24 550 of the Public Health Service Act, as added  
 25 by subsection (a), on health outcomes of the

1 population of individuals with substance use  
 2 disorder who receive services from the Center,  
 3 which shall include an evaluation of the effec-  
 4 tiveness of services for treatment and recovery  
 5 support and to reduce relapse, recidivism, and  
 6 overdose; and

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

13 **SEC. 402. PROGRAM TO SUPPORT COORDINATION AND**  
 14 **CONTINUATION OF CARE FOR DRUG OVER-**  
 15 **DOSE PATIENTS.**

16 (a) IN GENERAL.—The Secretary of Health and  
 17 Human Services (referred to in this section as the “Sec-  
 18 retary”) shall identify or facilitate the development of best  
 19 practices for—

20 (1) emergency treatment of known or suspected  
 21 drug overdose;

22 (2) coordination and continuation of care and  
 23 treatment, including, as appropriate, through refer-  
 24 rals, of individuals after an opioid overdose; and

1           ~~(2)~~ the provision of overdose reversal medica-  
2           tion, as appropriate.

3           ~~(b) GRANT ESTABLISHMENT AND PARTICIPATION.—~~

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

11          ~~(2) ELIGIBLE ENTITY.—~~In this section, the  
12          term “eligible entity” means an entity that offers  
13          treatment or other services for individuals in re-  
14          sponse to, or following, drug overdoses or a drug  
15          overdose.

16          ~~(3) APPLICATION.—~~An eligible entity desiring a  
17          grant under this section, in consultation with the  
18          principal agency of a State in which such entity of-  
19          fers treatment or other services that is responsible  
20          for carrying out the block grant for prevention and  
21          treatment of substance abuse under subpart H of  
22          part B of title XIX of the Public Health Service Act  
23          (42 U.S.C. ~~300x-21~~ et seq.), shall submit an appli-  
24          cation to the Secretary, at such time and in such

1 manner as the Secretary may require, that in-  
2 cludes—

3 (A) evidence that such eligible entity ear-  
4 ries out, or is capable of coordinating with  
5 other entities to carry out, the activities de-  
6 scribed in paragraph (4); and

7 (B) such additional information as the Sec-  
8 retary may require.

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

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

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

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

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

20 (III) peer support networks;

21 (IV) recovery community organi-  
22 zations;

23 (V) health care providers, includ-  
24 ing physicians and other providers of  
25 behavioral health and primary care;



1                   (VI) educational and vocational  
2                   schools;

3                   (VII) employers;

4                   (VIII) housing services; and

5                   (IX) child welfare agencies;

6                   (ii) providing education on overdose  
7                   prevention to patients; and

8                   (iii) providing other services the Sec-  
9                   retary determines necessary to help ensure  
10                  continued connection with recovery support  
11                  services;

12                  (B) establish policies and procedures that  
13                  address the provision of overdose reversal medi-  
14                  cation; the administration of all drugs approved  
15                  by the Food and Drug Administration to treat  
16                  substance use disorder; and subsequent continu-  
17                  ation of, or referral to, evidence-based treat-  
18                  ment for patients with a substance use disorder  
19                  who have experienced a non-fatal drug over-  
20                  dose; in order to prevent relapse; and reduce re-  
21                  cidivism and future overdose;

22                  (C) develop or implement best practices for  
23                  treating non-fatal drug overdoses; including;  
24                  with respect to care coordination and integrated  
25                  care models; for long term treatment and recov-

1           ery options for individuals with a substance use  
2           disorder who have experienced a non-fatal drug  
3           overdose; and

4           (D) establish integrated models of care for  
5           individuals who have experienced a non-fatal  
6           drug overdose which may include patient as-  
7           sessment, follow up, and transportation to and  
8           from treatment facilities.

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

13           (A) all drugs approved by the Food and  
14           Drug Administration to treat substance use dis-  
15           orders, pursuant to Federal and State law;

16           (B) withdrawal and detoxification services  
17           that include patient evaluation, stabilization,  
18           and preparation for treatment of substance use  
19           disorder, including treatment described in sub-  
20           paragraph (A), as appropriate; or

21           (C) mental health services provided by a  
22           program counselor, social worker, therapist, or  
23           other certified professional who is licensed and  
24           qualified by education, training, or experience  
25           to assess the psychosocial background of pa-

1           tients, to contribute to the appropriate treat-  
2           ment plan for patients with substance use dis-  
3           order, and to monitor patient progress.

4           (6) PREFERENCE.—In awarding grants under  
5           this section, the Secretary shall give preference to el-  
6           igible entities that meet any or all of the following  
7           criteria:

8                   (A) The eligible entity is a critical access  
9                   hospital (as defined in section 1861(mm)(1) of  
10                  the Social Security Act (42 U.S.C.  
11                  1395x(mm)(1))), a low volume hospital (as de-  
12                  fined in section 1886(d)(12)(C)(i) of such Act  
13                  (42 U.S.C. 1395ww(d)(12)(C)(i))), or a sole  
14                  community hospital (as defined in section  
15                  1886(d)(5)(D)(iii) of such Act (42 U.S.C.  
16                  1395ww(d)(5)(D)(iii))).

17                  (B) The eligible entity is located in a State  
18                  with an overdose mortality rate that is above  
19                  the national overdose mortality rate, as deter-  
20                  mined by the Director of the Centers for Dis-  
21                  ease Control and Prevention.

22                  (C) The eligible entity demonstrates that  
23                  recovery coaches will be placed in both health  
24                  care settings and community settings.

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

4           (e) DEFINITION.—In this section, the term “recovery  
5 coach” means an individual—

6           (1) with knowledge of, or experience with, re-  
7 covery from a substance use disorder; and

8           (2) who has completed training from, and is de-  
9 termined to be in good standing by, a recovery serv-  
10 ices organization capable of conducting such training  
11 and making such determination.

12          (d) REPORTING REQUIREMENTS.—

13           (1) REPORTS BY GRANTEEES.—Each eligible en-  
14 tity awarded a grant under this section shall submit  
15 to the Secretary an annual report for each year for  
16 which the entity has received such grant that in-  
17 cludes information on—

18           (A) the number of individuals treated by  
19 the entity for non-fatal overdoses, including the  
20 number of non-fatal overdoses where overdose  
21 reversal medication was administered;

22           (B) the number of individuals administered  
23 medication-assisted treatment by the entity;

24           (C) the number of individuals referred by  
25 the entity to other treatment facilities after a

1 non-fatal overdose, the types of such other fa-  
2 cilities, and the number of such individuals ad-  
3 mitted to such other facilities pursuant to such  
4 referrals; and

5 (D) the frequency and number of patients  
6 with reoccurrences, including readmissions for  
7 non-fatal overdoses and evidence of relapse re-  
8 lated to substance abuse disorder.

9 (2) REPORT BY SECRETARY.—Not later than 5  
10 years after the date of enactment of this Act, the  
11 Secretary shall submit to Congress a report that in-  
12 cludes an evaluation of the effectiveness of the grant  
13 program carried out under this section with respect  
14 to long term health outcomes of the population of in-  
15 dividuals who have experienced a drug overdose, the  
16 percentage of patients treated or referred to treat-  
17 ment by grantees, and the frequency and number of  
18 patients who experienced relapse, were readmitted  
19 for treatment, or experienced another overdose.

20 (e) PRIVACY.—The requirements of this section, in-  
21 cluding with respect to data reporting and program over-  
22 sight, shall be subject to all applicable Federal and State  
23 privacy laws.

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

1 such sums as may be necessary for each of fiscal years  
2 2019 through 2023.

3 **SEC. 403. ALTERNATIVES TO OPIOIDS.**

4 (a) IN GENERAL.—The Secretary of Health and  
5 Human Services shall, directly or through grants to, or  
6 contracts with, public and private entities, provide tech-  
7 nical assistance to hospitals and other acute care settings  
8 on alternatives to opioids for pain management. The tech-  
9 nical assistance provided shall be for the purpose of—

10 (1) utilizing information from acute care pro-  
11 viders including emergency departments and other  
12 providers that have successfully implemented alter-  
13 natives to opioids programs, promoting non-opioid  
14 protocols and medications while appropriately lim-  
15 iting the use of opioids;

16 (2) identifying or facilitating the development of  
17 best practices on the use of alternatives to opioids,  
18 which may include pain-management strategies that  
19 involve non-addictive medical products, non-pharma-  
20 ceutologic treatments, and technologies or techniques to  
21 identify patients at-risk for opioid use disorder;

22 (3) identifying or facilitating the development of  
23 best practices on the use of alternatives to opioids  
24 that target common painful conditions and include

1 certain patient populations, such as geriatric pa-  
 2 tients, pregnant women, and children;

3 (4) disseminating information on the use of al-  
 4 ternatives to opioids to providers in acute care set-  
 5 tings, which may include emergency departments,  
 6 outpatient clinics, critical access hospitals, and Fed-  
 7 erally qualified health centers; and

8 (5) collecting data and reporting on health out-  
 9 comes associated with the use of alternatives to  
 10 opioids.

11 (b) AUTHORIZATION OF APPROPRIATIONS.—There is  
 12 authorized to be appropriated to carry out this section  
 13 such sums as may be necessary for each of fiscal years  
 14 2019 through 2023.

15 **SEC. 404. PEER SUPPORT TECHNICAL ASSISTANCE.**

16 (a) TECHNICAL ASSISTANCE FOR PEER SUPPORT  
 17 SERVICES.—The Secretary of Health and Human Services  
 18 (referred to in this section as the “Secretary”); acting  
 19 through the Assistant Secretary for Mental Health and  
 20 Substance Abuse, shall provide technical assistance and  
 21 support to organizations providing peer support services  
 22 related to substance use disorder, including technical as-  
 23 sistance and support related to—

24 (1) training on identifying—

25 (A) signs of substance use disorder;





1 Recovery Act of 2016 (Public Law 114–198; 130 Stat.  
2 720) is amended by striking subsection (e).

3 (b) ~~CODIFICATION OF EXPANSION OF MAXIMUM~~  
4 ~~NUMBER OF PATIENTS FOR MEDICATION-ASSISTED~~  
5 ~~TREATMENT.~~—Section 303(g)(2)(B)(iii)(II) of the Con-  
6 trolled Substances Act (21 U.S.C. (g)(2)(B)(iii)(II)) is  
7 amended by striking “100” each place it appears and in-  
8 serting “275”.

9 **SEC. 406. NATIONAL RECOVERY HOUSING BEST PRACTICES.**  
10

11 (a) ~~BEST PRACTICES.~~—The Secretary of Health and  
12 Human Services (referred to in this section as the “Sec-  
13 retary”), in consultation with the Secretary for Housing  
14 and Urban Development, patients with a history of opioid  
15 use disorder, and other stakeholders, which may include  
16 State accrediting entities and reputable providers of, and  
17 analysts of, recovery housing services, shall identify or fa-  
18 cilitate the development of best practices, which may in-  
19 clude model laws for implementing suggested minimum  
20 standards, for operating recovery housing.

21 (b) ~~DISSEMINATION.~~—The Secretary shall dissemi-  
22 nate the best practices identified or developed under sub-  
23 section (a) to—

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

4           (2) recovery housing entities; and

5           (3) the public, as appropriate.

6           (c) REQUIREMENTS.—In identifying or facilitating  
7           the development of best practices under subsection (a), the  
8           Secretary, in consultation with appropriate stakeholders,  
9           shall consider how recovery housing is able to (including  
10          by improving access and adherence to treatment) support  
11          recovery and prevent relapse, recidivism, or overdose, in-  
12          cluding overdose death.

13          (d) RULE OF CONSTRUCTION.—Nothing in this sec-  
14          tion shall be construed to provide the Secretary with the  
15          ability to require States to adhere to minimum standards  
16          in the State oversight of recovery housing.

17          (e) DEFINITION.—In this section, the term “recovery  
18          housing” means a shared living environment free from al-  
19          cohol and illicit drug use and centered on peer support  
20          and connection to services that promote sustained recovery  
21          from substance use disorders.

22        **SEC. 407. ADDRESSING ECONOMIC AND WORKFORCE IM-**  
23        **PACTS OF THE OPIOID CRISIS.**

24          (a) DEFINITIONS.—Except as otherwise expressly  
25          provided, in this section:

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

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

6                   (B) a postsecondary vocational institution,  
7                   as defined in section 102(e) of such Act (20  
8                   U.S.C. 1002(e)).

9           (2) ELIGIBLE ENTITY.—The term “eligible enti-  
10           ty” means—

11                   (A) a State workforce agency;

12                   (B) a State board;

13                   (C) an outlying area, as defined in section  
14                   3 of the Workforce Innovation and Opportunity  
15                   Act (29 U.S.C. 3102); or

16                   (D) a Tribal entity.

17           (3) LOCAL AREA; LOCAL BOARD; ONE-STOP OP-  
18           ERATOR.—The terms “local area”, “local board”,  
19           and “one-stop operator” have the meanings given  
20           such terms in section 3 of the Workforce Innovation  
21           and Opportunity Act (29 U.S.C. 3102).

22           (4) LOCAL ENTITY.—The term “local entity”  
23           means a local board or one-stop operator.

24           (5) PARTICIPATING PARTNERSHIP.—The term  
25           “participating partnership” means a partnership es-

1        established under subsection (e)(1) by a local entity  
2        receiving a subgrant under subsection (d).

3            (6) PROGRAM PARTICIPANT.—The term “pro-  
4        gram participant” means an individual who—

5            (A) is a member of a population of workers  
6        described in subsection (e)(2) that is served by  
7        a participating partnership through the pilot  
8        program under this section; and

9            (B) enrolls with the applicable partici-  
10        pating partnership to receive any of the services  
11        described in subsection (e)(3).

12           (7) SECRETARY.—The term “Secretary” means  
13        the Secretary of Labor.

14           (8) STATE BOARD.—The term “State board”  
15        has the meaning given the term in section 3 of the  
16        Workforce Innovation and Opportunity Act (29  
17        U.S.C. 3102).

18           (9) STATE WORKFORCE AGENCY.—The term  
19        “State workforce agency” means the lead State  
20        agency with responsibility for the administration of  
21        a program under chapter 2 or 3 of subtitle B of title  
22        I of the Workforce Innovation and Opportunity Act  
23        (29 U.S.C. 3161 et seq., 3171 et seq.).

24           (10) SUBSTANCE USE DISORDER.—The term  
25        “substance use disorder” means such a disorder

1 within the meaning of title V of the Public Health  
2 Service Act (42 U.S.C. 290aa et seq.).

3 (11) SUPPORTIVE SERVICES.—The term “sup-  
4 portive services” has the meaning given such term in  
5 section 3 of the Workforce Innovation and Oppor-  
6 tunity Act (29 U.S.C. 3102).

7 (12) TREATMENT PROVIDER.—The term “treat-  
8 ment provider”—

9 (A) means a health care provider that of-  
10 fers services for treating substance use dis-  
11 orders and is licensed in accordance with appli-  
12 cable State law to provide such services;

13 (B) accepts health insurance for such serv-  
14 ices, including coverage under title XIX of the  
15 Social Security Act (42 U.S.C. 1396 et seq.);  
16 and

17 (C) may include—

18 (i) a nonprofit provider of peer recov-  
19 ery support services, as defined by the  
20 State involved in regulation or guidance;

21 (ii) a community health care provider;

22 or

23 (iii) a Federally qualified health cen-  
24 ter (as defined in section 1861(aa) of the  
25 Social Security Act (42 U.S.C. 1395x)).

1           (13) TRIBAL ENTITY.—The term “Tribal enti-  
2           ty” includes any Indian tribe, tribal organization,  
3           Indian-controlled organization serving Indians, Na-  
4           tive Hawaiian organization, or Alaska Native entity,  
5           as such terms are defined or used in section 166 of  
6           the Workforce Innovation and Opportunity Act (29  
7           U.S.C. 3221).

8           (b) PILOT PROGRAM AND GRANTS AUTHORIZED.—

9           (1) IN GENERAL.—The Secretary, in consulta-  
10          tion with the Secretary of Health and Human Serv-  
11          ices, shall carry out a pilot program to address eco-  
12          nomic and workforce impacts associated with a high  
13          rate of a substance use disorder. In carrying out the  
14          pilot program, the Secretary shall make grants, on  
15          a competitive basis, to eligible entities to enable such  
16          entities to make subgrants to local boards and one-  
17          stop operators to address the economic and work-  
18          force impacts associated with a high rate of a sub-  
19          stance use disorder.

20          (2) GRANT AMOUNTS.—The Secretary shall  
21          make each such grant in an amount that is not less  
22          than \$500,000, and not more than \$5,000,000, for  
23          a fiscal year.

24          (c) GRANT APPLICATIONS.—

1           (1) IN GENERAL.—An eligible entity applying  
 2 for a grant under this section shall submit an appli-  
 3 cation to the Secretary at such time and in such  
 4 form and manner as the Secretary may reasonably  
 5 require, including the information described in this  
 6 subsection.

7           (2) SIGNIFICANT IMPACT ON COMMUNITY BY  
 8 OPIOID ABUSE AND SUBSTANCE USE DISORDER-RE-  
 9 LATED PROBLEMS.—

10           (A) DEMONSTRATION.—An eligible entity  
 11 shall include in the application information that  
 12 demonstrates significant impact on the commu-  
 13 nity by problems related to opioid abuse or an-  
 14 other substance use disorder, by—

15           (i) identifying the communities, re-  
 16 gions, or local areas that will be served  
 17 through the grant (each referred to in this  
 18 section as a “service area”); and

19           (ii) showing, for each such service  
 20 area, an increase equal to or greater than  
 21 the national increase in such problems, be-  
 22 tween—

23           (I) 1999; and

24           (II) 2016 or the latest year for  
 25 which data are available.

1           (B) INFORMATION.—In making the show-  
2           ing described in subparagraph (A)(ii), the eligi-  
3           ble entity may use information including data  
4           on—

5                   (i) the incidence or prevalence of  
6                   opioid abuse and other substance use dis-  
7                   orders;

8                   (ii) the per capita drug overdose mor-  
9                   tality rate, as determined by the Director  
10                  of the Centers for Disease Control and  
11                  Prevention;

12                  (iii) the rate of non-fatal hospitaliza-  
13                  tions related to opioid abuse or another  
14                  substance use disorder; or

15                  (iv) the number of arrests or convic-  
16                  tions, or a relevant law enforcement sta-  
17                  tistic, that reasonably shows an increase in  
18                  opioid abuse or another substance use dis-  
19                  order.

20           (C) SUPPORT FOR STATE STRATEGY.—The  
21           eligible entity shall also include in the applica-  
22           tion information describing how the proposed  
23           services and activities support the State’s strat-  
24           egy for addressing problems described in sub-



1 paragraph (A) in specific regions or across the  
2 State, outlying area, or Tribal entity.

3 ~~(3) ECONOMIC AND EMPLOYMENT CONDITIONS~~  
4 DEMONSTRATE ADDITIONAL FEDERAL SUPPORT  
5 NEEDED.—

6 (A) DEMONSTRATION.—An eligible entity  
7 shall include in the application information that  
8 demonstrates that a high rate of a substance  
9 use disorder has caused, or is coincident to, an  
10 economic or employment downturn in the serv-  
11 ice area.

12 (B) INFORMATION.—In making the dem-  
13 onstration described in subparagraph (A), the  
14 eligible entity may use information including—

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

22 (ii) documentation showing decreased  
23 economic activity related to, caused by, or  
24 contributing to a high rate of a substance  
25 use disorder, including a description of

1           how the service area has been impacted, or  
2           will be impacted, by such a decrease;

3           (iii) in particular, information on eco-  
4           nomic indicators, labor market analyses,  
5           information from public announcements,  
6           and demographic and industry data;

7           (iv) information on rapid response ac-  
8           tivities (as defined in section 3 of the  
9           Workforce Innovation and Opportunity Act  
10          (29 U.S.C. 3102)) that have been or will  
11          be conducted, including demographic data  
12          gathered by employer or worker surveys or  
13          through other methods;

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

19          (vi) any additional relevant data or in-  
20          formation on the economy, workforce, or  
21          another aspect of the service area to sup-  
22          port the application.

23           (4) WORKFORCE SHORTAGE RELATED TO  
24           TREATMENT WORKFORCE.—

1           (A) ~~IN GENERAL.~~—An eligible entity may  
2 include in the application a demonstration of  
3 the workforce shortage in a professional area to  
4 be addressed under the grant. Such professional  
5 areas may include—

6           (i) substance use disorder treatment  
7 and related services;

8           (ii) non-opioid pain therapy and pain  
9 management services; or

10          (iii) mental health care treatment  
11 services.

12          (B) ~~INFORMATION TO BE INCLUDED.~~—An  
13 eligible entity demonstrating a workforce short-  
14 age under subparagraph (A) shall demonstrate  
15 the workforce shortage through information  
16 that may include—

17          (i) the distance between—

18           (I) communities affected by  
19 opioid abuse or another substance use  
20 disorder; and

21           (II) facilities or professionals of-  
22 fering services in the professional  
23 area;

24          (ii) the maximum capacity of facilities  
25 or professionals to serve individuals in an

1 affected community, or increases in arrests  
 2 related to opioid abuse or another sub-  
 3 stance use disorder, overdose deaths, or  
 4 nonfatal overdose emergencies in the com-  
 5 munity; or

6 (iii) other information that can dem-  
 7 onstrate such a shortage.

8 (d) SUBGRANT AUTHORIZATION AND APPLICATION  
 9 PROCESS.—

10 (1) SUBGRANTS AUTHORIZED.—

11 (A) IN GENERAL.—An eligible entity re-  
 12 ceiving a grant under subsection (b)—

13 (i) may use not more than 5 percent  
 14 of the grant funds for the administrative  
 15 costs of carrying out the grant; and

16 (ii) shall use the remaining grant  
 17 funds to make subgrants to local entities  
 18 in the area served by the eligible entity to  
 19 carry out the services and activities de-  
 20 scribed in subsection (c).

21 (B) GEOGRAPHIC DISTRIBUTION.—In mak-  
 22 ing subgrants under this subsection, an eligible  
 23 entity shall ensure, to the extent practicable,  
 24 the equitable geographic distribution (such as

1 urban and rural distribution) of areas receiving  
2 subgrant funds.

3 ~~(2) SUBGRANT APPLICATION.—~~

4 ~~(A) IN GENERAL.—~~A local entity desiring  
5 to receive a subgrant under this subsection shall  
6 submit an application at such time and in such  
7 and manner as the eligible entity may reason-  
8 ably require, including the information de-  
9 scribed in this paragraph.

10 ~~(B) CONTENTS.—~~Each application de-  
11 scribed in subparagraph (A) shall include an  
12 analysis of the estimated performance of the  
13 local entity in carrying out the proposed serv-  
14 ices and activities under the subgrant that—

15 ~~(i) uses primary indicators of per-~~  
16 ~~formance described in section~~  
17 ~~116(e)(1)(A)(i) of the Workforce Innova-~~  
18 ~~tion and Opportunity Act (29 U.S.C.~~  
19 ~~3141(e)(1)(A)(i)), to assess estimated ef-~~  
20 ~~fectiveness of the proposed services and ac-~~  
21 ~~tivities, including the estimated number of~~  
22 ~~individuals with a substance use disorder~~  
23 ~~who may be served by the proposed serv-~~  
24 ~~ices and activities;~~

1           (ii) analyzes the record of the local  
2           entity in serving individuals with a barrier  
3           to employment; and

4           (iii) analyzes the ability of the local  
5           entity to establish the partnership de-  
6           scribed in subsection (e)(1).

7           (C) ANALYSIS.—The analysis described in  
8           subparagraph (B) may include or utilize—

9           (i) data from the National Center for  
10          Health Statistics of the Centers for Dis-  
11          ease Control and Prevention;

12          (ii) data from the Center for Behav-  
13          ioral Health Statistics and Quality of the  
14          Substance Abuse and Mental Health Serv-  
15          ices Administration;

16          (iii) State vital statistics;

17          (iv) municipal police department  
18          records;

19          (v) reports from local coroners; or

20          (vi) other relevant data.

21       (e) SUBGRANT SERVICES AND ACTIVITIES.—

22       (1) FORMATION OF PARTNERSHIP.—

23       (A) IN GENERAL.—Each local entity that  
24       receives a subgrant under subsection (d) shall  
25       form a partnership, established through a writ-

1           ten contract or other agreement, with members  
2           described in subparagraph (B), and shall carry  
3           out the services and activities described in this  
4           subsection through the partnership.

5           ~~(B) MEMBERS OF THE PARTNERSHIP.—~~A  
6           partnership described in subparagraph ~~(A)~~ shall  
7           include ~~1~~ or more of the following:

8                     ~~(i) The eligible entity.~~

9                     ~~(ii) A treatment provider.~~

10                    ~~(iii) An employer or industry organi-~~  
11                    ~~zation.~~

12                    ~~(iv) An education provider.~~

13                    ~~(v) A justice or law enforcement orga-~~  
14                    ~~nization.~~

15                    ~~(vi) A faith-based or community-based~~  
16                    ~~organization.~~

17                    ~~(vii) Other State or local agencies.~~

18                    ~~(viii) Other organizations, as deter-~~  
19                    ~~mined to be necessary by the local entity.~~

20           ~~(2) SELECTION OF POPULATION TO BE~~  
21           ~~SERVED.—~~A participating partnership shall elect to  
22           provide services and activities under the subgrant to  
23           one or both of the following populations of workers:

24                    ~~(A) Workers, including dislocated workers,~~  
25                    ~~new entrants in the workforce, or incumbent~~

1 workers (employed or underemployed), who are  
2 directly or indirectly affected by a high rate of  
3 a substance use disorder and each of whom is—

4 (i) an individual who voluntarily con-  
5 firms that the individual, or a friend or  
6 family member of the individual, has a his-  
7 tory of opioid abuse or another substance  
8 use disorder; or

9 (ii) an individual who works or resides  
10 in a community substantially impacted by  
11 a high rate of a substance use disorder or  
12 can otherwise demonstrate job loss as a re-  
13 sult of a high rate of a substance use dis-  
14 order.

15 (B) Workers, including dislocated workers,  
16 new entrants in the workforce, or incumbent  
17 workers (employed or underemployed), who—

18 (i) seek to transition to professions  
19 that support individuals struggling with a  
20 substance use disorder or at risk for devel-  
21 oping such disorder, such as professions  
22 that provide—

23 (I) substance use disorder treat-  
24 ment and related services;



1                   (II) peer recovery support serv-  
 2                   ices described in subsection  
 3                   (a)(12)(C)(i);

4                   (III) non-opioid pain therapy and  
 5                   pain management services; or

6                   (IV) mental health care; and

7                   (ii) need new or upgraded skills to  
 8                   better serve such a population of strug-  
 9                   gling or at-risk individuals.

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

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

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

18                   (ii) learn about the support needed by  
 19                   employers to hire and retain program par-  
 20                   ticipants; and other individuals with a sub-  
 21                   stance use disorder; and the support need-  
 22                   ed by such employers to obtain their com-  
 23                   mitment to testing creative solutions to  
 24                   employing program participants and such  
 25                   individuals;

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

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

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

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

21 (B) SCREENING SERVICES.—Providing  
22 screening services, which may include—

23 (i) using an evidence-based screening  
24 method to screen each individual seeking  
25 participation in the pilot program to deter-

1 mine whether the individual has a sub-  
2 stance use disorder;

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

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

13 (C) INDIVIDUAL TREATMENT AND EM-  
14 PLOYMENT PLAN.—Developing an individual  
15 treatment and employment plan for each pro-  
16 gram participant, which shall include providing  
17 a case manager to work with each participant  
18 to develop the plan, which may include—

19 (i) identifying employment and career  
20 goals;

21 (ii) exploring career pathways that  
22 lead to in-demand industries and sectors as  
23 determined by the State board and the  
24 head of the State workforce agency;

1 (iii) setting appropriate achievement  
2 objectives to attain the employment and  
3 career goals identified under clause (i); or  
4 (iv) developing the appropriate com-  
5 bination of services to enable the partici-  
6 pant to achieve the employment and career  
7 goals.

8 (D) OUTPATIENT TREATMENT AND RECOV-  
9 ERY CARE.—In the case of a participating part-  
10 nership serving program participants described  
11 in paragraph (2)(A)(i) with a substance use dis-  
12 order, providing individualized and group out-  
13 patient treatment and recovery services for such  
14 program participants that are offered during  
15 the day and evening, and on weekends. Such  
16 treatment and recovery services—

17 (i) shall be based on a model that uti-  
18 lizes combined behavioral interventions and  
19 other evidence-based or evidence-informed  
20 interventions; and

21 (ii) may include additional services  
22 such as—

23 (I) health, mental health, addic-  
24 tion, or other forms of outpatient  
25 treatment that may impact a sub-

1                   stance use disorder and co-occurring  
2                   conditions;

3                   (H) drug testing for a current  
4                   substance use disorder prior to enroll-  
5                   ment in career or training services or  
6                   prior to employment;

7                   (III) linkages to community serv-  
8                   ices, including services offered by  
9                   partner organizations designed to sup-  
10                  port program participants; and

11                  (IV) referrals to health care, in-  
12                  cluding referrals to substance use dis-  
13                  order treatment and mental health  
14                  services.

15                  (E) SUPPORTIVE SERVICES.—Providing  
16                  supportive services, which shall include services  
17                  such as—

18                  (i) coordinated wraparound services to  
19                  provide maximum support for program  
20                  participants to ensure that the program  
21                  participants maintain employment and re-  
22                  covery for not less than 12 months, as ap-  
23                  propriate;

24                  (ii) assistance in establishing eligi-  
25                  bility for assistance under Federal, State,

1 and local programs providing health serv-  
 2 ices, mental health services, housing serv-  
 3 ices, transportation services, or social serv-  
 4 ices;

5 (iii) peer recovery support services de-  
 6 scribed in subsection (a)(12)(C)(i);

7 (iv) networking and mentorship op-  
 8 portunities; or

9 (v) any supportive services determined  
 10 necessary by the local entity.

11 (F) CAREER AND JOB TRAINING SERV-  
 12 ICES.—Offering career services and training  
 13 services, and related services, concurrently or  
 14 sequentially with the services provided under  
 15 subparagraphs (B) through (E). Such services  
 16 shall include the following:

17 (i) Services provided to program par-  
 18 ticipants who are in a pre-employment  
 19 stage of the program. Such services may  
 20 include—

21 (I) initial education and skills as-  
 22 sessments;

23 (II) traditional classroom train-  
 24 ing funded through individual training  
 25 accounts under chapter 3 of subtitle B

1 of title I of the Workforce Innovation  
2 and Opportunity Act (29 U.S.C. 3171  
3 et seq.);

4 (III) services to promote employ-  
5 ability skills such as punctuality, per-  
6 sonal maintenance skills, and profes-  
7 sional conduct;

8 (IV) in-depth interviewing and  
9 evaluation to identify employment bar-  
10 riers and to develop individual em-  
11 ployment plans;

12 (V) career planning that in-  
13 cludes—

14 (aa) career pathways leading  
15 to in-demand, high-wage jobs;  
16 and

17 (bb) job coaching, job  
18 matching, and job placement  
19 services;

20 (VI) provision of payments and  
21 fees for employment and training-re-  
22 lated applications, tests, and certifi-  
23 cations; or

24 (VII) any other appropriate ca-  
25 reer service or training service de-

1           scribed in section 134(c) of the Work-  
2           force Innovation and Opportunity Act  
3           (29 U.S.C. 3174(c)).

4           (ii) Services provided to program par-  
5           ticipants during their first 6 months of  
6           employment to ensure job retention, which  
7           may include—

8                   (I) case management and support  
9                   services, including a continuation of  
10                  the services described in clause (i);

11                  (II) a continuation of skills train-  
12                  ing, and career and technical edu-  
13                  cation, described in clause (i) that is  
14                  conducted in collaboration with the  
15                  employers of such participants;

16                  (III) mentorship services and job  
17                  retention support for such partici-  
18                  pants; or

19                  (IV) targeted training for man-  
20                  agers and workers working with such  
21                  participants (such as mentors), and  
22                  human resource representatives in the  
23                  business in which such participants  
24                  are employed.



1                   (iii) Services to assist program partici-  
 2                   pants in maintaining employment for not  
 3                   less than 12 months, as appropriate.

4                   (G) ~~PROVEN AND PROMISING PRAC-~~  
 5                   TICES.—Leading efforts in the service area to  
 6                   identify and promote proven and promising  
 7                   strategies and initiatives for meeting the needs  
 8                   of employers and program participants.

9                   (4) ~~LIMITATIONS.~~—A participating partnership  
 10                   may not use—

11                   (A) more than 5 percent of the funds re-  
 12                   ceived under a subgrant under subsection (d)  
 13                   for the administrative costs of the partnership;

14                   (B) more than 10 percent of the funds re-  
 15                   ceived under such subgrant for the provision of  
 16                   treatment and recovery services, as described in  
 17                   paragraph (3)(D); or

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

22                   (f) ~~PERFORMANCE ACCOUNTABILITY.~~—

23                   (1) ~~REPORTS.~~—The Secretary shall establish  
 24                   quarterly reporting requirements for recipients of  
 25                   grants and subgrants under this section that, to the

1 extent practicable, are based on the performance ac-  
2 countability system under section 116 of the Work-  
3 force Innovation and Opportunity Act (29 U.S.C.  
4 3141), including the indicators described in sub-  
5 section (e)(1)(A)(i) of such section and the require-  
6 ments for local area performance reports under sub-  
7 section (d) of such section.

8 (2) EVALUATIONS.—

9 (A) AUTHORITY TO ENTER INTO AGREE-  
10 MENTS.—The Secretary shall ensure that an  
11 independent evaluation is conducted on the pilot  
12 program carried out under this section to deter-  
13 mine the impact of the program on employment  
14 of individuals with substance use disorders. The  
15 Secretary shall enter into an agreement with el-  
16 igible entities receiving grants under this sec-  
17 tion to pay for all or part of such evaluation.

18 (B) METHODOLOGIES TO BE USED.—The  
19 independent evaluation required under this  
20 paragraph shall use experimental designs using  
21 random assignment or, when random assign-  
22 ment is not feasible, other reliable, evidence-  
23 based research methodologies that allow for the  
24 strongest possible causal inferences.

25 (g) FUNDING.—

1           (1) COVERED FISCAL YEAR.—In this sub-  
2           section, the term “covered fiscal year” means any of  
3           fiscal years 2018 through 2023.

4           (2) USING FUNDING FOR NATIONAL DIS-  
5           LOCATED WORKER GRANTS.—Subject to paragraph  
6           (4) and notwithstanding section 132(a)(2)(A) and  
7           subtitle D of the Workforce Innovation and Oppor-  
8           tunity Act (29 U.S.C. 3172(a)(2)(A), 3221 et seq.)  
9           or any other provision of law, the Secretary may use,  
10          to carry out the pilot program under this section for  
11          a covered fiscal year—

12                   (A) funds made available to carry out sec-  
13                   tion 170 of such Act (29 U.S.C. 3225) for that  
14                   fiscal year;

15                   (B) funds made available to carry out sec-  
16                   tion 170 of such Act that remain available for  
17                   that fiscal year; and

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

20          (3) AVAILABILITY OF FUNDS.—Funds appro-  
21          priated under section 136(e) of such Act (29 U.S.C.  
22          3181(e)) and made available to carry out section  
23          170 of such Act for a fiscal year shall remain avail-  
24          able for use under paragraph (2) for a subsequent  
25          fiscal year until expended.

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

5 **SEC. 408. YOUTH PREVENTION AND RECOVERY.**

6           (a) **SUBSTANCE ABUSE TREATMENT SERVICES FOR**  
 7 **CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.**—Sec-  
 8 tion 514 of the Public Health Service Act (42 U.S.C.  
 9 290bb-7) is amended—

10           (1) in the section heading, by striking “**CHIL-**  
 11 **DREN AND ADOLESCENTS**” and inserting “**CHIL-**  
 12 **DREN, ADOLESCENTS, AND YOUNG ADULTS**”;

13           (2) in subsection (a)(2), by striking “children,  
 14 including” and inserting “children, adolescents, and  
 15 young adults, including”; and

16           (3) by striking “children and adolescents” each  
 17 place it appears and inserting “children, adolescents,  
 18 and young adults”.

19           (b) **YOUTH PREVENTION AND RECOVERY INITIA-**  
 20 **TIVE.**—

21           (1) **DEFINITIONS.**—In this subsection:

22           (A) **ELIGIBLE ENTITY.**—The term “eligible  
 23 entity” means—

24           (i) a local educational agency that is  
 25 seeking to establish or expand substance

1 use prevention and recovery support serv-  
2 ices at one or more high schools;

3 (ii) an institution of higher education;

4 (iii) a recovery program at an institu-  
5 tion of higher education;

6 (iv) a local board or one-stop oper-  
7 ator; or

8 (v) a nonprofit organization, excluding  
9 a school.

10 (B) HIGH SCHOOL.—The term “high  
11 school” has the meaning given such term in  
12 section 8101 of the Elementary and Secondary  
13 Education Act of 1965 (20 U.S.C. 7801).

14 (C) INSTITUTION OF HIGHER EDU-  
15 CATION.—The term “institution of higher edu-  
16 cation” has the meaning given such term in  
17 section 101 of the Higher Education Act of  
18 1965 (20 U.S.C. 1001) and includes a “post-  
19 secondary vocational institution” as defined in  
20 section 102(e) of such Act (20 U.S.C. 1002(e)).

21 (D) LOCAL EDUCATION AGENCY.—The  
22 term “local educational agency” has the mean-  
23 ing given the term in section 8101 of the Ele-  
24 mentary and Secondary Education Act of 1965.

1            ~~(E)~~ LOCAL BOARD; ONE-STOP OPER-  
 2            TOR.—The terms “local board” and “one-stop  
 3            operator” have the meanings given such terms  
 4            in section 3 of the Workforce Innovation and  
 5            Opportunity Act (29 U.S.C. 3102).

6            ~~(F)~~ RECOVERY PROGRAM.—The term “re-  
 7            covery program” means a program—

8                    (i) to help children, adolescents, or  
 9                    young adults who are recovering from sub-  
 10                   substance use disorders to initiate, stabilize,  
 11                   and maintain healthy and productive lives  
 12                   in the community; and

13                   (ii) that includes peer-to-peer support  
 14                   delivered by individuals with lived experi-  
 15                   ence in recovery; and communal activities  
 16                   to build recovery skills and supportive so-  
 17                   cial networks.

18            ~~(G)~~ SECRETARY.—The term “Secretary”  
 19            means the Secretary of Health and Human  
 20            Services, except as otherwise specified.

21            ~~(2)~~ BEST PRACTICES.—The Secretary, in con-  
 22            sultation with the Secretary of Education, shall—

23                    (A) identify or facilitate the development of  
 24                    evidence-based best practices for prevention of  
 25                    substance misuse and abuse by children, adoles-

1 cents, and young adults, for appropriate recov-  
2 ery support services, and for appropriate use of  
3 medication-assisted treatment for such individ-  
4 uals, if applicable;

5 (B) disseminate such best practices to local  
6 educational agencies, institutions of higher edu-  
7 cation, recovery programs at institutions of  
8 higher education, local boards, one-stop opera-  
9 tors, and nonprofit organizations, as appro-  
10 priate;

11 (C) conduct a rigorous, independent eval-  
12 uation of each grant funded under this sub-  
13 section, particularly its impact on the indicators  
14 described in paragraph (5)(B); and

15 (D) provide technical assistance for grant-  
16 ees under this subsection.

17 ~~(3) GRANTS AUTHORIZED.~~—The Secretary, in  
18 consultation with the Secretary of Education, shall  
19 award 3-year grants, on a competitive basis, to eligi-  
20 ble entities to enable such entities, in coordination  
21 with State agencies responsible for carrying out sub-  
22 stance use disorder prevention and treatment pro-  
23 grams, to carry out evidence-based or promising pro-  
24 grams for—

1           (A) prevention of substance abuse and mis-  
2           use by children, adolescents, and young adults;

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

8           (C) treatment or referrals for treatment of  
9           substance use disorders, as appropriate.

10          (4) APPLICATION.—To be eligible for a grant  
11          under this subsection, an entity shall submit to the  
12          Secretary an application at such time, in such man-  
13          ner, and containing such information as the Sec-  
14          retary may require. Such application shall include—

15               (A) a description of the impact of sub-  
16               stance use disorders on children, adolescents,  
17               and young adults enrolled in the local edu-  
18               cational agency, one-stop operator, local board,  
19               or institution of higher education;

20               (B) a description of how the eligible entity  
21               has solicited input from faculty, teachers, staff,  
22               families, students, and experts in substance use  
23               prevention and treatment in developing such  
24               application;



1           (C) how the eligible entity plans to use  
2 grant funds for evidence-based or promising ac-  
3 tivities, in accordance with this subsection to  
4 prevent, provide recovery support for, and treat  
5 substance use disorders amongst such individ-  
6 uals;

7           (D) an assurance that the eligible entity  
8 will participate in the evaluation described in  
9 paragraph (2)(C); and

10          (E) a description of how the eligible entity  
11 will collaborate with local service providers, in-  
12 cluding substance use disorder treatment pro-  
13 grams, providers of mental health services, and  
14 primary care providers, in carrying out the  
15 grant program.

16          (5) REPORT.—Each eligible entity awarded a  
17 grant under this section shall submit to the appro-  
18 priate committees of Congress, a report at such time  
19 and in such manner as the Secretary may require.  
20 Such report shall include—

21           (A) a description of how the eligible entity  
22 used grant funds, in accordance with this sub-  
23 section, including the number of children, ado-  
24 lescents, and young adults reached through pro-  
25 gramming; and

1           ~~(B)~~ a description of how the grant pro-  
2           gram has made an impact on—

3                   ~~(i)~~ indicators of student success, in-  
4                   cluding student well-being and academic  
5                   achievement; and

6                   ~~(ii)~~ substance use disorders amongst  
7                   children, adolescents, and young adults, in-  
8                   cluding the number of overdoses and  
9                   deaths amongst children, adolescents, and  
10                  young adults during the grant period.

11           ~~(6)~~ AUTHORIZATION OF APPROPRIATIONS.—

12           There is authorized to be appropriated, such sums  
13           as may be necessary to carry out this subsection.

14 **SEC. 409. PLANS OF SAFE CARE.**

15           ~~(a)~~ IN GENERAL.—Section 105(a) of the Child Abuse  
16           Prevention and Treatment Act (42 U.S.C. 5106(a)) is  
17           amended by adding at the end the following:

18                   ~~“(7)~~ GRANTS TO STATES TO IMPROVE AND CO-  
19                   ORDINATE THEIR RESPONSE TO ENSURE THE SAFE-  
20                   TY, PERMANENCY, AND WELL-BEING OF INFANTS  
21                   AFFECTED BY SUBSTANCE USE.—

22                   ~~“(A)~~ PROGRAM AUTHORIZED.—The Sec-  
23                   retary shall make grants to States for the pur-  
24                   pose of assisting child welfare agencies, social  
25                   services agencies, substance use disorder treat-

1           ment agencies, public health and mental health  
2           agencies, and maternal and child health agen-  
3           cies to facilitate collaboration in developing, up-  
4           dating, and implementing plans of safe care de-  
5           scribed in section 106(b)(2)(B)(iii).

6           “(B) DISTRIBUTION OF FUNDS.—

7           “(i) RESERVATIONS.—Of the amounts  
8           appropriated under subparagraph (H), the  
9           Secretary shall reserve—

10           “(I) no more than 3 percent for  
11           the purposes described in subpara-  
12           graph (G); and

13           “(H) up to 3 percent for grants  
14           to Indian Tribes and tribal organiza-  
15           tions for purposes consistent with this  
16           section, as the Secretary determines  
17           appropriate.

18           “(ii) ALLOTMENTS TO STATES AND  
19           TERRITORIES.—The Secretary shall allot  
20           the amount appropriated under subpara-  
21           graph (H) that remains after application  
22           of clause (i) on a competitive basis to  
23           States that apply for such a grant.

24           “(iii) SELECTION CRITERIA.—The  
25           Secretary shall allot funds to States that

1 demonstrate a strong need for such funds,  
2 and a strong commitment to using such  
3 funds, to meet the purposes described in  
4 subparagraph (A) in accordance with sub-  
5 paragraph (D).

6 “(C) APPLICATION.—A State desiring a  
7 grant under this paragraph shall submit an ap-  
8 plication to the Secretary at such time and in  
9 such manner as the Secretary may require.  
10 Such application shall include—

11 “(i) a description of—

12 “(I) the impact of substance use  
13 disorder in such State, including with  
14 respect to the substance or class of  
15 substances with the highest incidence  
16 of abuse in the previous year in such  
17 State, including—

18 “(aa) the prevalence of sub-  
19 stance use disorder in such State;

20 “(bb) the aggregate rate of  
21 births in the State of infants af-  
22 fected by substance abuse or  
23 withdrawal symptoms or a fetal  
24 alcohol spectrum disorder (as de-  
25 termined by hospitals, insurance

1 claims; claims submitted to the  
2 State Medicaid program; or other  
3 records); if available and to the  
4 extent practicable; and

5 “(ee) the number of infants  
6 identified; for whom a plan of  
7 safe care was developed; and for  
8 whom a referral was made for  
9 appropriate services; as reported  
10 under section 106(d)(18);

11 “(II) the challenges the State  
12 faces in developing and implementing  
13 plans of safe care in accordance with  
14 section 106(b)(2)(B)(iii);

15 “(III) the State’s lead agency for  
16 the grant program and how that agen-  
17 cy will coordinate with relevant State  
18 entities and programs; including the  
19 child welfare agency; the substance  
20 use disorder treatment agency; the  
21 public health and mental health agen-  
22 cies; programs funded by the Residen-  
23 tial Treatment for Pregnant and  
24 Postpartum Women grant program of  
25 the Substance Abuse and Mental

1 Health Services Administration under  
2 section 508 of the Public Health Serv-  
3 ice Act (42 U.S.C. 290bb-1), the  
4 State Medicaid program, the State  
5 agency administering the block grant  
6 program under title V of the Social  
7 Security Act (42 U.S.C. 701 et seq.),  
8 the State agency administering the  
9 programs funded under part C of the  
10 Individuals with Disabilities Edu-  
11 cation Act (20 U.S.C. 1431 et seq.),  
12 the maternal, infant, and early child-  
13 hood home visiting program under  
14 section 511 of the Social Security Act  
15 (42 U.S.C. 711), the State judicial  
16 system, and other agencies, as deter-  
17 mined by the Secretary;

18 “(IV) how the State will monitor  
19 local implementation of plans of safe  
20 care, in accordance with section  
21 106(b)(2)(B)(iii)(II);

22 “(V) how the State meets the re-  
23 quirements of section 1927 of the  
24 Public Health Service Act (42 U.S.C.  
25 300x-27);

1           “(VI) how the State plans to uti-  
2           lize funding authorized under part E  
3           of title IV of the Social Security Act  
4           (42 U.S.C. 670 et seq.) to assist in  
5           carrying out any plan of safe care, in-  
6           cluding such funding authorized under  
7           section 471(e) of such Act (as in ef-  
8           fect on October 1, 2018) for mental  
9           health and substance abuse prevention  
10          and treatment services and in-home  
11          parent skill-based programs and fund-  
12          ing authorized under such section  
13          472(j) (as in effect on October 1,  
14          2018) for children with a parent in a  
15          licensed residential family-based treat-  
16          ment facility for substance abuse; and  
17          “(VII) an assessment of the  
18          treatment and other services and pro-  
19          grams available in the State, to effec-  
20          tively carry out any plan of safe care  
21          developed, including identification of  
22          needed treatment, and other services  
23          and programs to ensure the wellbeing  
24          of young children and their families  
25          affected by substance use disorder;

1 such as programs carried out under  
2 part C of the Individuals with Disabil-  
3 ities Education Act and comprehen-  
4 sive early childhood development serv-  
5 ices and programs such as Head Start  
6 programs;

7 “(ii) a description of how the State  
8 plans to use funds for activities described  
9 in subparagraph (D) for the purposes of  
10 ensuring State compliance with require-  
11 ments under clauses (ii) and (iii) of section  
12 106(b)(2)(B); and

13 “(iii) an assurance that the State  
14 will—

15 “(I) comply with this Act and  
16 parts B and E of title IV of the Social  
17 Security Act (42 U.S.C. 621 et seq.,  
18 670 et seq.); and

19 “(II) comply with requirements  
20 to refer a child identified as sub-  
21 stance-exposed to early intervention  
22 services as required pursuant to a  
23 grant under part C of the Individuals  
24 with Disabilities Education Act (20  
25 U.S.C. 1431 et seq.).



1           “(D) USES OF FUNDS.—Funds awarded to  
2 a State under this paragraph may be used for  
3 the following activities, which may be carried  
4 out by the State directly, or through grants or  
5 subgrants, contracts, or cooperative agreements:

6           “(i) Improving State and local sys-  
7 tems with respect to the development and  
8 implementation of plans of safe care,  
9 which—

10           “(I) shall include parent and  
11 caregiver engagement, as required  
12 under section 106(b)(2)(B)(iii)(I), re-  
13 garding available treatment and serv-  
14 ice options, which may include re-  
15 sources available for pregnant,  
16 perinatal, and postnatal women; and

17           “(II) may include activities such  
18 as—

19           “(aa) developing policies,  
20 procedures, or protocols for the  
21 administration of evidence-based  
22 and validated screening tools for  
23 infants who may be affected by  
24 substance use withdrawal symp-  
25 toms or a fetal alcohol spectrum

1 disorder and pregnant, perinatal,  
2 and postnatal women whose in-  
3 fants may be affected by sub-  
4 stance use withdrawal symptoms  
5 or a fetal alcohol spectrum dis-  
6 order;

7 “(bb) improving assessments  
8 used to determine the needs of  
9 the infant and family;

10 “(cc) improving ongoing  
11 ease management services; and

12 “(dd) improving access to  
13 treatment services, which may be  
14 prior to the pregnant woman’s  
15 delivery date.

16 “(ii) Developing policies, procedures,  
17 or protocols in consultation and coordina-  
18 tion with health professionals, public and  
19 private health facilities, and substance use  
20 disorder treatment agencies to ensure  
21 that—

22 “(I) appropriate notification to  
23 child protective services is made in a  
24 timely manner;

1           ~~“(II) a plan of safe care is in~~  
2           ~~place, where needed, before the infant~~  
3           ~~is discharged from the birth or health~~  
4           ~~care facility; and~~

5           ~~“(III) such health and related~~  
6           ~~agency professionals are trained on~~  
7           ~~how to follow such protocols and are~~  
8           ~~aware of the supports that may be~~  
9           ~~provided under a plan of safe care.~~

10          ~~“(iii) Training health professionals~~  
11          ~~and health system leaders, child welfare~~  
12          ~~workers, substance use disorder treatment~~  
13          ~~agencies, and other related professionals~~  
14          ~~such as home visiting agency staff and law~~  
15          ~~enforcement in relevant topics including—~~

16                 ~~“(I) State mandatory reporting~~  
17                 ~~laws and the referral and notification~~  
18                 ~~process;~~

19                 ~~“(II) the co-occurrence of preg-~~  
20                 ~~nancy and substance use disorder;~~

21                 ~~“(III) the clinical guidance about~~  
22                 ~~treating substance use disorder in~~  
23                 ~~pregnant and postpartum women;~~

24                 ~~“(IV) appropriate screening and~~  
25                 ~~interventions for infants affected by~~

1 substance use disorder, withdrawal  
2 symptoms, or a fetal alcohol spectrum  
3 disorder and the requirements under  
4 section 106(b)(2)(B)(iii); and

5 “(V) appropriate strategies to ad-  
6 dress the mental health needs of the  
7 parent and child together.

8 “(iv) Establishing partnerships, agree-  
9 ments, or memoranda of understanding be-  
10 tween the lead agency and health profes-  
11 sionals, health facilities, child welfare pro-  
12 fessionals, substance use disorder and  
13 mental health disorder treatment pro-  
14 grams, early childhood education pro-  
15 grams, and maternal and child health and  
16 early intervention professionals, including  
17 home visiting providers, peer-to-peer recov-  
18 ery programs such as parent mentoring  
19 programs, and housing agencies to facili-  
20 tate the implementation of, and compliance  
21 with section 106(b)(2) and clause (ii) of  
22 this subparagraph, in areas which may in-  
23 clude—

24 “(I) developing a comprehensive,  
25 multi-disciplinary assessment and

1 intervention process for infants and  
2 their families who are affected by sub-  
3 stance use disorder, withdrawal symp-  
4 toms, or a fetal alcohol spectrum dis-  
5 order, that includes meaningful en-  
6 gagement with and takes into account  
7 the unique needs of each family and  
8 addresses differences between legal,  
9 medically supervised substance use,  
10 and substance use disorder;

11 “(II) ensuring that treatment ap-  
12 proaches for serving infants, pregnant  
13 women, and perinatal and postnatal  
14 women whose infants may be affected  
15 by substance use, withdrawal symp-  
16 toms, or a fetal alcohol spectrum dis-  
17 order, are designed to, where appro-  
18 priate, keep infants with their moth-  
19 ers during both inpatient and out-  
20 patient treatment; and

21 “(III) increasing access to evi-  
22 dence-based medication-assisted treat-  
23 ment approved by the Food and Drug  
24 Administration, behavioral therapy,  
25 and counseling services for the treat-

1           ment of substance use disorders, as  
2           appropriate.

3           “(v) Developing and updating systems  
4           of technology for improved data collection  
5           and monitoring under section  
6           106(b)(2)(B)(iii), including existing elec-  
7           tronic medical records, to measure the out-  
8           comes achieved through the plans of safe  
9           care, including monitoring systems to meet  
10          the requirements of this Act and submis-  
11          sion of performance measures.

12          “(E) REPORTING.—Each State that re-  
13          ceives funds under this paragraph, for each  
14          year such funds are received, shall submit a re-  
15          port to the Secretary, disaggregated by geo-  
16          graphic location, economic status, and major  
17          racial and ethnic groups, except that such  
18          disaggregation shall not be required if the re-  
19          sults would reveal personally identifiable infor-  
20          mation, on the following:

21                 “(i) The number of the infants identi-  
22                 fied under section 106(b)(2)(B)(ii) who ex-  
23                 perienced removal due to parental sub-  
24                 stance use concerns who are reunified with

1 parents, and the length of time between  
2 such removal and reunification.

3 “(ii) The number of the infants iden-  
4 tified under section 106(b)(2)(B)(ii) who  
5 experienced substantiated reports of child  
6 abuse or neglect and received differential  
7 response while in the care of their birth  
8 parents or within 1 year after a reunifica-  
9 tion has occurred.

10 “(iii) The number of the infants iden-  
11 tified under section 106(b)(2)(B)(ii) who  
12 experienced a return to out-of-home care  
13 within one year after reunification.

14 “(F) SECRETARY’S REPORT TO CON-  
15 GRESS.—The Secretary shall submit an annual  
16 report to the Committee on Health, Education,  
17 Labor, and Pensions and the Committee on Ap-  
18 propriations of the Senate and the Committee  
19 on Education and the Workforce and the Com-  
20 mittee on Appropriations of the House of Rep-  
21 resentatives that includes the information de-  
22 scribed in subparagraph (E) and recommenda-  
23 tions or observations on the challenges, suc-  
24 cesses, and lessons derived from implementation  
25 of the grant program.

1           “(G) RESERVATION OF FUNDS.—The Sec-  
2           retary shall use the amount reserved under sub-  
3           paragraph (B)(i)(I) for the purposes of—

4                   “(i) providing technical assistance, in-  
5                   cluding programs of in-depth technical as-  
6                   sistance, to additional States, territories,  
7                   and Indian tribes in accordance with the  
8                   substance-exposed infant initiative devel-  
9                   oped by the National Center on Substance  
10                  Abuse and Child Welfare;

11                  “(ii) issuing guidance on the require-  
12                  ments of this Act with respect to infants  
13                  born with and identified as being affected  
14                  by substance use or withdrawal symptoms  
15                  or fetal alcohol spectrum disorder, as de-  
16                  scribed in clauses (ii) and (iii) of section  
17                  106(b)(2)(B), including by—

18                           “(I) clarifying key terms; and

19                           “(II) disseminating best practices  
20                           on implementation of plans of safe  
21                           care, on such topics as differential re-  
22                           sponse, collaboration and coordina-  
23                           tion, and identification and delivery of  
24                           services, for different populations;



1           “(iii) supporting State efforts to de-  
2           velop information technology systems to  
3           manage plans of safe care; and

4           “(iv) preparing the Secretary’s report  
5           to Congress described in subparagraph  
6           (F).”

7           “(H) AUTHORIZATION OF APPROPRIA-  
8           TIONS.—To carry out the program under this  
9           paragraph, there are authorized to be appro-  
10          priated \$60,000,000 for each of fiscal years  
11          2019 through 2023.”

12          (b) DEFINITION.—Section 3 of the Child Abuse Pre-  
13          vention and Treatment Act (42 U.S.C. 5101 note) is  
14          amended—

15                 (1) in paragraph (7), by striking “; and” and  
16                 inserting a semicolon;

17                 (2) by redesignating paragraph (8) as para-  
18                 graph (9); and

19                 (3) by inserting after paragraph (7) the fol-  
20                 lowing:

21                         “(8) the term ‘substance use disorder’ means  
22                         the abuse of alcohol or other drugs; and”.

1 **SEC. 410. REGULATIONS RELATING TO SPECIAL REGISTRA-**  
2 **TION FOR TELEMEDICINE.**

3 Section 311(h) of the Controlled Substances Act (21  
4 U.S.C. 831(h)) is amended by striking paragraph (2) and  
5 inserting the following:

6 “(2) REGULATIONS.—

7 “(A) IN GENERAL.—Not later than 1 year  
8 after the date of enactment of the Opioid Crisis  
9 Response Act of 2018, in consultation with the  
10 Secretary, and in accordance with the procedure  
11 described in subparagraph (B), the Attorney  
12 General shall promulgate final regulations  
13 specifying—

14 “(i) the limited circumstances in  
15 which a special registration under this sub-  
16 section may be issued; and

17 “(ii) the procedure for obtaining a  
18 special registration under this subsection.

19 “(B) PROCEDURE.—In promulgating final  
20 regulations under subparagraph (A), the Attor-  
21 ney General shall—

22 “(i) issue a notice of proposed rule-  
23 making that includes a copy of the pro-  
24 posed regulations;

1 “(ii) provide a period of not less than  
2 60 days for comments on the proposed reg-  
3 ulations;

4 “(iii) finalize the proposed regulation  
5 not later than 6 months after the close of  
6 the comment period; and

7 “(iv) publish the final regulations not  
8 later than 30 days before the effective date  
9 of the final regulations.”.

10 **SEC. 411. NATIONAL HEALTH SERVICE CORPS BEHAVIORAL**  
11 **AND MENTAL HEALTH PROFESSIONALS PRO-**  
12 **VIDING OBLIGATED SERVICE IN SCHOOLS**  
13 **AND OTHER COMMUNITY-BASED SETTINGS.**

14 Subpart III of part D of title III of the Public Health  
15 Service Act (42 U.S.C. 254*h* et seq.) is amended by adding  
16 at the end the following:

17 **“SEC. 338N. BEHAVIORAL AND MENTAL HEALTH PROFES-**  
18 **SIONALS PROVIDING OBLIGATED SERVICE IN**  
19 **SCHOOLS AND OTHER COMMUNITY-BASED**  
20 **SETTINGS.**

21 **“(a) SCHOOLS AND COMMUNITY-BASED SETTINGS.—**  
22 **An entity to which a Corps member is assigned under sec-**  
23 **tion 333 may direct such Corps member to provide service**  
24 **as a behavioral and mental health professional at a school**

1 or other community-based setting located in a health pro-  
 2 fessional shortage area.

3 “(b) OBLIGATED SERVICE.—

4 “(1) IN GENERAL.—Any service described in  
 5 subsection (a) that a Corps member provides may  
 6 count towards such Corps member’s completion of  
 7 any obligated service requirements under the Schol-  
 8 arship Program or the Loan Repayment Program,  
 9 subject to any limitation imposed under paragraph  
 10 (2).

11 “(2) LIMITATION.—The Secretary may impose  
 12 a limitation on the number of hours of service de-  
 13 scribed in subsection (a) that a Corps member may  
 14 credit towards completing obligated service require-  
 15 ments, provided that the limitation allows a member  
 16 to credit service described in subsection (a) for not  
 17 less than 50 percent of the total hours required to  
 18 complete such obligated service requirements.

19 “(c) RULE OF CONSTRUCTION.—The authorization  
 20 under subsection (a) shall be notwithstanding any other  
 21 provision of this subpart or subpart H.”.

22 **SEC. 412. LOAN REPAYMENT FOR SUBSTANCE USE DIS-**  
 23 **ORDER TREATMENT PROVIDERS.**

24 (a) LOAN REPAYMENT FOR SUBSTANCE USE TREAT-  
 25 MENT PROVIDERS.—The Secretary of Health and Human

1 Services (referred to in this section as the “Secretary”)  
2 shall enter into contracts under section 338B of the Public  
3 Health Service Act (42 U.S.C. 2541–1) with eligible health  
4 professionals providing substance use disorder treatment  
5 services in substance use disorder treatment facilities, as  
6 defined by the Secretary.

7 (b) PROVISION OF SUBSTANCE USE DISORDER  
8 TREATMENT.—In carrying out the activities described in  
9 subsection (a)—

10 (1) such facilities shall be located in mental  
11 health professional shortage areas designated under  
12 section 332 of the Public Health Service Act (42  
13 U.S.C. 254e);

14 (2) section 331(a)(3)(D) of such Act (42 U.S.C.  
15 254d(a)(3)(D)) shall be applied as if the term “pri-  
16 mary health services” includes health services re-  
17 garding substance use disorder treatment;

18 (3) section 331(a)(3)(E)(i) of such Act (42  
19 U.S.C. 254d(a)(3)(E)(i)) shall be applied as if the  
20 term “behavioral and mental health professionals”  
21 includes masters level, licensed substance use dis-  
22 order treatment counselors; and

23 (4) such professionals and facilities shall pro-  
24 vide—



1 including neonatal abstinence syndrome, developed  
2 pursuant to section 2 of the Protecting Our Infants  
3 Act of 2015 (Public Law 114–91). Such report shall  
4 include—

5 (A) an update on the implementation of  
6 the recommendations in the strategy, including  
7 information regarding the agencies involved in  
8 the implementation; and

9 (B) information on additional funding or  
10 authority the Secretary requires, if any, to im-  
11 plement the strategy, which may include au-  
12 thorities needed to coordinate implementation  
13 of such strategy across the Department of  
14 Health and Human Services.

15 ~~(2) PERIODIC UPDATES.—~~The Secretary shall  
16 periodically update the report under paragraph (1).

17 ~~(b) RESIDENTIAL TREATMENT PROGRAMS FOR~~  
18 ~~PREGNANT AND POSTPARTUM WOMEN.—~~Section 508(s)  
19 of the Public Health Service Act (42 U.S.C. 290bb–1(s))  
20 is amended by striking “\$16,900,000 for each of fiscal  
21 years 2017 through 2021” and inserting “\$29,931,000 for  
22 each of fiscal years 2019 through 2023”.

1 **SEC. 414. EARLY INTERVENTIONS FOR PREGNANT WOMEN**  
2 **AND INFANTS.**

3 (a) DEVELOPMENT OF EDUCATIONAL MATERIALS BY  
4 CENTER FOR SUBSTANCE ABUSE PREVENTION.—Section  
5 515(b) of the Public Health Service Act (42 U.S.C.  
6 290bb–21(b)) is amended—

7 (1) in paragraph (13), by striking “and” at the  
8 end;

9 (2) in paragraph (14), by striking the period at  
10 the end and inserting “; and”; and

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

12 “(15) in cooperation with relevant stakeholders  
13 and the Director of the Centers for Disease Control  
14 and Prevention, develop educational materials for  
15 clinicians to use with pregnant women for shared de-  
16 cisionmaking regarding pain management during  
17 pregnancy.”.

18 (b) GUIDELINES AND RECOMMENDATIONS BY CEN-  
19 TER FOR SUBSTANCE ABUSE TREATMENT.—Section  
20 507(b) of the Public Health Service Act (42 U.S.C.  
21 290bb(b)) is amended—

22 (1) in paragraph (13), by striking “and” at the  
23 end;

24 (2) in paragraph (14), by striking the period at  
25 the end and inserting a semicolon; and

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



1           “(15) in cooperation with the Secretary, imple-  
 2           ment and disseminate, as appropriate, the rec-  
 3           ommendations in the report entitled ‘Protecting Our  
 4           Infants Act: Final Strategy’ issued by the Depart-  
 5           ment of Health and Human Services in 2017; and”.

6           (c) SUPPORT OF PARTNERSHIPS BY CENTER FOR  
 7           SUBSTANCE ABUSE TREATMENT.—Section 507(b) of the  
 8           Public Health Service Act (42 U.S.C. 290bb(b)), as  
 9           amended by subsection (b), is further amended by adding  
 10          at the end the following:

11           “(16) in cooperation with relevant stakeholders,  
 12           support public-private partnerships to assist with  
 13           education about, and support with respect to, sub-  
 14           stance use disorder for pregnant women and health  
 15           care providers who treat pregnant women and ba-  
 16           bies.”.

## 17           **TITLE V—PREVENTION**

### 18           **SEC. 501. STUDY ON PRESCRIBING LIMITS.**

19           Not later than 2 years after the date of enactment  
 20           of this Act, the Secretary of Health and Human Services,  
 21           in consultation with the Attorney General, shall submit to  
 22           the Committee on Health, Education, Labor, and Pen-  
 23           sions of the Senate and the Committee on Energy and  
 24           Commerce of the House of Representatives a report on  
 25           the impact of Federal and State laws and regulations that

1 limit the length, quantity, or dosage of opioid prescrip-  
2 tions. Such report shall address—

3           (1) the impact of such limits on—

4                   (A) the incidence and prevalence of over-  
5 dose related to prescription opioids;

6                   (B) the incidence and prevalence of over-  
7 dose related to illicit opioids;

8                   (C) the prevalence of opioid use disorders;  
9 and

10                   (D) medically appropriate use of, and ac-  
11 cess to, opioids, including any impact on travel  
12 expenses and pain management outcomes for  
13 patients, whether such limits are associated  
14 with significantly higher rates of negative  
15 health outcomes, including suicide, and whether  
16 the impact of such limits differs based on clin-  
17 ical indication for which opioids are prescribed;

18           (2) whether such limits lead to a significant in-  
19 crease in burden for prescribers of opioids or pre-  
20 scribers of treatments for opioid use disorder, in-  
21 cluding any impact on patient access to treatment,  
22 and whether any such burden is mitigated by any  
23 factors such as electronic prescribing; and

24           (3) the impact of such limits on diversion or  
25 misuse of any controlled substance in schedule II;

1        III, or IV of section 202(e) of the Controlled Sub-  
2        stances Act (21 U.S.C. 812(e)).

3        **SEC. 502. PROGRAMS FOR HEALTH CARE WORKFORCE.**

4        (a) PROGRAM FOR EDUCATION AND TRAINING IN  
5        PAIN CARE.—Section 759 of the Public Health Service  
6        Act (42 U.S.C. 294i) is amended—

7                (1) in subsection (a), by inserting “nonprofit”  
8        after “private”;

9                (2) in subsection (b)—

10                        (A) in the matter preceding paragraph (1),  
11                        by striking “award may be made under sub-  
12                        section (a) only if the applicant for the award  
13                        agrees that the program carried out with the  
14                        award will include” and inserting “entity receiv-  
15                        ing an award under this section shall develop a  
16                        comprehensive education and training plan that  
17                        includes”;

18                        (B) in paragraph (1)—

19                                (i) by inserting “preventing,” after  
20                                “diagnosing,”; and

21                                (ii) by inserting “non-addictive med-  
22                                ical products and non-pharmacologic treat-  
23                                ments and” after “including”;

24                        (C) in paragraph (2)—

1 (i) by inserting “Federal, State, and  
2 local” after “applicable”; and

3 (ii) by striking “the degree to which”  
4 and all that follows through “effective pain  
5 care” and inserting “opioids”;

6 (D) in paragraph (3), by inserting “and,  
7 as appropriate, non-pharmacotherapy” before  
8 the semicolon;

9 (E) in paragraph (4)—

10 (i) by inserting “any” before “cul-  
11 tural”; and

12 (ii) by striking “; and” and inserting  
13 “;”;

14 (F) in paragraph (5), by striking “provi-  
15 sion of pain care.” and inserting “scientific  
16 basis of pain and the provision of pain care, in-  
17 cluding through non-addictive medical products  
18 and non-pharmacologic treatments; and”;

19 (G) by adding at the end the following:

20 “(6) the dangers of opioid abuse, detection of  
21 early warning signs of opioid use disorders, and safe  
22 disposal options for prescription medications, includ-  
23 ing such options provided by law enforcement, or  
24 other innovative deactivation mechanisms.”;

1           (3) in subsection (d), by inserting “prevention,”  
2           after “diagnosis,”; and

3           (4) in subsection (e), by striking “2010 through  
4           2012” and inserting “2019 through 2023”.

5           (b) MENTAL AND BEHAVIORAL HEALTH EDUCATION  
6 AND TRAINING PROGRAM.—Section 756(a) of the Public  
7 Health Service Act (42 U.S.C. 294e-1(a)) is amended—

8           (1) in paragraph (1), by inserting “, trauma,”  
9           after “focus on child and adolescent mental health”;  
10          and

11          (2) in paragraphs (2) and (3), by inserting  
12          “trauma-informed care and” before “substance use  
13          disorder prevention and treatment services”.

14 **SEC. 503. EDUCATION AND AWARENESS CAMPAIGNS.**

15          Section 102 of the Comprehensive Addiction and Re-  
16 covery Act of 2016 (Public Law 114-198) is amended—

17          (1) by amending subsection (a) to read as fol-  
18          lows:

19          “(a) IN GENERAL.—The Secretary of Health and  
20 Human Services, acting through the Director of the Cen-  
21 ters for Disease Control and Prevention and in coordina-  
22 tion with the heads of other departments and agencies,  
23 shall advance education and awareness regarding the risks  
24 related to misuse and abuse of opioids, as appropriate,  
25 which may include developing or improving existing pro-

1 grams, conducting activities, and awarding grants that ad-  
2 vance the education and awareness of—

3 “(1) the public, including patients and con-  
4 sumers;

5 “(2) patients, consumers, and other appropriate  
6 members of the public, regarding such risks related  
7 to unused opioids and the dispensing options under  
8 section 309(f) of the Controlled Substances Act, as  
9 applicable;

10 “(3) providers, which may include—

11 “(A) providing for continuing education on  
12 appropriate prescribing practices;

13 “(B) education related to applicable State  
14 or local prescriber limit laws, information on  
15 the use of non-addictive or non-opioid alter-  
16 natives for pain management, and the use of  
17 overdose reversal drugs, as appropriate;

18 “(C) disseminating and improving the use  
19 of evidence-based opioid prescribing guidelines  
20 across relevant health care settings, as appro-  
21 priate, and updating guidelines as necessary;

22 “(D) implementing strategies, such as best  
23 practices, to encourage and facilitate the use of  
24 prescriber guidelines, in accordance with State  
25 and local law; and

1           “(E) disseminating information to pro-  
 2           viders about prescribing options for controlled  
 3           substances, including such options under sec-  
 4           tion 309(f) of the Controlled Substances Act, as  
 5           applicable; and  
 6           “(4) other appropriate entities.”; and  
 7           (2) in subsection (b)—

8           (A) by striking “opioid abuse” each place  
 9           such term appears and inserting “opioid misuse  
 10          and abuse”; and

11          (B) in paragraph (2), by striking “safe dis-  
 12          posal of prescription medications and other”  
 13          and inserting “non-addictive or non-opioid  
 14          treatment options, safe disposal options for pre-  
 15          scription medications, and other applicable”.

16 **SEC. 504. ENHANCED CONTROLLED SUBSTANCE**  
 17 **OVERDOSES DATA COLLECTION, ANALYSIS,**  
 18 **AND DISSEMINATION.**

19          Part J of title III of the Public Health Service Act  
 20          is amended by inserting after section 392 (42 U.S.C.  
 21          280b-1) the following:

1 **“SEC. 392A. ENHANCED CONTROLLED SUBSTANCE**  
2 **OVERDOSES DATA COLLECTION, ANALYSIS,**  
3 **AND DISSEMINATION.**

4 “(a) IN GENERAL.—The Director of the Centers for  
5 Disease Control and Prevention, using the authority pro-  
6 vided to the Director under section 392, may—

7 “(1) to the extent practicable, carry out and ex-  
8 pand any controlled substance overdose data collec-  
9 tion, analysis, and dissemination activity described  
10 in subsection (b);

11 “(2) provide training and technical assistance  
12 to States, localities, and Indian tribes for the pur-  
13 pose of carrying out any such activity; and

14 “(3) award grants to States, localities, and In-  
15 dian tribes for the purpose of carrying out any such  
16 activity.

17 “(b) CONTROLLED SUBSTANCE OVERDOSE DATA  
18 COLLECTION AND ANALYSIS ACTIVITIES.—A controlled  
19 substance overdose data collection, analysis, and dissemi-  
20 nation activity described in this subsection is any of the  
21 following activities:

22 “(1) Improving the timeliness of reporting ag-  
23 gregate data to the public, including data on fatal  
24 and nonfatal controlled substance overdoses.

25 “(2) Enhancing the comprehensiveness of con-  
26 trolled substance overdose data by collecting infor-



1       mation on such overdoses from appropriate sources  
2       such as toxicology reports, death scene investiga-  
3       tions, and emergency department services.

4             “(3) Modernizing the system for coding causes  
5       of death related to controlled substance overdoses to  
6       use an electronic-based system.

7             “(4) Using data to help identify risk factors as-  
8       sociated with controlled substance overdoses, includ-  
9       ing the delivery of certain health care services.

10            “(5) Supporting entities involved in reporting  
11       information on controlled substance overdoses, such  
12       as coroners and medical examiners, to improve accu-  
13       rate testing and reporting of causes and contributing  
14       factors of such overdoses, and analysis of various  
15       opioid analogues to controlled substances overdoses.

16            “(6) Working to enable and encourage the ac-  
17       cess, exchange, and use of data regarding controlled  
18       substances overdoses among data sources and enti-  
19       ties.

20            “(e) CONTROLLED SUBSTANCE DEFINED.—In this  
21       section, the term ‘controlled substance’ has the meaning  
22       given that term in section 102 of the Controlled Sub-  
23       stances Act.”.

1 **SEC. 505. PREVENTING OVERDOSES OF CONTROLLED SUB-**  
 2 **STANCES.**

3 Part J of title III of the Public Health Service Act  
 4 (42 U.S.C. 280b et seq.), as amended by section 504, is  
 5 further amended by inserting after section 392A the fol-  
 6 lowing:

7 **“SEC. 392B. PREVENTING OVERDOSES OF CONTROLLED**  
 8 **SUBSTANCES.**

9 **“(a) PREVENTION ACTIVITIES.—**

10 **“(1) IN GENERAL.—**The Director of the Cen-  
 11 ters for Disease Control and Prevention (referred to  
 12 in this section as the ‘Director’), using the authority  
 13 provided to the Director under section 392, may—

14 **“(A)** to the extent practicable, carry out  
 15 and expand any prevention activity described in  
 16 paragraph (2);

17 **“(B)** provide training and technical assist-  
 18 ance to States, localities, and Indian tribes to  
 19 carrying out any such activity; and

20 **“(C)** award grants to States, localities, and  
 21 tribes for the purpose of carrying out any such  
 22 activity.

23 **“(2) PREVENTION ACTIVITIES.—**A prevention  
 24 activity described in this paragraph is an activity to  
 25 improve the efficiency and use of a new or currently  
 26 operating prescription drug monitoring program—

1           “(A) encouraging all authorized users (as  
2 specified by the State or other entity) to reg-  
3 ister with and use the program;

4           “(B) enabling such users to access any  
5 data updates in as close to real-time as prac-  
6 ticable;

7           “(C) providing for a mechanism for the  
8 program to notify authorized users of any po-  
9 tential misuse or abuse of controlled substances  
10 and any detection of inappropriate prescribing  
11 practices relating to such substances;

12           “(D) encouraging the analysis of prescrip-  
13 tion drug monitoring data for purposes of pro-  
14 viding de-identified, aggregate reports based on  
15 such analysis to State public health agencies,  
16 State licensing boards, and other appropriate  
17 State agencies, as permitted under applicable  
18 Federal and State law and the policies of the  
19 prescription drug monitoring program and not  
20 containing any protected health information, to  
21 prevent inappropriate prescribing, drug diver-  
22 sion, or abuse and misuse of controlled sub-  
23 stances, and to facilitate better coordination  
24 among agencies;

1           “(E) enhancing interoperability between  
2           the program and any health information tech-  
3           nology (including certified health information  
4           technology); including by integrating program  
5           data into such technology;

6           “(F) updating program capabilities to re-  
7           spond to technological innovation for purposes  
8           of appropriately addressing the occurrence and  
9           evolution of controlled substance overdoses; and

10           “(G) facilitating and encouraging data ex-  
11           change between the program and the prescrip-  
12           tion drug monitoring programs of other States.

13           “(b) ADDITIONAL GRANTS.—The Director may  
14           award grants to States, localities, and Indian tribes—

15           “(1) to carry out innovative projects for grant-  
16           ees to rapidly respond to controlled substance mis-  
17           use, abuse, and overdoses, including changes in pat-  
18           terns of controlled substance use; and

19           “(2) for any other evidence-based activity for  
20           preventing controlled substance misuse, abuse, and  
21           overdoses as the Director determines appropriate.

22           “(c) RESEARCH.—The Director may conduct studies  
23           and evaluations to address substance use disorders, in-  
24           cluding preventing substance use disorders or other re-  
25           lated topics the Director determines appropriate.

1       “(d) PUBLIC AND PRESCRIBER EDUCATION.—Pursu-  
 2 ant to section 102 of the Comprehensive Addiction and  
 3 Recovery Act of 2016, the Director may advance the edu-  
 4 cation and awareness of prescribers and the public regard-  
 5 ing the risk of abuse of prescription opioids.

6       “(e) CONTROLLED SUBSTANCE DEFINED.—In this  
 7 section, the term ‘controlled substance’ has the meaning  
 8 given that term in section 102 of the Controlled Sub-  
 9 stances Act.

10       “(f) AUTHORIZATION OF APPROPRIATIONS.—For  
 11 purposes of carrying out this section, section 392A of this  
 12 Act, and section 102 of the Comprehensive Addiction and  
 13 Recovery Act of 2016, there is authorized to be appro-  
 14 priated \$486,000,000 for each of fiscal years 2019  
 15 through 2024.”.

16 **SEC. 506. CDC SURVEILLANCE AND DATA COLLECTION FOR**  
 17 **CHILD, YOUTH, AND ADULT TRAUMA.**

18       (a) DATA COLLECTION.—The Director of the Centers  
 19 for Disease Control and Prevention (referred to in this  
 20 section as the “Director”) may, in cooperation with the  
 21 States, collect and report data on adverse childhood expe-  
 22 riences through the Behavioral Risk Factor Surveillance  
 23 System, the Youth Risk Behavior Surveillance System,  
 24 and other relevant public health surveys or questionnaires.

1           (b) **TIMING.**—The collection of data under subsection  
 2 (a) may occur in fiscal year 2019 and every 2 years there-  
 3 after.

4           (c) **DATA FROM TRIBAL AND RURAL AREAS.**—The  
 5 Director shall encourage each State that participates in  
 6 collecting and reporting data under subsection (a) to col-  
 7 lect and report data from tribal and rural areas within  
 8 such State, in order to generate a statistically reliable rep-  
 9 resentation of such areas.

10          (d) **AUTHORIZATION OF APPROPRIATIONS.**—To carry  
 11 out this section, there are authorized to be appropriated  
 12 such sums as may be necessary for the period of fiscal  
 13 years 2019 through 2021.

14 **SEC. 507. REAUTHORIZATION OF NASPER.**

15          Section 3990 of the Public Health Service Act (42  
 16 U.S.C. 280g-3) is amended—

17               (1) in subsection (a)—

18                       (A) in paragraph (1), in the matter pre-  
 19 ceeding subparagraph (A), by striking “Adminis-  
 20 trator of the Substance Abuse and Mental  
 21 Health Services Administration and Director of  
 22 the Centers for Disease Control and Preven-  
 23 tion” and inserting “Director of the Centers for  
 24 Disease Control and Prevention and the Assist-

1           ant Secretary for Mental Health and Substance  
2           Use Disorders”;

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

4           “(4) STATES AND LOCAL GOVERNMENTS.—

5           “(A) IN GENERAL.—In the case of a State  
6           that does not have a prescription drug moni-  
7           toring program, a county or other unit of local  
8           government within the State that has a pre-  
9           scription drug monitoring program shall be  
10          treated as a State for purposes of this section,  
11          including for purposes of eligibility for grants  
12          under paragraph (1).

13          “(B) PLAN FOR INTEROPERABILITY.—For  
14          purposes of meeting the interoperability re-  
15          quirements under subsection (c)(3), a county or  
16          other unit of local government shall submit a  
17          plan outlining the methods such county or unit  
18          of local government will use to ensure the capa-  
19          bility of data sharing with other counties and  
20          units of local government within the State and  
21          with other States, as applicable.”;

22          (2) in subsection (c)—

23                 (A) in paragraph (1)(A)(iii)—

1 (i) by inserting “as such standards  
2 become available,” after “interoperability  
3 standards,”; and

4 (ii) by striking “generated or identi-  
5 fied by the Secretary or his or her des-  
6 ignee” and inserting “recognized by the  
7 Office of the National Coordinator for  
8 Health Information Technology”; and

9 (B) in paragraph (3)(A), by inserting “in-  
10 cluding electronic health records,” after “tech-  
11 nology systems,”;

12 (3) in subsection (d)(1), by striking “not later  
13 than 1 week after the date of such dispensing” and  
14 inserting “in as close to real time as practicable”;

15 (4) in subsection (f)(1)(D), by striking “med-  
16 icaid” and inserting “Medicaid”;

17 (5) in subsection (i), by inserting “, in collabo-  
18 ration with the National Coordinator for Health In-  
19 formation Technology and the Director of the Na-  
20 tional Institute of Standards and Technology,” after  
21 “The Secretary”; and

22 (6) in subsection (n), by striking “2021” and  
23 inserting “2026”.

24 **SEC. 508. JESSIE’S LAW.**

25 (a) **BEST PRACTICES.—**



1           (1) IN GENERAL.—Not later than 1 year after  
2 the date of enactment of this Act, the Secretary of  
3 Health and Human Services (referred to in this sec-  
4 tion as the “Secretary”); in consultation with appro-  
5 priate stakeholders, including a patient with a his-  
6 tory of opioid use disorder, an expert in electronic  
7 health records, an expert in the confidentiality of pa-  
8 tient health information and records, and a health  
9 care provider, shall identify or facilitate the develop-  
10 ment of best practices regarding—

11           (A) the circumstances under which infor-  
12 mation that a patient has provided to a health  
13 care provider regarding such patient’s history of  
14 opioid use disorder should, only at the patient’s  
15 request, be prominently displayed in the med-  
16 ical records (including electronic health records)  
17 of such patient;

18           (B) what constitutes the patient’s request  
19 for the purpose described in subparagraph (A);  
20 and

21           (C) the process and methods by which the  
22 information should be so displayed.

23           (2) DISSEMINATION.—The Secretary shall dis-  
24 seminate the best practices developed under para-

1 graph (1) to health care providers and State agen-  
2 cies.

3 (b) REQUIREMENTS.—In identifying or facilitating  
4 the development of best practices under subsection (a), as  
5 applicable, the Secretary, in consultation with appropriate  
6 stakeholders, shall consider the following:

7 (1) The potential for addiction relapse or over-  
8 dose, including overdose death, when opioid medica-  
9 tions are prescribed to a patient recovering from  
10 opioid use disorder.

11 (2) The benefits of displaying information  
12 about a patient's opioid use disorder history in a  
13 manner similar to other potentially lethal medical  
14 concerns, including drug allergies and contraindica-  
15 tions.

16 (3) The importance of prominently displaying  
17 information about a patient's opioid use disorder  
18 when a physician or medical professional is pre-  
19 scribing medication, including methods for avoiding  
20 alert fatigue in providers.

21 (4) The importance of a variety of appropriate  
22 medical professionals, including physicians, nurses,  
23 and pharmacists, having access to information de-  
24 scribed in this section when prescribing or dis-

1       pensing opioid medication, consistent with Federal  
2       and State laws and regulations.

3           (5) The importance of protecting patient pri-  
4       vacy, including the requirements related to consent  
5       for disclosure of substance use disorder information  
6       under all applicable laws and regulations.

7           (6) All applicable Federal and State laws and  
8       regulations.

9       **SEC. 509. DEVELOPMENT AND DISSEMINATION OF MODEL**  
10                   **TRAINING PROGRAMS FOR SUBSTANCE USE**  
11                   **DISORDER PATIENT RECORDS.**

12       (a) **INITIAL PROGRAMS AND MATERIALS.**—Not later  
13 than 1 year after the date of the enactment of this Act,  
14 the Secretary of Health and Human Services (referred to  
15 in this section as the “Secretary”), in consultation with  
16 appropriate experts, shall identify the following model pro-  
17 grams and materials (or if no such programs or materials  
18 exist, recognize private or public entities to develop and  
19 disseminate such programs and materials):

20           (1) Model programs and materials for training  
21       health care providers (including physicians, emer-  
22       gency medical personnel, psychiatrists, psychologists,  
23       counselors, therapists, nurse practitioners, physician  
24       assistants, behavioral health facilities and clinics,  
25       care managers, and hospitals, including individuals

1 such as general counsels or regulatory compliance  
2 staff who are responsible for establishing provider  
3 privacy policies) concerning the permitted uses and  
4 disclosures, consistent with the standards and regu-  
5 lations governing the privacy and security of sub-  
6 stance use disorder patient records promulgated by  
7 the Secretary under section 543 of the Public  
8 Health Service Act (42 U.S.C. 290dd-2) for the  
9 confidentiality of patient records.

10 (2) Model programs and materials for training  
11 patients and their families regarding their rights to  
12 protect and obtain information under the standards  
13 and regulations described in paragraph (1).

14 (b) REQUIREMENTS.—The model programs and ma-  
15 terials described in paragraphs (1) and (2) of subsection  
16 (a) shall address circumstances under which disclosure of  
17 substance use disorder patient records is needed to—

18 (1) facilitate communication between substance  
19 use disorder treatment providers and other health  
20 care providers to promote and provide the best pos-  
21 sible integrated care;

22 (2) avoid inappropriate prescribing that can  
23 lead to dangerous drug interactions, overdose, or re-  
24 lapse; and

1           (3) notify and involve families and caregivers  
2 when individuals experience an overdose.

3           (c) PERIODIC UPDATES.—The Secretary shall—

4           (1) periodically review and update the model  
5 program and materials identified or developed under  
6 subsection (a); and

7           (2) disseminate such updated programs and  
8 materials to the individuals described in subsection  
9 (a)(1).

10          (d) INPUT OF CERTAIN ENTITIES.—In identifying,  
11 reviewing, or updating the model programs and materials  
12 under this section, the Secretary shall solicit the input of  
13 relevant stakeholders.

14          (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
15 authorized to be appropriated to carry out this section,  
16 such sums as may be necessary for each of fiscal years  
17 2019 through 2023.

18 **SEC. 510. COMMUNICATION WITH FAMILIES DURING EMER-**  
19 **GENCIES.**

20          (a) PROMOTING AWARENESS OF AUTHORIZED DIS-  
21 CLOSURES DURING EMERGENCIES.—The Secretary of  
22 Health and Human Services shall annually notify health  
23 care providers regarding permitted disclosures during  
24 emergencies, including overdoses, of certain health infor-

1 mation to families and caregivers under Federal health  
 2 care privacy laws and regulations.

3 (b) USE OF MATERIAL.—For the purposes of ear-  
 4 rying out subsection (a), the Secretary of Health and  
 5 Human Services may use material produced under section  
 6 509 of this Act or under section 11004 of the 21st Cen-  
 7 tury Cures Act (42 U.S.C. 1320d–2 note).

8 **SEC. 511. PRENATAL AND POSTNATAL HEALTH.**

9 Section 317L of the Public Health Service Act (42  
 10 U.S.C. 247b–13) is amended—

11 (1) in subsection (a)—

12 (A) by amending paragraph (1) to read as  
 13 follows:

14 “(1) to collect, analyze, and make available data  
 15 on prenatal smoking, alcohol and substance abuse  
 16 and misuse, including—

17 “(A) data on—

18 “(i) the incidence, prevalence, and im-  
 19 plications of such activities; and

20 “(ii) the incidence and prevalence of  
 21 implications and outcomes, including neo-  
 22 natal abstinence syndrome and other out-  
 23 comes associated with such activities; and

24 “(B) to inform such analysis, additional in-  
 25 formation or data on family health history;

1 medication exposures during pregnancy, demo-  
2 graphic information, such as race, ethnicity, ge-  
3 ographic location, and family history, and other  
4 relevant information, as appropriate;”;

5 (B) in paragraph (2)—

6 (i) by striking “prevention of” and in-  
7 serting “prevention and long-term out-  
8 comes associated with”; and

9 (ii) by striking “illegal drug use” and  
10 inserting “substance abuse and misuse”;

11 (C) in paragraph (3), by striking “and ces-  
12 sation programs; and” and inserting “, treat-  
13 ment, and cessation programs;”;

14 (D) in paragraph (4), by striking “illegal  
15 drug use.” and inserting “substance abuse and  
16 misuse; and”; and

17 (E) by adding at the end the following:

18 “(5) to issue public reports on the analysis of  
19 data described in paragraph (1), including analysis  
20 of—

21 “(A) long-term outcomes of children af-  
22 fected by neonatal abstinence syndrome;

23 “(B) health outcomes associated with pre-  
24 natal smoking, alcohol, and substance abuse  
25 and misuse; and

1           “(C) relevant studies, evaluations, or infor-  
2           mation the Secretary determines to be appro-  
3           priate.”;

4           (2) in subsection (b), by inserting “tribal enti-  
5           ties,” after “local governments,”;

6           (3) by redesignating subsection (e) as sub-  
7           section (d);

8           (4) by inserting after subsection (b) the fol-  
9           lowing:

10          “(e) COORDINATING ACTIVITIES.—To carry out this  
11          section, the Secretary may—

12           “(1) provide technical and consultative assist-  
13           ance to entities receiving grants under subsection  
14           (b);

15           “(2) ensure a pathway for data sharing between  
16           States, tribal entities, and the Centers for Disease  
17           Control and Prevention;

18           “(3) ensure data collection under this section is  
19           consistent with applicable State, Federal, and Tribal  
20           privacy laws; and

21           “(4) coordinate with the National Coordinator  
22           for Health Information Technology, as appropriate,  
23           to assist States and tribes in implementing systems  
24           that use standards recognized by such National Co-  
25           ordinator, as such recognized standards are avail-



1 able, in order to facilitate interoperability between  
 2 such systems and health information technology sys-  
 3 tems, including certified health information tech-  
 4 nology.”; and

5 (5) in subsection (d), as so redesignated, by  
 6 striking “2001 through 2005” and inserting “2019  
 7 through 2023”.

8 **SEC. 512. SURVEILLANCE AND EDUCATION REGARDING IN-**  
 9 **FECTIONS ASSOCIATED WITH INJECTION**  
 10 **DRUG USE AND OTHER RISK FACTORS.**

11 Section 317N of the Public Health Service Act (42  
 12 U.S.C. 247b–15) is amended—

13 (1) by amending the section heading to read as  
 14 follows: “**SURVEILLANCE AND EDUCATION RE-**  
 15 **GARDING INFECTIONS ASSOCIATED WITH IN-**  
 16 **JECTION DRUG USE AND OTHER RISK FAC-**  
 17 **TORS”;**

18 (2) in subsection (a)—

19 (A) in the matter preceding paragraph (1),  
 20 by inserting “activities” before the colon;

21 (B) in paragraph (1)—

22 (i) by inserting “or maintaining” after  
 23 “implementing”;

24 (ii) by striking “hepatitis C virus in-  
 25 fection (in this section referred to as ‘HCV

1 infection’))” and inserting “infections com-  
2 monly associated with injection drug use,  
3 including viral hepatitis and human im-  
4 munodeficiency virus,”; and

5 (iii) by striking “such infection” and  
6 all that follows through the period at the  
7 end and inserting “such infections, which  
8 may include the reporting of cases of such  
9 infections.”;

10 (C) in paragraph (2), by striking “HCV  
11 infection” and all that follows through the pe-  
12 riod at the end and inserting “infections as a  
13 result of injection drug use, receiving blood  
14 transfusions prior to July 1992, or other risk  
15 factors.”;

16 (D) in paragraphs (4) and (5), by striking  
17 “HCV infection” each place such term appears  
18 and inserting “infections described in para-  
19 graph (1)”;

20 (E) in paragraph (5), by striking “pedia-  
21 tricians and other primary care physicians, and  
22 obstetricians and gynecologists” and inserting  
23 “substance use disorder treatment providers,  
24 pediatricians, other primary care providers, and  
25 obstetrician-gynecologists”;

1           (3) in subsection (b)—

2                   (A) by striking “directly and” and insert-  
3           ing “directly or”; and

4                   (B) by striking “hepatitis C,” and all that  
5           follows through the period at the end and in-  
6           serting “infections described in subsection  
7           (a)(1).”;

8           (4) by redesignating subsection (e) as sub-  
9           section (d);

10           (5) by inserting after subsection (b) the fol-  
11           lowing:

12           “(e) DEFINITION.—In this section, the term ‘injec-  
13           tion drug use’ means—

14                   “(1) intravenous administration of a substance  
15           in schedule I of section 202(e) of the Controlled  
16           Substances Act;

17                   “(2) intravenous administration of a substance  
18           in schedule II, III, IV, or V of section 202(e) of the  
19           Controlled Substances Act that has not been ap-  
20           proved for intravenous use under section 505 of the  
21           Federal Food, Drug and Cosmetic Act or section  
22           351 of the Public Health Service Act; or

23                   “(3) intravenous administration of a substance  
24           in schedule II, III, IV, or V of section 202(e) of the

1 Controlled Substances Act that has not been pre-  
2 scribed to the person using the substance.”; and

3 (6) in subsection (d), as so redesignated, by  
4 striking “such sums as may be necessary for each of  
5 the fiscal years 2001 through 2005” and inserting  
6 “\$40,000,000 for each of fiscal years 2019 through  
7 2023”.

8 **SEC. 513. TASK FORCE TO DEVELOP BEST PRACTICES FOR**  
9 **TRAUMA-INFORMED IDENTIFICATION, RE-**  
10 **FERRAL, AND SUPPORT.**

11 (a) **ESTABLISHMENT.**—There is established a task  
12 force, to be known as the Interagency Task Force on  
13 Trauma-Informed Care (in this section referred to as the  
14 “task force”) that shall identify, evaluate, and make rec-  
15 ommendations regarding best practices with respect to  
16 children and youth, and their families as appropriate, who  
17 have experienced or are at risk of experiencing trauma.

18 (b) **MEMBERSHIP.**—

19 (1) **COMPOSITION.**—The task force shall be  
20 composed of the heads of the following Federal de-  
21 partments and agencies, or their designees:

22 (A) The Centers for Medicare & Medicaid  
23 Services.

24 (B) The Substance Abuse and Mental  
25 Health Services Administration.

1           (C) The Agency for Healthcare Research  
2 and Quality.

3           (D) The Centers for Disease Control and  
4 Prevention.

5           (E) The Indian Health Service.

6           (F) The Department of Veterans Affairs.

7           (G) The National Institutes of Health.

8           (H) The Food and Drug Administration.

9           (I) The Health Resources and Services Ad-  
10 ministration.

11          (J) The Department of Defense.

12          (K) The Office of Minority Health.

13          (L) The Administration for Children and  
14 Families.

15          (M) The Office of the Assistant Secretary  
16 for Planning and Evaluation.

17          (N) The Office for Civil Rights at the De-  
18 partment of Health and Human Services.

19          (O) The Office of Juvenile Justice and De-  
20 linquency Prevention of the Department of Jus-  
21 tice.

22          (P) The Office of Community Oriented Po-  
23 licing Services of the Department of Justice.

24          (Q) The Office on Violence Against  
25 Women of the Department of Justice.

1           (R) The National Center for Education  
2 Evaluation and Regional Assistance of the De-  
3 partment of Education.

4           (S) The National Center for Special Edu-  
5 cation Research of the Institute of Education  
6 Science.

7           (T) The Office of Elementary and Sec-  
8 ondary Education of the Department of Edu-  
9 cation.

10          (U) The Office for Civil Rights at the De-  
11 partment of Education.

12          (V) The Office of Special Education and  
13 the Rehabilitative Services of the Department  
14 of Education.

15          (W) the Bureau of Indian Affairs of the  
16 Department of the Interior.

17          (X) The Veterans Health Administration  
18 of the Department of Veterans Affairs.

19          (Y) The Office of Special Needs Assistance  
20 Programs of the Department of Housing and  
21 Urban Development.

22          (Z) The Office of Head Start of the Ad-  
23 ministration for Children and Families.

24          (AA) The Children's Bureau of the Admin-  
25 istration for Children and Families.

1           ~~(BB)~~ The Bureau of Indian Education of  
2           the Department of the Interior.

3           ~~(CC)~~ Such other Federal agencies as the  
4           Secretaries determine to be appropriate.

5           ~~(2)~~ DATE OF APPOINTMENTS.—The heads of  
6           Federal departments and agencies shall appoint the  
7           corresponding members of the task force not later  
8           than 6 months after the date of enactment of this  
9           Act.

10          ~~(3)~~ CHAIRPERSON.—The task force shall be  
11          chaired by the Assistant Secretary for Mental  
12          Health and Substance Use.

13          ~~(c)~~ TASK FORCE DUTIES.—The task force shall—

14                 ~~(1)~~ solicit input from stakeholders, including  
15                 frontline service providers, educators, mental health  
16                 professionals, researchers, experts in infant, child,  
17                 and youth trauma, child welfare professionals, and  
18                 the public, in order to inform the activities under  
19                 paragraph ~~(2)~~; and

20                 ~~(2)~~ identify, evaluate, make recommendations,  
21                 and update such recommendations not less than an-  
22                 nually, to the general public, the Secretary of Edu-  
23                 cation, the Secretary of Health and Human Services,  
24                 the Secretary of Labor, the Secretary of the Inte-

1       rior, the Attorney General, and other relevant cabi-  
2       net Secretaries, and Congress regarding—

3               (A) a set of evidence-based, evidence-in-  
4       formed, and promising best practices with re-  
5       spect to—

6                   (i) the identification of infants, chil-  
7       dren and youth, and their families as ap-  
8       propriate, who have experienced or are at  
9       risk of experiencing trauma; and

10                  (ii) the expeditious referral to and im-  
11       plementation of trauma-informed practices  
12       and supports that prevent and mitigate the  
13       effects of trauma;

14               (B) a national strategy on how the task  
15       force and member agencies will collaborate,  
16       prioritize options for, and implement a coordi-  
17       nated approach which may include data sharing  
18       and the awarding of grants that support chil-  
19       dren and their families as appropriate, who  
20       have experienced or are at risk of experiencing  
21       trauma; and

22               (C) existing Federal authorities at the De-  
23       partment of Education, Department of Health  
24       and Human Services, Department of Justice,  
25       Department of Labor, Department of Interior,



1 and other relevant agencies, and specific Fed-  
2 eral grant programs to disseminate best prac-  
3 tices on, provide training in, or deliver services  
4 through, trauma-informed practices, and dis-  
5 seminate such information—

6 (i) in writing to relevant program of-  
7 fices at such agencies to encourage grant  
8 applicants in writing to use such funds,  
9 where appropriate, for trauma-informed  
10 practices; and

11 (ii) to the general public through the  
12 internet website of the task force.

13 (d) BEST PRACTICES.—In identifying, evaluating,  
14 and recommending the set of best practices under sub-  
15 section (c), the task force shall—

16 (1) include guidelines for providing professional  
17 development for front-line services providers, includ-  
18 ing school personnel, providers from child- or youth-  
19 serving organizations, primary and behavioral health  
20 care providers, child welfare and social services pro-  
21 viders, family and juvenile court judges and attor-  
22 neys, health care providers, individuals who are  
23 mandatory reporters of child abuse or neglect,  
24 trained nonclinical providers (including peer mentors  
25 and clergy), and first responders, in—

1           (A) understanding and identifying early  
2 signs and risk factors of trauma in children and  
3 youth, and their families as appropriate, includ-  
4 ing through screening processes;

5           (B) providing practices to prevent and  
6 mitigate the impact of trauma, including by fos-  
7 tering safe and stable environments and rela-  
8 tionships; and

9           (C) developing and implementing proce-  
10 dures or systems that—

11           (i) are designed to quickly refer in-  
12 fants, children, youth, and their families as  
13 appropriate, who have experienced or are  
14 at risk of experiencing trauma to the ap-  
15 propriate trauma-informed screening and  
16 support, including treatment appropriate  
17 to the age of the child, and to ensure such  
18 infants, children, youth, and family mem-  
19 bers receive such support;

20           (ii) utilize and develop partnerships  
21 with local social services organizations,  
22 such as organizations serving youth, and  
23 clinical mental health or health care service  
24 providers with expertise in providing sup-  
25 port services (including trauma-informed

1 and evidence-based treatment appropriate  
2 to the age of the child) aimed at pre-  
3 venting or mitigating the effects of trau-  
4 ma;

5 (iii) educate children and youth to—

6 (I) understand and identify the  
7 signs, effects, or symptoms of trauma;  
8 and

9 (II) build the resilience and cop-  
10 ing skills to mitigate the effects of ex-  
11 perience trauma;

12 (iv) promote and support multi-  
13 generational practices that assist parents,  
14 foster parents, and kinship and other care-  
15 givers in accessing resources related to,  
16 and developing environments conducive to,  
17 the prevention and mitigation of trauma;  
18 and

19 (v) collect and utilize data from  
20 screenings, referrals, or the provision of  
21 services and supports, conducted in the  
22 covered settings, to evaluate and improve  
23 processes for trauma-informed support and  
24 outcomes that are culturally sensitive, lin-

1                   guistically appropriate, and specific to age  
2                   ranges and sex, as applicable; and

3                   ~~(2)~~ recommend best practices that are designed  
4                   to avoid unwarranted custody loss or criminal pen-  
5                   alties for parents or guardians in connection with in-  
6                   fants, children, and youth who have experienced or  
7                   are at risk of experiencing trauma.

8                   ~~(e)~~ OPERATING PLAN.—Not later than 1 year after  
9                   the date of enactment of this Act, the task force shall hold  
10                  the first meeting. Not later than 2 years after such date  
11                  of enactment, the task force shall submit to the Secretary  
12                  of Education, Secretary of Health and Human Services,  
13                  Secretary of Labor, Secretary of the Interior, the Attorney  
14                  General, and Congress an operating plan for carrying out  
15                  the activities of the task force described in paragraphs ~~(2)~~  
16                  and ~~(3)~~ of subsection ~~(e)~~. Such operating plan shall in-  
17                  clude—

18                  ~~(1)~~ a list of specific activities that the task  
19                  force plans to carry out for purposes of carrying out  
20                  duties described in subsection ~~(e)~~(2), which may in-  
21                  clude public engagement;

22                  ~~(2)~~ a plan for carrying out the activities under  
23                  paragraphs ~~(2)~~ and ~~(3)~~ of subsection ~~(e)~~;

24                  ~~(3)~~ a list of members of the task force and  
25                  other individuals who are not members of the task

1 force that may be consulted to carry out such activi-  
2 ties;

3 (4) an explanation of Federal agency involve-  
4 ment and coordination needed to carry out such ac-  
5 tivities, including any statutory or regulatory bar-  
6 riers to such coordination;

7 (5) a budget for carrying out such activities;  
8 and

9 (6) other information that the task force deter-  
10 mines appropriate.

11 (f) FINAL REPORT.—Not later than 3 years after the  
12 date of the first meeting of the task force, the task force  
13 shall submit to the general public, Secretary of Education,  
14 Secretary of Health and Human Services, Secretary of  
15 Labor, Secretary of the Interior, the Attorney General,  
16 and other relevant cabinet Secretaries, and Congress, a  
17 final report containing all of the findings and rec-  
18 ommendations required under this section.

19 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
20 out this section, there are authorized to be appropriated  
21 such sums as may be necessary for each of fiscal years  
22 2019 through 2022.

23 (h) SUNSET.—The task force shall on the date that  
24 is 60 days after the submission of the final report under  
25 subsection (f), but not later than September 30, 2022.

1 **SEC. 514. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**  
2 **ICES AND MENTAL HEALTH CARE FOR CHIL-**  
3 **DREN AND YOUTH IN EDUCATIONAL SET-**  
4 **TINGS.**

5 (a) GRANTS, CONTRACTS, AND COOPERATIVE  
6 AGREEMENTS AUTHORIZED.—The Secretary, in coordina-  
7 tion with the Director of Substance Abuse and Mental  
8 Health Services Administration, is authorized to award  
9 grants to, or enter into contracts or cooperative agree-  
10 ments with, State educational agencies, local educational  
11 agencies, Head Start agencies (including Early Head  
12 Start agencies), State or local agencies that administer  
13 public preschool programs, Indian tribes or their tribal  
14 educational agencies, a school operated by the Bureau of  
15 Indian Education, a Regional Corporation (as defined in  
16 section 3 of the Alaska Native Claims Settlement Act (43  
17 U.S.C. 1602)), or a Native Hawaiian educational organi-  
18 zation (as defined in section 6207 of the Elementary and  
19 Secondary Education Act of 1965 (20 U.S.C. 7517)), for  
20 the purpose of increasing student access to evidence-based  
21 trauma support services and mental health care by devel-  
22 oping innovative initiatives, activities, or programs to link  
23 local school systems with local trauma-informed support  
24 and mental health systems, including those under the In-  
25 dian Health Service.

1       (b) DURATION.—With respect to a grant, contract,  
2 or cooperative agreement awarded or entered into under  
3 this section, the period during which payments under such  
4 grant, contract or agreement are made to the recipient  
5 may not exceed 4 years.

6       (c) USE OF FUNDS.—An entity that receives a grant,  
7 contract, or cooperative agreement under this section shall  
8 use amounts made available through such grant, contract,  
9 or cooperative agreement for evidence-based or promising  
10 activities, which shall include any of the following:

11           (1) Collaborative efforts between school-based  
12 service systems and trauma-informed support and  
13 mental health service systems to provide, develop, or  
14 improve prevention, screening, referral, and treat-  
15 ment services to students, such as by providing uni-  
16 versal trauma screenings to identify students in need  
17 of specialized support.

18           (2) To implement multi-tiered positive behav-  
19 ioral interventions and supports, or other trauma-in-  
20 formed models of support.

21           (3) To provide professional development to  
22 teachers, teacher assistants, school leaders, special-  
23 ized instructional support personnel, and mental  
24 health professionals that—

1           (A) fosters safe and stable learning envi-  
2           ronments that prevent and mitigate the effects  
3           of trauma, including through social and emo-  
4           tional learning;

5           (B) improves school capacity to identify,  
6           refer, and provide services to students in need  
7           of trauma support or behavioral health services;  
8           or

9           (C) reflects the best practices developed by  
10          the Interagency Task Force on Trauma-In-  
11          formed Care established under section 513.

12          (4) Engaging families and communities in ef-  
13          forts to increase awareness of child and youth trau-  
14          ma, which may include sharing best practices with  
15          law enforcement regarding trauma-informed care  
16          and working with mental health professionals to pro-  
17          vide interventions, as well as longer term coordi-  
18          nated care within the community for children and  
19          youth who have experienced trauma and their fami-  
20          lies.

21          (5) To provide technical assistance to school  
22          systems and mental health agencies.

23          (6) To evaluate the effectiveness of the program  
24          carried out under this section in increasing student



1 access to evidence-based trauma support services  
2 and mental health care.

3 (d) APPLICATIONS.—To be eligible to receive a grant,  
4 contract, or cooperative agreement under this section, an  
5 entity described in subsection (a) shall submit an applica-  
6 tion to the Secretary at such time, in such manner, and  
7 containing such information as the Secretary may reason-  
8 ably require, which shall include the following:

9 (1) A description of the program to be funded  
10 under the grant, contract, or cooperative agreement,  
11 including how such program will increase access to  
12 evidence-based trauma support services and mental  
13 health care for students, and, as applicable, the fam-  
14 ilies of the students.

15 (2) A description of how the program will pro-  
16 vide linguistically appropriate and culturally com-  
17 petent services.

18 (3) A description of how the program will sup-  
19 port students and the school in improving the school  
20 climate in order to support an environment condu-  
21 cive to learning.

22 (4) An assurance that—

23 (A) persons providing services under the  
24 grant, contract, or cooperative agreement are  
25 adequately trained to provide such services; and

1           (B) teachers, school leaders, administra-  
2           tors, specialized instructional support personnel,  
3           representatives of local Indian tribes as appro-  
4           priate, other school personnel, and parents or  
5           guardians of students participating in services  
6           under this section will be engaged and involved  
7           in the design and implementation of the serv-  
8           ices.

9           (5) A description of how the applicant will sup-  
10          port and integrate existing school-based services  
11          with the program in order to provide mental health  
12          services for students, as appropriate.

13          (c) INTERAGENCY AGREEMENTS.—

14               (1) DESIGNATION OF LEAD AGENCY.—A recipi-  
15          ent of a grant, contract, or cooperative agreement  
16          under this section shall designate a lead agency to  
17          direct the establishment of an interagency agreement  
18          among local educational agencies, juvenile justice au-  
19          thorities, mental health agencies, child welfare agen-  
20          cies, and other relevant entities in the State, in col-  
21          laboration with local entities, such as Indian tribes.

22               (2) CONTENTS.—The interagency agreement  
23          shall ensure the provision of the services described  
24          in subsection (c), specifying with respect to each  
25          agency, authority, or entity—

1           (A) the financial responsibility for the serv-  
2           ices;

3           (B) the conditions and terms of responsi-  
4           bility for the services, including quality, ac-  
5           countability, and coordination of the services;  
6           and

7           (C) the conditions and terms of reimburse-  
8           ment among the agencies, authorities, or enti-  
9           ties that are parties to the interagency agree-  
10          ment, including procedures for dispute resolu-  
11          tion.

12          (f) EVALUATION.—The Secretary shall reserve not to  
13          exceed 3 percent of the funds made available under sub-  
14          section (1) for each fiscal year to—

15           (1) conduct a rigorous, independent evaluation  
16           of the activities funded under this section; and

17           (2) disseminate and promote the utilization of  
18           evidence-based practices regarding trauma support  
19           services and mental health care.

20          (g) DISTRIBUTION OF AWARDS.—The Secretary shall  
21          ensure that grants, contracts, and cooperative agreements  
22          awarded or entered into under this section are equitably  
23          distributed among the geographical regions of the United  
24          States and among tribal, urban, suburban, and rural pop-  
25          ulations.

1       (h) **RULE OF CONSTRUCTION.**—Nothing in this sec-  
2 tion shall be construed—

3           (1) to prohibit an entity involved with a pro-  
4 gram carried out under this section from reporting  
5 a crime that is committed by a student to appro-  
6 priate authorities; or

7           (2) to prevent Federal, State, and tribal law en-  
8 forcement and judicial authorities from exercising  
9 their responsibilities with regard to the application  
10 of Federal, tribal, and State law to crimes com-  
11 mitted by a student.

12       (i) **SUPPLEMENT, NOT SUPPLANT.**—Any services  
13 provided through programs carried out under this section  
14 shall supplement, and not supplant, existing mental health  
15 services, including any special education and related serv-  
16 ices provided under the Individuals with Disabilities Edu-  
17 cation Act.

18       (j) **CONSULTATION WITH INDIAN TRIBES.**—In ear-  
19 rying out subsection (a), the Secretary shall, in a timely  
20 manner, meaningfully consult, engage, and cooperate with  
21 Indian tribes and their representatives to ensure notice of  
22 eligibility.

23       (k) **DEFINITIONS.**—In this section:

24           (1) **ELEMENTARY OR SECONDARY SCHOOL.**—

25       The term “elementary or secondary school” means a

1 public elementary and secondary school as such term  
2 is defined in section 8101 of the Elementary and  
3 Secondary Education Act of 1965 (20 U.S.C. 7801).

4 (2) EVIDENCE-BASED.—The term “evidence-  
5 based” has the meaning given such term in section  
6 8101(21)(A)(i) of the Elementary and Secondary  
7 Education Act of 1965 (20 U.S.C. 7801(21)(A)(i)).

8 (3) SCHOOL LEADER.—The term “school lead-  
9 er” has the meaning given such term in section  
10 8101 of the Elementary and Secondary Education  
11 Act of 1965 (20 U.S.C. 7801).

12 (4) SECRETARY.—The term “Secretary” means  
13 the Secretary of Education.

14 (5) SPECIALIZED INSTRUCTIONAL SUPPORT  
15 PERSONNEL.—The term “specialized instructional  
16 support personnel” has the meaning given such term  
17 in 8101 of the Elementary and Secondary Education  
18 Act of 1965 (20 U.S.C. 7801).

19 (H) AUTHORIZATION OF APPROPRIATIONS.—There is  
20 authorized to be appropriated to carry out this section,  
21 such sums as may be necessary for each of fiscal years  
22 2019 through 2023.

1 **SEC. 515. NATIONAL CHILD TRAUMATIC STRESS INITIA-**  
 2 **TIVE.**

3 Section 582(j) of the Public Health Service Act (42  
 4 U.S.C. 290hh-1(j)) is amended by striking “\$46,887,000  
 5 for each of fiscal years 2018 through 2022” and inserting  
 6 “\$53,887,000 for each of fiscal years 2019 through  
 7 2023”.

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

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

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

*Sec. 1. Short title; table of contents.*

*Sec. 2. Definitions.*

**TITLE I—REAUTHORIZATION OF CURES FUNDING**

*Sec. 101. State response to the opioid abuse crisis.*

**TITLE II—RESEARCH AND INNOVATION**

*Sec. 201. Advancing cutting-edge research.*

*Sec. 202. Pain research.*

**TITLE III—MEDICAL PRODUCTS AND CONTROLLED SUBSTANCES  
 SAFETY**

*Sec. 301. Clarifying FDA regulation of non-addictive pain products.*

*Sec. 302. Clarifying FDA packaging authorities.*

*Sec. 303. Strengthening FDA and CBP coordination and capacity.*

*Sec. 304. Clarifying FDA post-market authorities.*

*Sec. 305. Restricting entrance of illicit drugs.*

*Sec. 306. First responder training.*

*Sec. 307. Disposal of controlled substances of hospice patients.*

*Sec. 308. GAO study and report on hospice safe drug management.*

*Sec. 309. Delivery of a controlled substance by a pharmacy to be administered  
 by injection or implantation.*

**TITLE IV—TREATMENT AND RECOVERY**

*Sec. 401. Comprehensive opioid recovery centers.*

*Sec. 402. Program to support coordination and continuation of care for drug  
 overdose patients.*

- Sec. 403. Alternatives to opioids.*  
*Sec. 404. Building communities of recovery.*  
*Sec. 405. Peer support technical assistance center.*  
*Sec. 406. Medication-assisted treatment for recovery from addiction.*  
*Sec. 407. Grant program.*  
*Sec. 408. Allowing for more flexibility with respect to medication-assisted treatment for opioid use disorders.*  
*Sec. 409. National recovery housing best practices.*  
*Sec. 410. Addressing economic and workforce impacts of the opioid crisis.*  
*Sec. 411. Youth prevention and recovery.*  
*Sec. 412. Plans of safe care.*  
*Sec. 413. Regulations relating to special registration for telemedicine.*  
*Sec. 414. National Health Service Corps behavioral and mental health professionals providing obligated service in schools and other community-based settings.*  
*Sec. 415. Loan repayment for substance use disorder treatment providers.*  
*Sec. 416. Protecting moms and infants.*  
*Sec. 417. Early interventions for pregnant women and infants.*  
*Sec. 418. Report on investigations regarding parity in mental health and substance use disorder benefits.*

*TITLE V—PREVENTION*

- Sec. 501. Study on prescribing limits.*  
*Sec. 502. Programs for health care workforce.*  
*Sec. 503. Education and awareness campaigns.*  
*Sec. 504. Enhanced controlled substance overdoses data collection, analysis, and dissemination.*  
*Sec. 505. Preventing overdoses of controlled substances.*  
*Sec. 506. CDC surveillance and data collection for child, youth, and adult trauma.*  
*Sec. 507. Reauthorization of NASPER.*  
*Sec. 508. Jessie’s law.*  
*Sec. 509. Development and dissemination of model training programs for substance use disorder patient records.*  
*Sec. 510. Communication with families during emergencies.*  
*Sec. 511. Prenatal and postnatal health.*  
*Sec. 512. Surveillance and education regarding infections associated with illicit drug use and other risk factors.*  
*Sec. 513. Task force to develop best practices for trauma-informed identification, referral, and support.*  
*Sec. 514. Grants to improve trauma support services and mental health care for children and youth in educational settings.*  
*Sec. 515. National Child Traumatic Stress Initiative.*

**1 SEC. 2. DEFINITIONS.**

**2***In this Act—*

- 3***(1) the terms “Indian tribe” and “tribal organi-*  
**4***zation” have the meanings given such terms in section*

1       4 of the Indian Self-Determination and Education  
2       Assistance Act (25 U.S.C. 5304); and

3               (2) the term “Secretary” means the Secretary of  
4       Health and Human Services, unless otherwise speci-  
5       fied.

6       **TITLE I—REAUTHORIZATION OF**  
7       **CURES FUNDING**

8       **SEC. 101. STATE RESPONSE TO THE OPIOID ABUSE CRISIS.**

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

11              (1) in subsection (a)—

12                      (A) by striking “the authorization of appro-  
13                      priations under subsection (b) to carry out the  
14                      grant program described in subsection (c)” and  
15                      inserting “subsection (h) to carry out the grant  
16                      program described in subsection (b)”; and

17                      (B) by inserting “and Indian tribes” after  
18                      “States”

19              (2) by striking subsection (b);

20              (3) by redesignating subsections (c) through (e)  
21      as subsections (b) through (d), respectively;

22              (4) by redesignating subsection (f) as subsection  
23      (j);

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

25                      (A) in paragraph (1)—



1           (i) in the paragraph heading, by in-  
2           serting “AND INDIAN TRIBE” after “STATE”

3           (ii) by striking “States for the purpose  
4           of addressing the opioid abuse crisis within  
5           such States” and inserting “States and In-  
6           dian tribes for the purpose of addressing the  
7           opioid abuse crisis within such States and  
8           Indian tribes”;

9           (iii) by inserting “or Indian tribes”  
10          after “preference to States”; and

11          (iv) by inserting before the period of  
12          the second sentence “or other Indian tribes,  
13          as applicable”;

14          (B) in paragraph (2)—

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

17               (ii) in subparagraph (A), by striking  
18               “State”;

19               (iii) in subparagraph (C), by inserting  
20               “preventing diversion of controlled sub-  
21               stances,” after “treatment programs,”; and

22               (iv) in subparagraph (E), by striking  
23               “as the State determines appropriate, re-  
24               lated to addressing the opioid abuse crisis  
25               within the State” and inserting “as the

1           *State or Indian tribe determines appro-*  
2           *priate, related to addressing the opioid*  
3           *abuse crisis within the State, including di-*  
4           *recting resources in accordance with local*  
5           *needs related to substance use disorders”;*

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

8           *(7) in subsection (d), as so redesignated—*

9           *(A) in the matter preceding paragraph (1),*  
10          *by striking “the authorization of appropriations*  
11          *under subsection (b)” and inserting “subsection*  
12          *(h)”;* and

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

15          *(8) by inserting after subsection (d), as so red-*  
16          *esignated, the following:*

17          *“(e) INDIAN TRIBES.—*

18                 *“(1) DEFINITION.—For purposes of this section,*  
19                 *the term ‘Indian tribe’ has the meaning given such*  
20                 *term in section 4 of the Indian Self-Determination*  
21                 *and Education Assistance Act (25 U.S.C. 5304).*

22                 *“(2) APPROPRIATE MECHANISMS.—The Sec-*  
23                 *retary, in consultation with Indian tribes, shall iden-*  
24                 *tify and establish appropriate mechanisms for tribes*

1       to demonstrate or report the information as required  
2       under subsections (b), (c), and (d).

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

15       “(g) *TECHNICAL ASSISTANCE.*—The Secretary, includ-  
16 ing through the Tribal Training and Technical Assistance  
17 Center of the Substance Abuse and Mental Health Services  
18 Administration, shall provide State agencies and Indian  
19 tribes, as applicable, with technical assistance concerning  
20 grant application and submission procedures under this  
21 section, award management activities, and enhancing out-  
22 reach and direct support to rural and underserved commu-  
23 nities and providers in addressing the opioid crisis.

24       “(h) *AUTHORIZATION OF APPROPRIATIONS.*—For pur-  
25 poses of carrying out the grant program under subsection

1 (b), there are authorized to be appropriated \$500,000,000  
 2 for each of fiscal years 2019 through 2021, to remain avail-  
 3 able until expended.

4 “(i) *SET ASIDE*.—Of the amounts made available for  
 5 each fiscal year to award grants under subsection (b) for  
 6 a fiscal year, 5 percent of such amount for such fiscal year  
 7 shall be made available to Indian tribes, and up to 15 per-  
 8 cent of such amount for such fiscal year may be set aside  
 9 for States with the highest age-adjusted rate of drug over-  
 10 dose death based on the ordinal ranking of States according  
 11 to the Director of the Centers for Disease Control and Pre-  
 12 vention.”.

13 (b) *CONFORMING AMENDMENT*.—Section 1004(c) of the  
 14 21st Century Cures Act (Public Law 114–255) is amended  
 15 by striking “, the FDA Innovation Account, or the Account  
 16 For the State Response to the Opioid Abuse Crisis” and  
 17 inserting “or the FDA Innovation Account”.

## 18 **TITLE II—RESEARCH AND** 19 **INNOVATION**

### 20 **SEC. 201. ADVANCING CUTTING-EDGE RESEARCH.**

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

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

24 (2) in subparagraph (B), by striking the period  
 25 and inserting “; or”; and

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

2                   “(C) high impact cutting-edge research that  
3           fosters scientific creativity and increases funda-  
4           mental biological understanding leading to the  
5           prevention, diagnosis, or treatment of diseases  
6           and disorders, or research urgently required to  
7           respond to a public health threat.”.

8   **SEC. 202. PAIN RESEARCH.**

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

11           (1) in paragraph (5)—

12                   (A) in subparagraph (A), by striking “and  
13           treatment of pain and diseases and disorders as-  
14           sociated with pain” and inserting “treatment,  
15           and management of pain and diseases and dis-  
16           orders associated with pain, including informa-  
17           tion on best practices for utilization of non-phar-  
18           macologic treatments, non-addictive medical  
19           products, and other drugs approved, or devices  
20           approved or cleared, by the Food and Drug Ad-  
21           ministration”;

22                   (B) in subparagraph (B), by striking “on  
23           the symptoms and causes of pain;” and inserting  
24           the following: “on—

1           “(i) the symptoms and causes of pain,  
2           including the identification of relevant bio-  
3           markers and screening models;

4           “(ii) the diagnosis, prevention, treat-  
5           ment, and management of pain; and

6           “(iii) risk factors for, and early warn-  
7           ing signs of, substance use disorders; and”;  
8           and

9           (C) by striking subparagraphs (C) through  
10          (E) and inserting the following:

11          “(C) make recommendations to the Director  
12          of NIH—

13                 “(i) to ensure that the activities of the  
14                 National Institutes of Health and other  
15                 Federal agencies are free of unnecessary du-  
16                 plication of effort;

17                 “(ii) on how best to disseminate infor-  
18                 mation on pain care; and

19                 “(iii) on how to expand partnerships  
20                 between public entities and private entities  
21                 to expand collaborative, cross-cutting re-  
22                 search.”;

23          (2) by redesignating paragraph (6) as para-  
24          graph (7); and

1           (3) by inserting after paragraph (5) the fol-  
2           lowing:

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

8           **TITLE III—MEDICAL PRODUCTS**  
9           **AND CONTROLLED SUB-**  
10          **STANCES SAFETY**

11          **SEC. 301. CLARIFYING FDA REGULATION OF NON-ADDICT-**  
12          **IVE PAIN PRODUCTS.**

13          (a) *PUBLIC MEETINGS.*—*Not later than 1 year after*  
14          *the date of enactment of this Act, the Secretary, acting*  
15          *through the Commissioner of Food and Drugs, shall hold*  
16          *not less than one public meeting to address the challenges*  
17          *and barriers of developing non-addictive medical products*  
18          *intended to treat pain or addiction, which may include—*

19                 (1) *the manner by which the Secretary may in-*  
20                 *corporate the risks of misuse and abuse of a controlled*  
21                 *substance (as defined in section 102 of the Controlled*  
22                 *Substances Act (21 U.S.C. 802) into the risk benefit*  
23                 *assessments under subsections (d) and (e) of section*  
24                 *505 of the Federal Food, Drug, and Cosmetic Act (21*  
25                 *U.S.C. 355), section 510(k) of such Act (21 U.S.C.*

1       360(k)), or section 515(c) of such Act (21 U.S.C.  
2       360e(c)), as applicable;

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

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

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

21      (b) *GUIDANCE*.—Not less than one year after the public  
22      meetings are conducted under subsection (a) the Secretary  
23      shall issue one or more final guidance documents, or update  
24      existing guidance documents, to help address challenges to  
25      developing non-addictive medical products to treat pain or



1 *addiction. Such guidance documents shall include informa-*  
2 *tion regarding—*

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

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

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

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

20 *(2) the methods by which sponsors may evaluate*  
21 *acute and chronic pain, endpoints for non-addictive*  
22 *medical products intended to treat pain, the manner*  
23 *in which endpoints and evaluations of efficacy will be*  
24 *applied across and within review divisions, taking*  
25 *into consideration the etiology of the underlying dis-*

1 ease, and the manner in which sponsors may use sur-  
2rogate endpoints, intermediate endpoints, and real  
3 world evidence;

4 (3) the manner in which the Food and Drug Ad-  
5ministration will assess evidence to support the inclu-  
6sion of opioid sparing data in the labeling of non-ad-  
7dictive medical products intended to treat pain, in-  
8cluding—

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

16 (B) ethical considerations of exposing sub-  
17jects to controlled substances in clinical trials to  
18develop opioid sparing data and considerations  
19on data collection methods that reduce harm,  
20which may include the reduction of opioid use as  
21a clinical benefit;

22 (C) endpoints, including primary, sec-  
23ondary, and surrogate endpoints, to evaluate the  
24reduction of opioid use;

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

5           (E) the appropriate format to submit such  
6           data results to the Secretary; and

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

16          (c) DEFINITIONS.—In this section—

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

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

4 **SEC. 302. CLARIFYING FDA PACKAGING AUTHORITIES.**

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

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

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

23                   “(B) *the drug be dispensed to certain pa-*  
24                   *tients with a safe disposal packaging or safe dis-*  
25                   *posal system for purposes of rendering drugs*

1           *non-retrievable (as defined in section 1300.05 of*  
2           *title 21, Code of Federal Regulations (or any*  
3           *successor regulation)) if the Secretary has deter-*  
4           *mines that such safe disposal packaging or sys-*  
5           *tem may mitigate such serious risk and exists in*  
6           *sufficient quantities.”.*

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

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

11           *and*

12           *(2) by adding at the end the following:*

13                   *“(iii) patients with functional needs;*

14                   *and”.*

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

18           *(1) in paragraph (1)—*

19                   *(A) by redesignating subparagraph (B) as*  
20                   *subparagraph (C); and*

21                   *(B) inserting after subparagraph (A) the*  
22                   *following:*

23                           *“(B) A packaging or disposal requirement,*  
24                           *if required under subsection (e)(4) for the appli-*  
25                           *cable listed drug.”; and*

1           (2) *in paragraph (2)—*

2                   (A) *in subparagraph (A), by striking “and”*  
3           *at the end;*

4                   (B) *by redesignating subparagraph (B) as*  
5           *subparagraph (C); and*

6                   (C) *by inserting after subparagraph (A) the*  
7           *following:*

8                           “(B) *shall permit packaging systems and*  
9                           *safe disposal packaging or safe disposal systems*  
10                           *that are different from those required for the ap-*  
11                           *licable listed drug under subsection (e)(4);*  
12                           *and”.*

13   **SEC. 303. STRENGTHENING FDA AND CBP COORDINATION**  
14                           **AND CAPACITY.**

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

1           **(b) FDA IMPORT FACILITIES AND INSPECTION CAPAC-**  
2 *ITY.—*

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

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

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

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

23                           **(iii) upgrades to the security of import**  
24 *facilities; and*

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

7           (B) *innovative technology, including con-*  
8           *trolled substance detection and testing equipment*  
9           *and other applicable technology, in order to col-*  
10          *laborate with United States Customs and Border*  
11          *Protection to share near-real-time information,*  
12          *including information about test results, as ap-*  
13          *propriate.*

14          (2) *INNOVATIVE TECHNOLOGY.*—*Any technology*  
15          *used in accordance with paragraph (1)(B) shall be*  
16          *interoperable with technology used by other relevant*  
17          *Federal agencies, including the United States Cus-*  
18          *toms and Border Protection, as the Secretary deter-*  
19          *mines appropriate.*

20          (c) *REPORT.*—*Not later than 6 months after the date*  
21          *of enactment of this Act, the Secretary, in consultation with*  
22          *the Secretary of Homeland Security and the Postmaster*  
23          *General of the United States Postal Service, shall report*  
24          *to the relevant committees of Congress on the implementa-*  
25          *tion of this section, including a summary of progress made*



1 *towards near-real-time information sharing and the inter-*  
2 *operability of such technologies.*

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

7 **SEC. 304. CLARIFYING FDA POST-MARKET AUTHORITIES.**

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

15 **SEC. 305. RESTRICTING ENTRANCE OF ILLICIT DRUGS.**

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

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

7       **(b) DEBARMENT, TEMPORARY DENIAL OF APPROVAL,**  
8 **AND SUSPENSION.—**

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

12                   **(A) in paragraph (1)—**

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

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

19                           **(iii) in subparagraph (B), by striking**  
20 **“, or” and inserting a semicolon;**

21                           **(iv) in subparagraph (C), by striking**  
22 **the period and inserting “; or”; and**

23                           **(v) by adding at the end the following:**

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

1                   (B) in paragraph (3)—

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

3                   (ii) in subparagraph (A), by striking

4                   “; or” and inserting a semicolon;

5                   (iii) in subparagraph (B), by striking

6                   the period and inserting “; or”; and

7                   (iv) and by adding at the end the fol-

8                   lowing:

9                   “(C) the person has been convicted of a fel-

10                   ony for conduct relating to the importation into

11                   the United States of any drug or controlled sub-

12                   stance (as defined in section 102 of the Con-

13                   trolled Substances Act).”.

14                   (2) *PROHIBITED ACT.*—Section 301(cc) of the

15                   *Federal Food, Drug, and Cosmetic Act (21 U.S.C.*

16                   *331(cc))* is amended by inserting “or a drug” after

17                   “food”.

18                   (c) *IMPORTS AND EXPORTS.*—Section 801(a) of the

19                   *Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a))*

20                   is amended—

21                   (1) by striking the second sentence;

22                   (2) by striking “If it appears” and inserting

23                   “Subject to subsection (b), if it appears”;

24                   (3) by striking “regarding such article, then such

25                   article shall be refused” and inserting the following:

1       *“regarding such article, or (5) such article is being*  
2       *imported or offered for import in violation of section*  
3       *301(cc), then any such article described in any of*  
4       *clauses (1) through (5) may be refused admission. If*  
5       *it appears from the examination of such samples or*  
6       *otherwise that the article is a counterfeit drug, such*  
7       *article shall be refused admission.”;*

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

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

18   **SEC. 306. FIRST RESPONDER TRAINING.**

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

21            *(1) in subsection (c)—*

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

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

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

2           “(4) train and provide resources for first re-  
3           sponders and members of other key community sectors  
4           on safety around fentanyl, carfentanil, and other dan-  
5           gerous licit and illicit drugs to protect themselves  
6           from exposure to such drugs and respond appro-  
7           priately when exposure occurs.”;

8           (2) in subsection (d), by striking “and mecha-  
9           nisms for referral to appropriate treatment for an en-  
10          tity receiving a grant under this section” and insert-  
11          ing “mechanisms for referral to appropriate treat-  
12          ment, and safety around fentanyl, carfentanil, and  
13          other dangerous licit and illicit drugs”;

14          (3) in subsection (f)—

15               (A) in paragraph (3), by striking “and” at  
16               the end;

17               (B) in paragraph (4), by striking the period  
18               and inserting “; and”; and

19               (C) by adding at the end the following:

20               “(5) the number of first responders and members  
21               of other key community sectors trained on safety  
22               around fentanyl, carfentanil, and other dangerous  
23               licit and illicit drugs.”; and

24               (4) in subsection (g), by striking “\$12,000,000  
25               for each of fiscal years 2017 through 2021” and in-

1       serting “\$36,000,000 for each of fiscal years 2019  
2       through 2023”.

3       **SEC. 307. DISPOSAL OF CONTROLLED SUBSTANCES OF HOS-**  
4       **PICE PATIENTS.**

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

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

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

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

16             “(iii) if—

17                 “(I) the employee is—

18                         “(aa) the physician of the hospice pa-  
19                         tient; and

20                         “(bb) registered under section 303(f);

21                         and

22                         “(II) the hospice patient no longer requires  
23                         the controlled substance because the plan of care  
24                         of the hospice patient has been modified.

25             “(B) In this paragraph:

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

4                   “(I) is employed by, or is acting pursuant  
5                   to arrangements made with, a qualified hospice  
6                   program; and

7                   “(II) is licensed or certified to perform such  
8                   employment, or such activities arranged by the  
9                   qualified hospice program, in accordance with  
10                  applicable State law.

11           “(ii) The terms ‘hospice care’ and ‘hospice pro-  
12           gram’ have the meanings given those terms in section  
13           1861(dd) of the Social Security Act (42 U.S.C.  
14           1395x(dd)).

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

17           “(iv) The term ‘qualified hospice program’  
18           means a hospice program that—

19                   “(I) has written policies and procedures for  
20                   employees of the hospice program to use when as-  
21                   sisting in the disposal of the controlled sub-  
22                   stances of a hospice patient in a circumstance  
23                   described in clause (i), (ii), or (iii) of subpara-  
24                   graph (A);

1           “(II) at the time when the controlled sub-  
2           stances are first ordered—

3           “(aa) provides a copy of the written  
4           policies and procedures to the hospice pa-  
5           tient or hospice patient representative and  
6           the family of the hospice patient;

7           “(bb) discusses the policies and proce-  
8           dures with the hospice patient or hospice  
9           patient’s representative and the hospice pa-  
10          tient’s family in a language and manner  
11          that such individuals understand to ensure  
12          that such individuals are informed regard-  
13          ing the safe disposal of controlled sub-  
14          stances; and

15          “(cc) documents in the clinical record  
16          of the hospice patient that the written poli-  
17          cies and procedures were provided and dis-  
18          cussed with the hospice patient or hospice  
19          patient’s representative; and

20          “(III) at the time when an employee of the  
21          hospice program assists in the disposal of con-  
22          trolled substances of a hospice patient, documents  
23          in the clinical record of the hospice patient a list  
24          of all controlled substances disposed of.



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

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

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

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

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

1 **SEC. 308. GAO STUDY AND REPORT ON HOSPICE SAFE DRUG**  
2 **MANAGEMENT.**

3 (a) *STUDY.*—

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

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

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

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

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

7 **SEC. 309. DELIVERY OF A CONTROLLED SUBSTANCE BY A**  
 8                                   **PHARMACY TO BE ADMINISTERED BY INJEC-**  
 9                                   **TION OR IMPLANTATION.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16                 “(B) *protect the public health.*

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

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

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

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

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

11                   **TITLE IV—TREATMENT AND**  
 12                                   **RECOVERY**

13 **SEC. 401. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

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

19       (b) *GRANT PERIOD.*—

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

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

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

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

10       *(d) APPLICATION.—*

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

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

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

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

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

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

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

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

21       *Each Center shall—*

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



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

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

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

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

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

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

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

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

6                   (vii) recovery housing;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10       *(k) REPORTS TO CONGRESS.—*

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

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

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

1 *evaluation of the effectiveness of services for*  
2 *treatment and recovery support and to reduce re-*  
3 *lapse, recidivism, and overdose; and*

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

10 **SEC. 402. PROGRAM TO SUPPORT COORDINATION AND CON-**  
11 **TINUATION OF CARE FOR DRUG OVERDOSE**  
12 **PATIENTS.**

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

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

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

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

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

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

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

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

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

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

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

21           **(A)** *evidence that such eligible entity carries*  
22       *out, or is capable of contracting and coordi-*  
23       *nating with other community entities to carry*  
24       *out, the activities described in paragraph (4);*

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

6           (C) such additional information as the Sec-  
7 retary may require.

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

11           (A) hire or utilize recovery coaches to help  
12 support recovery, including by—

13           (i) connecting patients to a continuum  
14 of care services, such as—

15           (I) treatment and recovery sup-  
16 port programs;

17           (II) programs that provide non-  
18 clinical recovery support services;

19           (III) peer support networks;

20           (IV) recovery community organi-  
21 zations;

22           (V) health care providers, includ-  
23 ing physicians and other providers of  
24 behavioral health and primary care;



1                   (VI) *educational and vocational*  
2                   *schools;*

3                   (VII) *employers;*

4                   (VIII) *housing services; and*

5                   (IX) *child welfare agencies;*

6                   (ii) *providing education on overdose*  
7                   *prevention and overdose reversal to patients*  
8                   *and families, as appropriate;*

9                   (iii) *providing follow-up services for*  
10                   *patients after an overdose to ensure contin-*  
11                   *ued recovery and connection to support*  
12                   *services;*

13                   (iv) *collecting and evaluating outcome*  
14                   *data for patients receiving recovery coach-*  
15                   *ing services; and*

16                   (v) *providing other services the Sec-*  
17                   *retary determines necessary to help ensure*  
18                   *continued connection with recovery support*  
19                   *services;*

20                   (B) *establish policies and procedures that*  
21                   *address the provision of overdose reversal medi-*  
22                   *cation, the administration of all drugs approved*  
23                   *by the Food and Drug Administration to treat*  
24                   *substance use disorder, and subsequent continu-*  
25                   *ation of, or referral to, evidence-based treatment*

1       *for patients with a substance use disorder who*  
2       *have experienced a non-fatal drug overdose, in*  
3       *order to support long-term treatment, prevent re-*  
4       *lapse, and reduce recidivism and future overdose;*  
5       *and*

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

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

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

18               *(B) withdrawal and detoxification services*  
19       *that include patient evaluation, stabilization,*  
20       *and preparation for treatment of substance use*  
21       *disorder, including treatment described in sub-*  
22       *paragraph (A), as appropriate; or*

23               *(C) mental health services provided by a*  
24       *program counselor, social worker, therapist, or*  
25       *other certified professional who is licensed and*

1           *qualified by education, training, or experience to*  
2           *assess the psychosocial background of patients, to*  
3           *contribute to the appropriate treatment plan for*  
4           *patients with substance use disorder, and to*  
5           *monitor patient progress.*

6           (6) *PREFERENCE.—In awarding grants under*  
7           *this section, the Secretary shall give preference to eli-*  
8           *gible entities that meet any or all of the following cri-*  
9           *teria:*

10                   (A) *The eligible entity is a critical access*  
11                   *hospital (as defined in section 1861(mm)(1) of*  
12                   *the Social Security Act (42 U.S.C.*  
13                   *1395x(mm)(1))), a low volume hospital (as de-*  
14                   *fined in section 1886(d)(12)(C)(i) of such Act*  
15                   *(42 U.S.C. 1395ww(d)(12)(C)(i))), or a sole com-*  
16                   *munity hospital (as defined in section*  
17                   *1886(d)(5)(D)(iii) of such Act (42 U.S.C.*  
18                   *1395ww(d)(5)(D)(iii))).*

19                   (B) *The eligible entity is located in a State*  
20                   *with an age-adjusted rate of drug overdose deaths*  
21                   *that is above the national overdose mortality*  
22                   *rate, as determined by the Director of the Centers*  
23                   *for Disease Control and Prevention.*

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

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

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

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

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

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

16           (2) *RECOVERY COMMUNITY ORGANIZATION.*—*The*  
17           *term “recovery community organization” has the*  
18           *meaning given such term in section 547(a) of the*  
19           *Public Health Service Act (42 U.S.C. 290ee-2(a)).*

20           (3) *STATE ALCOHOL AND DRUG AGENCY.*—*The*  
21           *term “State alcohol and drug agency” means the*  
22           *principal agency of a State that is responsible for*  
23           *carrying out the block grant for prevention and treat-*  
24           *ment of substance abuse under subpart II of part B*

1 of title XIX of the Public Health Service Act (42  
2 U.S.C. 300x-21 et seq.)

3 (d) *REPORTING REQUIREMENTS.*—

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

9 (A) the number of individuals treated by the  
10 entity for non-fatal overdoses, including the  
11 number of non-fatal overdoses where overdose re-  
12 versal medication was administered;

13 (B) the number of individuals administered  
14 medication-assisted treatment by the entity;

15 (C) the number of individuals referred by  
16 the entity to other treatment facilities after a  
17 non-fatal overdose, the types of such other facili-  
18 ties, and the number of such individuals admit-  
19 ted to such other facilities pursuant to such refer-  
20 rals; and

21 (D) the frequency and number of patients  
22 with reoccurrences, including readmissions for  
23 non-fatal overdoses and evidence of relapse re-  
24 lated to substance use disorder.

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

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

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

20          **SEC. 403. ALTERNATIVES TO OPIOIDS.**

21          (a) *IN GENERAL.*—The Secretary shall, directly or  
22          through grants to, or contracts with, public and private en-  
23          tities, provide technical assistance to hospitals and other  
24          acute care settings on alternatives to opioids for pain man-

1 *agement. The technical assistance provided shall be for the*  
2 *purpose of—*

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

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

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

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

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

4           ***(b) PAIN MANAGEMENT AND FUNDING.—***

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

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

12       ***SEC. 404. BUILDING COMMUNITIES OF RECOVERY.***

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

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

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

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



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

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

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

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

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

16                 “(2) may be used to—

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

21                                 “(i) behavioral health providers;

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

24                                 “(iii) educational and vocational  
25                                 schools;

1                   “(iv) employers;

2                   “(v) housing services;

3                   “(vi) child welfare agencies; and

4                   “(vii) other recovery support services  
5                   that facilitate recovery from substance use  
6                   disorders, including non-clinical commu-  
7                   nity services;

8                   “(B) reduce the stigma associated with sub-  
9                   stance use disorders; and

10                  “(C) conduct outreach on issues relating to  
11                  substance use disorders and recovery, includ-  
12                  ing—

13                         “(i) identifying the signs of substance  
14                         use disorder;

15                         “(ii) the resources available to individ-  
16                         uals with substance use disorder and to  
17                         families of an individual with a substance  
18                         use disorder, including programs that men-  
19                         tor and provide support services to children;

20                         “(iii) the resources available to help  
21                         support individuals in recovery; and

22                         “(iv) related medical outcomes of sub-  
23                         stance use disorders, the potential of acquir-  
24                         ing an infection commonly associated with  
25                         illicit drug use, and neonatal abstinence

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

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

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

12 **SEC. 405. PEER SUPPORT TECHNICAL ASSISTANCE CENTER.**

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

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

23                   (1) *training on identifying—*

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

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

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

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

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

12          (4) capacity building; and

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

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

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

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

5 **SEC. 406. MEDICATION-ASSISTED TREATMENT FOR RECOV-**  
6 **ERY FROM ADDICTION.**

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

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

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

24                       “(bb) *included, at a minimum—*

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

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

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

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

23       **SEC. 407. GRANT PROGRAM.**

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

1 *to accredited schools of allopathic medicine or osteopathic*  
 2 *medicine and teaching hospitals located in the United*  
 3 *States to support the development of curricula that meet*  
 4 *the requirements under subclause (VIII) of section*  
 5 *303(g)(2)(G)(ii) of the Controlled Substances Act, as added*  
 6 *by section 406(a) of this Act.*

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

10 **SEC. 408. ALLOWING FOR MORE FLEXIBILITY WITH RE-**  
 11 **SPECT TO MEDICATION-ASSISTED TREAT-**  
 12 **MENT FOR OPIOID USE DISORDERS.**

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

16 *“(II) The applicable number is—*

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

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

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

3 **SEC. 409. NATIONAL RECOVERY HOUSING BEST PRACTICES.**

4           *(a) BEST PRACTICES.—The Secretary, in consultation*  
5 *with the Secretary for Housing and Urban Development,*  
6 *patients with a history of opioid use disorder, and other*  
7 *stakeholders, which may include State accrediting entities*  
8 *and reputable providers of, and analysts of, recovery hous-*  
9 *ing services, shall identify or facilitate the development of*  
10 *best practices, which may include model laws for imple-*  
11 *menting suggested minimum standards, for operating re-*  
12 *covery housing.*

13           *(b) DISSEMINATION.—The Secretary shall disseminate*  
14 *the best practices identified or developed under subsection*  
15 *(a) to—*

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

19                   *(2) Indian tribes and tribally designated housing*  
20                   *entities;*

21                   *(3) recovery housing entities; and*

22                   *(4) the public, as appropriate.*

23           *(c) REQUIREMENTS.—In identifying or facilitating the*  
24 *development of best practices under subsection (a), the Sec-*  
25 *retary, in consultation with appropriate stakeholders, shall*



1 *consider how recovery housing is able to support recovery*  
 2 *and prevent relapse, recidivism, or overdose (including*  
 3 *overdose death), including by improving access and adher-*  
 4 *ence to treatment, including medication-assisted treatment.*

5 *(d) RULE OF CONSTRUCTION.—Nothing in this section*  
 6 *shall be construed to provide the Secretary with the author-*  
 7 *ity to require States to adhere to minimum standards in*  
 8 *the State oversight of recovery housing.*

9 *(e) DEFINITIONS.—In this section—*

10 *(1) the term “recovery housing” means a shared*  
 11 *living environment free from alcohol and illicit drug*  
 12 *use and centered on peer support and connection to*  
 13 *services that promote sustained recovery from sub-*  
 14 *stance use disorders; and*

15 *(2) the term “tribally designated housing entity”*  
 16 *has the meaning given such term in the section 4 of*  
 17 *the Native American Housing Assistance and Self-De-*  
 18 *termination Act of 1996 (25 U.S.C. 4103).*

19 **SEC. 410. ADDRESSING ECONOMIC AND WORKFORCE IM-**  
 20 **PACTS OF THE OPIOID CRISIS.**

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

23 *(1) WIOA DEFINITIONS.—The terms “core pro-*  
 24 *gram”, “individual with a barrier to employment”,*  
 25 *“local area”, “local board”, “one-stop operator”, “out-*

1 *lying area*”, “*State*”, “*State board*”, and “*supportive*  
 2 *services*” have the meanings given the terms in section  
 3 *3 of the Workforce Innovation and Opportunity Act*  
 4 *(29 U.S.C. 3102).*

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

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

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

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

15 (A) *a State workforce agency;*

16 (B) *an outlying area; or*

17 (C) *a Tribal entity.*

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

20 (A) *evidenced by a written contract or*  
 21 *agreement; and*

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

25 (i) *The eligible entity.*

1                   (ii) *A treatment provider.*

2                   (iii) *An employer or industry organi-*  
3                   *zation.*

4                   (iv) *An education provider.*

5                   (v) *A legal service or law enforcement*  
6                   *organization.*

7                   (vi) *A faith-based or community-based*  
8                   *organization.*

9                   (vii) *Other State or local agencies, in-*  
10                   *cluding counties or local government.*

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

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

15                    (A) *is a member of a population of workers*  
16                    *described in subsection (e)(2) that is served by a*  
17                    *participating partnership through the pilot pro-*  
18                    *gram under this section; and*

19                    (B) *enrolls with the applicable partici-*  
20                    *parting partnership to receive any of the services*  
21                    *described in subsection (e)(3).*

22                   (6) *PROVIDER OF PEER RECOVERY SUPPORT*  
23                    *SERVICES.—The term “provider of peer recovery sup-*  
24                    *port services” means a provider that delivers peer re-*  
25                    *covery support services through an organization de-*

1       *scribed in section 547(a) of the Public Health Service*  
2       *Act (42 U.S.C. 290ee–2(a)).*

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

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

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

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

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

18                (i) *offers services for treating substance*  
19                *use disorders and is licensed in accordance*  
20                *with applicable State law to provide such*  
21                *services; and*

22                (ii) *accepts health insurance for such*  
23                *services, including coverage under title XIX*  
24                *of the Social Security Act (42 U.S.C. 1396*  
25                *et seq.); and*

1 (B) may include—

2 (i) a nonprofit provider of peer recovery support services;

3 (ii) a community health care provider;

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

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

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

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

24 (b) PILOT PROGRAM AND GRANTS AUTHORIZED.—  
25

1           (1) *IN GENERAL.*—*The Secretary, in consultation*  
2           *with the Secretary of Health and Human Services,*  
3           *shall carry out a pilot program to address economic*  
4           *and workforce impacts associated with a high rate of*  
5           *a substance use disorder. In carrying out the pilot*  
6           *program, the Secretary shall make grants, on a com-*  
7           *petitive basis, to eligible entities to enable such enti-*  
8           *ties to make subgrants to local boards to address the*  
9           *economic and workforce impacts associated with a*  
10          *high rate of a substance use disorder.*

11          (2) *GRANT AMOUNTS.*—*The Secretary shall make*  
12          *each such grant in an amount that is not less than*  
13          *\$500,000, and not more than \$5,000,000, for a fiscal*  
14          *year.*

15          (c) *GRANT APPLICATIONS.*—

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

22          (2) *SIGNIFICANT IMPACT ON COMMUNITY BY*  
23          *OPIOID AND SUBSTANCE USE DISORDER-RELATED*  
24          *PROBLEMS.*—

1           (A) *DEMONSTRATION.*—*An eligible entity*  
2           *shall include in the application—*

3                   (i) *information that demonstrates sig-*  
4                   *nificant impact on the community by prob-*  
5                   *lems related to opioid abuse or another sub-*  
6                   *stance use disorder, by—*

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

13                           (II) *demonstrating for each such*  
14                           *service area, an increase equal to or*  
15                           *greater than the national increase in*  
16                           *such problems, between—*

17                                   (aa) *1999; and*

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

20                           (ii) *a description of how the eligible*  
21                           *entity will prioritize support for signifi-*  
22                           *cantly impacted service areas described in*  
23                           *clause (i)(I).*

24           (B) *INFORMATION.*—*To meet the require-*  
25           *ments described in subparagraph (A)(i)(II), the*

1           *eligible entity may use information including*  
2           *data on—*

3                   *(i) the incidence or prevalence of*  
4                   *opioid abuse and other substance use dis-*  
5                   *orders;*

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

10                   *(iii) the rate of non-fatal hospitaliza-*  
11                   *tions related to opioid abuse or another sub-*  
12                   *stance use disorder;*

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

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

22                   *(C) SUPPORT FOR STATE STRATEGY.—The*  
23                   *eligible entity may include in the application in-*  
24                   *formation describing how the proposed services*  
25                   *and activities are aligned with the State, out-*



1            *lying area, or Tribal strategy, as applicable, for*  
2            *addressing problems described in subparagraph*  
3            *(A) in specific service areas or across the State,*  
4            *outlying area, or Tribal land.*

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

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

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

14           *(ii) persistent economically depressed*  
15           *conditions in such service area.*

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

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

1           (ii) documentation showing decreased  
2           economic activity related to, caused by, or  
3           contributing to a high rate of a substance  
4           use disorder, including a description of how  
5           the service area has been impacted, or will  
6           be impacted, by such a decrease;

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

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

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

23          (vi) any additional relevant data or  
24          information on the economy, workforce, or

1                    *another aspect of the service area to support*  
2                    *the application.*

3            (d) *SUBGRANT AUTHORIZATION AND APPLICATION*  
4 *PROCESS.—*

5            (1) *SUBGRANTS AUTHORIZED.—*

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

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

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

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

23                           (B) *EQUITABLE DISTRIBUTION.—In making*  
24                           *subgrants under this subsection, an eligible enti-*

1            *ty shall ensure, to the extent practicable, the eq-*  
 2            *uitable distribution of subgrants, based on—*

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

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

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

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

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

18            *(2) SUBGRANT APPLICATION.—*

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

1           (B) CONTENTS.—Each application de-  
2           scribed in subparagraph (A) shall include—

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

7                           (I) based on—

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

19                                  (bb) the record of the local  
20                                  board in serving individuals with  
21                                  a barrier to employment; and

22                                  (cc) the ability of the local  
23                                  board to establish a participating  
24                                  partnership; and

1 (II) which may include or uti-  
2 lize—

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

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

12 (cc) State vital statistics;

13 (dd) municipal police de-  
14 partment records;

15 (ee) reports from local coro-  
16 ners; or

17 (ff) other relevant data; and

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

1            *ices, mental health care treatment services,*  
 2            *emergency response services, or mental*  
 3            *health care), which shall include informa-*  
 4            *tion that can demonstrate such a shortage,*  
 5            *such as—*

6                            *(I) the distance between—*

7                                    *(aa) communities affected by*  
 8                                    *opioid abuse or another substance*  
 9                                    *use disorder; and*

10                                   *(bb) facilities or professionals*  
 11                                   *offering services in the profes-*  
 12                                   *sional area; or*

13                            *(II) the maximum capacity of fa-*  
 14                            *cilities or professionals to serve indi-*  
 15                            *viduals in an affected community, or*  
 16                            *increases in arrests related to opioid or*  
 17                            *another substance use disorder, over-*  
 18                            *dose deaths, or nonfatal overdose emer-*  
 19                            *gencies in the community.*

20            *(e) SUBGRANT SERVICES AND ACTIVITIES.—*

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

1           (2) *SELECTION OF POPULATION TO BE*  
2           *SERVED.—A participating partnership shall elect to*  
3           *provide services and activities under the subgrant to*  
4           *one or both of the following populations of workers:*

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

9                           (i) *are directly or indirectly affected by*  
10                           *a high rate of a substance use disorder; and*

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

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

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

23                                   (I) *substance use disorder treat-*  
24                                   *ment and related services;*



1                   (II) services offered through pro-  
2                   viders of peer recovery support services;

3                   (III) non-addictive pain therapy  
4                   and pain management services;

5                   (IV) emergency response services;

6                   or

7                   (V) mental health care; and

8                   (ii) need new or upgraded skills to bet-  
9                   ter serve such a population of struggling or  
10                  at-risk individuals.

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

15                  (A) *ENGAGING EMPLOYERS.*—Engaging  
16                  with employers to—

17                  (i) learn about the skill and hiring re-  
18                  quirements of employers;

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

1            *ing program participants and such individ-*  
2            *uals;*

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

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

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

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

23           *(vii) connect employers to program*  
24           *participants receiving concurrent outpatient*  
25           *treatment and job training services.*

1           (B) *SCREENING SERVICES.—Providing*  
2           *screening services, which may include—*

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

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

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

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

21                   (i) *in coordination, as appropriate,*  
22                   *with other programs serving the participant*  
23                   *such as the core programs within the work-*  
24                   *force development system under the Work-*

1           *force Innovation and Opportunity Act (29*  
2           *U.S.C. 3101 et seq.); and*

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

6                   *(I) identifying employment and*  
7                   *career goals;*

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

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

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

23           *(D) OUTPATIENT TREATMENT AND RECOV-*  
24           *ERY CARE.—In the case of a participating part-*  
25           *nership serving program participants described*

1           *in paragraph (2)(A) with a substance use dis-*  
2           *order, providing individualized and group out-*  
3           *patient treatment and recovery services for such*  
4           *program participants that are offered during the*  
5           *day and evening, and on weekends. Such treat-*  
6           *ment and recovery services—*

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

11                  *(ii) may include additional services*  
12                  *such as—*

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

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

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

1                   (IV) referrals to health care, in-  
2                   cluding referrals to substance use dis-  
3                   order treatment and mental health  
4                   services.

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

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

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

23                  (iii) services offered through providers  
24                  of peer recovery support services;

1                   (iv) *networking and mentorship oppor-*  
2                   *tunities; or*

3                   (v) *any supportive services determined*  
4                   *necessary by the local board.*

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

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

14                           (I) *initial education and skills as-*  
15                           *essments;*

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

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

1                   (IV) *in-depth interviewing and*  
2                   *evaluation to identify employment bar-*  
3                   *riers and to develop individual em-*  
4                   *ployment plans;*

5                   (V) *career planning that in-*  
6                   *cludes—*

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

9                             (bb) *job coaching, job match-*  
10                            *ing, and job placement services;*

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

15                   (VII) *any other appropriate ca-*  
16                   *reer service or training service de-*  
17                   *scribed in section 134(c) of the Work-*  
18                   *force Innovation and Opportunity Act*  
19                   *(29 U.S.C. 3174(c)).*

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



1                   (I) case management and support  
2                   services, including a continuation of  
3                   the services described in clause (i);

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

9                   (III) mentorship services and job  
10                  retention support for such partici-  
11                  pants; or

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

18                  (iii) Services to assist program partici-  
19                  pants in maintaining employment for not  
20                  less than 12 months, as appropriate.

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

1           (4) *LIMITATIONS.*—*A participating partnership*  
2           *may not use—*

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

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

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

14           (f) *PERFORMANCE ACCOUNTABILITY.*—

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

1 *formance reports under subsection (d) of such section*  
2 *116.*

3 (2) *EVALUATIONS.*—

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

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

20 (g) *FUNDING.*—

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

24 (2) *USING FUNDING FOR NATIONAL DISLOCATED*  
25 *WORKER GRANTS.*—*Subject to paragraph (4) and not-*

1 *withstanding section 132(a)(2)(A) and subtitle D of*  
2 *the Workforce Innovation and Opportunity Act (29*  
3 *U.S.C. 3172(a)(2)(A), 3221 et seq.), the Secretary*  
4 *may use, to carry out the pilot program under this*  
5 *section for a covered fiscal year—*

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

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

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

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

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

1 **SEC. 411. YOUTH PREVENTION AND RECOVERY.**

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

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

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

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

15 (b) *YOUTH PREVENTION AND RECOVERY INITIATIVE.*—

16 (1) *IN GENERAL.*—*The Secretary, in consultation*  
 17 *with Secretary of Education, shall administer a pro-*  
 18 *gram to provide support for communities to support*  
 19 *the prevention, treatment, and recovery of substance*  
 20 *use disorders for children, adolescents, and young*  
 21 *adults.*

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

23 (A) *ELIGIBLE ENTITY.*—*The term “eligible*  
 24 *entity” means—*

25 (i) *a local educational agency that is*  
 26 *seeking to establish or expand substance use*

1                    *prevention or recovery support services at*  
 2                    *one or more high schools;*

3                    *(ii) a State educational agency;*

4                    *(iii) an institution of higher education*  
 5                    *(or consortia of such institutions), which*  
 6                    *may include a recovery program at an in-*  
 7                    *stitution of higher education;*

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

9                    *(v) a nonprofit organization with ap-*  
 10                    *propriate expertise in providing services or*  
 11                    *programs for children, adolescents, or young*  
 12                    *adults, excluding a school;*

13                    *(vi) a State, political subdivision of a*  
 14                    *State, Indian Tribe, or tribal organization;*

15                    *or*

16                    *(vii) a high school or dormitory serv-*  
 17                    *ing high school students that receives fund-*  
 18                    *ing from the Bureau of Indian Education.*

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

23                    *(C) FOSTER CARE.—The term “foster care”*  
 24                    *has the meaning given such term in section*

1           1355.20(a) of title 45, Code of Federal Regula-  
2           tions (or any successor regulations).

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

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

12          (F) *INSTITUTION OF HIGHER EDUCATION*.—  
13          The term “institution of higher education” has  
14          the meaning given such term in section 101 of  
15          the Higher Education Act of 1965 (20 U.S.C.  
16          1001) and includes a “postsecondary vocational  
17          institution” as defined in section 102(c) of such  
18          Act (20 U.S.C. 1002(c)).

19          (G) *LOCAL EDUCATIONAL AGENCY*.—The  
20          term “local educational agency” has the meaning  
21          given the term in section 8101 of the Elementary  
22          and Secondary Education Act of 1965 (20  
23          U.S.C. 7801).

24          (H) *LOCAL BOARD; ONE-STOP OPERATOR*.—  
25          The terms “local board” and “one-stop operator”

1           *have the meanings given such terms in section 3*  
2           *of the Workforce Innovation and Opportunity*  
3           *Act (29 U.S.C. 3102).*

4           (I) *OUT OF SCHOOL YOUTH.*—*The term*  
5           *“out-of-school youth” has the meaning given such*  
6           *term in section 129(a)(1)(B) of the Workforce In-*  
7           *novation and Opportunity Act (29 U.S.C.*  
8           *3164(a)(1)(B)).*

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

11           (i) *to help children, adolescents, or*  
12           *young adults who are recovering from sub-*  
13           *stance use disorders to initiate, stabilize,*  
14           *and maintain healthy and productive lives*  
15           *in the community; and*

16           (ii) *that includes peer-to-peer support*  
17           *delivered by individuals with lived experi-*  
18           *ence in recovery, and communal activities*  
19           *to build recovery skills and supportive so-*  
20           *cial networks.*

21           (K) *STATE EDUCATIONAL AGENCY.*—*The*  
22           *term “State educational agency” has the mean-*  
23           *ing given the term in section 8101 of the Ele-*  
24           *mentary and Secondary Education Act (20*  
25           *U.S.C. 7801).*



1           (3) *BEST PRACTICES.*—*The Secretary, in con-*  
2           *sultation with the Secretary of Education, shall—*

3                   (A) *identify or facilitate the development of*  
4                   *evidence-based best practices for prevention of*  
5                   *substance misuse and abuse by children, adoles-*  
6                   *cents, and young adults, including for specific*  
7                   *populations such as youth in foster care, home-*  
8                   *less youth, out-of-school youth, and youth who*  
9                   *are at risk of or have experienced trafficking that*  
10                  *address—*

11                           (i) *primary prevention;*

12                           (ii) *appropriate recovery support serv-*  
13                           *ices;*

14                           (iii) *appropriate use of medication-as-*  
15                           *sisted treatment for such individuals, if ap-*  
16                           *plicable, and ways of overcoming barriers to*  
17                           *the use of medication-assisted treatment in*  
18                           *such population; and*

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

22                   (B) *disseminate such best practices to State*  
23                   *educational agencies, local educational agencies,*  
24                   *schools and dormitories funded by the Bureau of*  
25                   *Indian Education, institutions of higher edu-*

1            *cation, recovery programs at institutions of high-*  
2            *er education, local boards, one-stop operators,*  
3            *family and youth homeless providers, and non-*  
4            *profit organizations, as appropriate;*

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

9            *(D) provide technical assistance for grantees*  
10           *under this subsection.*

11           *(4) GRANTS AUTHORIZED.—The Secretary, in*  
12           *consultation with the Secretary of Education, shall*  
13           *award 3-year grants, on a competitive basis, to eligi-*  
14           *ble entities to enable such entities, in coordination*  
15           *with Indian tribes, if applicable, and State agencies*  
16           *responsible for carrying out substance use disorder*  
17           *prevention and treatment programs, to carry out evi-*  
18           *dence-based programs for—*

19           *(A) prevention of substance misuse and*  
20           *abuse by children, adolescents, and young adults,*  
21           *which may include primary prevention;*

22           *(B) recovery support services for children,*  
23           *adolescents, and young adults, which may in-*  
24           *clude counseling, job training, linkages to com-*

1            *munity-based services, family support groups,*  
2            *peer mentoring, and recovery coaching; or*

3            *(C) treatment or referrals for treatment of*  
4            *substance use disorders, which may include the*  
5            *use of medication-assisted treatment, as appro-*  
6            *priate.*

7            *(5) SPECIAL CONSIDERATION.—In awarding*  
8            *grants under this subsection, the Secretary shall give*  
9            *special consideration to the unique needs of tribal,*  
10           *urban, suburban, and rural populations.*

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

16           *(A) a description of—*

17           *(i) the impact of substance use dis-*  
18           *orders in the population that will be served*  
19           *by the grant program;*

20           *(ii) how the eligible entity has solicited*  
21           *input from relevant stakeholders, which*  
22           *may include faculty, teachers, staff, fami-*  
23           *lies, students, and experts in substance use*  
24           *prevention and treatment in developing*  
25           *such application;*

1                   (iii) the goals of the proposed project,  
2 including the intended outcomes;

3                   (iv) how the eligible entity plans to use  
4 grant funds for evidence-based activities, in  
5 accordance with this subsection to prevent,  
6 provide recovery support for, or treat sub-  
7 stance use disorders amongst such individ-  
8 uals, or a combination of such activities;  
9 and

10                  (v) how the eligible entity will collabo-  
11 rate with relevant partners, which may in-  
12 clude State educational agencies, local edu-  
13 cational agencies, institutions of higher edu-  
14 cation, juvenile justice agencies, prevention  
15 and recovery support providers, local service  
16 providers, including substance use disorder  
17 treatment programs, providers of mental  
18 health services, youth serving organizations,  
19 family and youth homeless providers, child  
20 welfare agencies, and primary care pro-  
21 viders, in carrying out the grant program;  
22 and

23                  (B) an assurance that the eligible entity  
24 will participate in the evaluation described in  
25 paragraph (3)(C).

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

7           (8) *REPORTS TO THE SECRETARY.*—*Each eligible*  
8           *entity awarded a grant under this subsection shall*  
9           *submit to the Secretary, a report at such time and in*  
10           *such manner as the Secretary may require. Such re-*  
11           *port shall include—*

12                   (A) *a description of how the eligible entity*  
13                   *used grant funds, in accordance with this sub-*  
14                   *section, including the number of children, adoles-*  
15                   *cents, and young adults reached through pro-*  
16                   *gramming; and*

17                   (B) *a description, including relevant data,*  
18                   *of how the grant program has made an impact*  
19                   *on the intended outcomes described in paragraph*  
20                   *(6)(A)(iii), including—*

21                           (i) *indicators of student success, which,*  
22                           *if the eligible entity is an educational insti-*  
23                           *tution, shall include student well-being and*  
24                           *academic achievement;*

1           (ii) substance use disorders amongst  
2           children, adolescents, and young adults, in-  
3           cluding the number of overdoses and deaths  
4           amongst children, adolescents, and young  
5           adults during the grant period; and

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

8           (9) *REPORT TO CONGRESS.*—*The Secretary shall,*  
9           *not later than October 1, 2022, submit a report to the*  
10          *Committee on Health, Education, Labor, and Pen-*  
11          *sions of the Senate, and the Committee on Energy*  
12          *and Commerce and the Committee on Education and*  
13          *the Workforce of the House of Representatives, a re-*  
14          *port summarizing the effectiveness of the grant pro-*  
15          *gram under this subsection, based on the information*  
16          *submitted in reports required under paragraph (8).*

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

21 **SEC. 412. PLANS OF SAFE CARE.**

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

1           “(7) *GRANTS TO STATES TO IMPROVE AND CO-*  
2           *ORDINATE THEIR RESPONSE TO ENSURE THE SAFETY,*  
3           *PERMANENCY, AND WELL-BEING OF INFANTS AF-*  
4           *FECTED BY SUBSTANCE USE.—*

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

16           “(B) *DISTRIBUTION OF FUNDS.—*

17           “(i) *RESERVATIONS.—Of the amounts*  
18           *appropriated under subparagraph (H), the*  
19           *Secretary shall reserve—*

20                   “(I) *no more than 3 percent for*  
21                   *the purposes described in subparagraph*  
22                   *(G); and*

23                   “(II) *up to 3 percent for grants to*  
24                   *Indian tribes and tribal organizations*  
25                   *to address the needs of infants born*

1           *with, and identified as being affected*  
2           *by, substance abuse or withdrawal*  
3           *symptoms resulting from prenatal drug*  
4           *exposure or a fetal alcohol spectrum*  
5           *disorder and their families or care-*  
6           *givers, which to the extent practicable,*  
7           *shall be consistent with the uses of*  
8           *funds described under subparagraph*  
9           *(D).*

10           “(i) *ALLOTMENTS TO STATES AND*  
11           *TERRITORIES.—The Secretary shall allot*  
12           *the amount appropriated under subpara-*  
13           *graph (H) that remains after application of*  
14           *clause (i) to each States that applies for*  
15           *such a grant, in an amount equal to the*  
16           *sum of—*

17                     “(I) *\$500,000; and*

18                     “(II) *an amount that bears the*  
19                     *same relationship to any funds appro-*  
20                     *priated under subparagraph (H) and*  
21                     *remaining after application of clause*  
22                     *(i), as the number of live births in the*  
23                     *State in the previous calendar year*  
24                     *bears to the number of live births in all*  
25                     *States in such year.*



1           “(iii) *RATABLE REDUCTION.*—If the  
2           amount appropriated under subparagraph  
3           (H) is insufficient to satisfy the require-  
4           ments of clause (ii), the Secretary shall rat-  
5           ably reduce each allotment to a State.

6           “(C) *APPLICATION.*—A State desiring a  
7           grant under this paragraph shall submit an ap-  
8           plication to the Secretary at such time and in  
9           such manner as the Secretary may require. Such  
10          application shall include—

11           “(i) a description of—

12           “(I) the impact of substance use  
13           disorder in such State, including with  
14           respect to the substance or class of sub-  
15           stances with the highest incidence of  
16           abuse in the previous year in such  
17           State, including—

18           “(aa) the prevalence of sub-  
19           stance use disorder in such State;

20           “(bb) the aggregate rate of  
21           births in the State of infants af-  
22           fected by substance abuse or with-  
23           drawal symptoms or a fetal alco-  
24           hol spectrum disorder (as deter-  
25           mined by hospitals, insurance

1            *claims, claims submitted to the*  
2            *State Medicaid program, or other*  
3            *records), if available and to the*  
4            *extent practicable; and*

5            *“(cc) the number of infants*  
6            *identified, for whom a plan of safe*  
7            *care was developed, and for whom*  
8            *a referral was made for appro-*  
9            *priate services, as reported under*  
10           *section 106(d)(18);*

11           *“(II) the challenges the State faces*  
12           *in developing, implementing, and mon-*  
13           *itoring plans of safe care in accordance*  
14           *with section 106(b)(2)(B)(iii);*

15           *“(III) the State’s lead agency for*  
16           *the grant program and how that agen-*  
17           *cy will coordinate with relevant State*  
18           *entities and programs, including the*  
19           *child welfare agency, the substance use*  
20           *disorder treatment agency, hospitals*  
21           *with labor and delivery units, health*  
22           *care providers, the public health and*  
23           *mental health agencies, programs fund-*  
24           *ed by the Substance Abuse and Mental*  
25           *Health Services Administration that*

1            *provide substance use disorder treat-*  
2            *ment for women, the State Medicaid*  
3            *program, the State agency admin-*  
4            *istering the block grant program under*  
5            *title V of the Social Security Act (42*  
6            *U.S.C. 701 et seq.), the State agency*  
7            *administering the programs funded*  
8            *under part C of the Individuals with*  
9            *Disabilities Education Act (20 U.S.C.*  
10           *1431 et seq.), the maternal, infant, and*  
11           *early childhood home visiting program*  
12           *under section 511 of the Social Secu-*  
13           *rity Act (42 U.S.C. 711), the State ju-*  
14           *dicial system, and other agencies, as*  
15           *determined by the Secretary, and In-*  
16           *Indian tribes and tribal organizations, as*  
17           *appropriate;*

18           *“(IV) how the State will monitor*  
19           *local development and implementation*  
20           *of plans of safe care, in accordance*  
21           *with section 106(b)(2)(B)(iii)(II), in-*  
22           *cluding how the State will monitor to*  
23           *ensure plans of safe care address dif-*  
24           *ferences between substance use disorder*  
25           *and medically supervised substance*

1 use, including for the treatment of a  
2 substance use disorder;

3 “(V) how the State meets the re-  
4 quirements of section 1927 of the Pub-  
5 lic Health Service Act (42 U.S.C.  
6 300x-27);

7 “(VI) how the State plans to uti-  
8 lize funding authorized under part E  
9 of title IV of the Social Security Act  
10 (42 U.S.C. 670 et seq.) to assist in car-  
11 rying out any plan of safe care, in-  
12 cluding such funding authorized under  
13 section 471(e) of such Act (as in effect  
14 on October 1, 2018) for mental health  
15 and substance abuse prevention and  
16 treatment services and in-home parent  
17 skill-based programs and funding au-  
18 thorized under such section 472(j) (as  
19 in effect on October 1, 2018) for chil-  
20 dren with a parent in a licensed resi-  
21 dential family-based treatment facility  
22 for substance abuse; and

23 “(VII) an assessment of the treat-  
24 ment and other services and programs  
25 available in the State, to effectively

1           *carry out any plan of safe care devel-*  
2           *oped, including identification of needed*  
3           *treatment, and other services and pro-*  
4           *grams to ensure the wellbeing of young*  
5           *children and their families affected by*  
6           *substance use disorder, such as pro-*  
7           *grams carried out under part C of the*  
8           *Individuals with Disabilities Edu-*  
9           *cation Act and comprehensive early*  
10          *childhood development services and*  
11          *programs such as Head Start pro-*  
12          *grams;*

13           *“(ii) a description of how the State*  
14          *plans to use funds for activities described in*  
15          *subparagraph (D) for the purposes of ensur-*  
16          *ing State compliance with requirements*  
17          *under clauses (ii) and (iii) of section*  
18          *106(b)(2)(B); and*

19           *“(iii) an assurance that the State*  
20          *will—*

21                   *“(I) comply with this Act and*  
22                   *parts B and E of title IV of the Social*  
23                   *Security Act (42 U.S.C. 621 et seq.,*  
24                   *670 et seq.); and*

1           “(II) comply with requirements to  
2           refer a child identified as substance-ex-  
3           posed to early intervention services as  
4           required pursuant to a grant under  
5           part C of the Individuals with Disabil-  
6           ities Education Act (20 U.S.C. 1431 et  
7           seq.).

8           “(D) USES OF FUNDS.—Funds awarded to  
9           a State under this paragraph may be used for  
10          the following activities, which may be carried  
11          out by the State directly, or through grants or  
12          subgrants, contracts, or cooperative agreements:

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

16           “(I) shall include parent and  
17           caregiver engagement, as required  
18           under section 106(b)(2)(B)(iii)(I), re-  
19           garding available treatment and serv-  
20           ice options, which may include re-  
21           sources available for pregnant,  
22           perinatal, and postnatal women; and

23           “(II) may include activities such  
24           as—

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

14           “(bb) improving assessments  
15          used to determine the needs of the  
16          infant and family;

17           “(cc) improving ongoing case  
18          management services; and

19           “(dd) improving access to  
20          treatment services, which may be  
21          prior to the pregnant woman’s de-  
22          livery date.

23           “(ii) Developing policies, procedures,  
24          or protocols in consultation and coordina-  
25          tion with health professionals, public and

1           *private health facilities, and substance use*  
2           *disorder treatment agencies to ensure that—*

3                   “(I) *appropriate notification to*  
4                   *child protective services is made in a*  
5                   *timely manner;*

6                   “(II) *a plan of safe care is in*  
7                   *place, in accordance with section*  
8                   *106(b)(2)(B)(iii), before the infant is*  
9                   *discharged from the birth or health*  
10                  *care facility; and*

11                  “(III) *such health and related*  
12                  *agency professionals are trained on*  
13                  *how to follow such protocols and are*  
14                  *aware of the supports that may be pro-*  
15                  *vided under a plan of safe care.*

16                  “(iii) *Training health professionals*  
17                  *and health system leaders, child welfare*  
18                  *workers, substance use disorder treatment*  
19                  *agencies, and other related professionals*  
20                  *such as home visiting agency staff and law*  
21                  *enforcement in relevant topics including—*

22                   “(I) *State mandatory reporting*  
23                   *laws and the referral and process and*  
24                   *requirements for notification to child*



1                    *protective services when child abuse or*  
2                    *neglect reporting is not mandated;*

3                    “(II) *the co-occurrence of preg-*  
4                    *nancy and substance use disorder, and*  
5                    *implications of prenatal exposure;*

6                    “(III) *the clinical guidance about*  
7                    *treating substance use disorder in*  
8                    *pregnant and postpartum women;*

9                    “(IV) *appropriate screening and*  
10                    *interventions for infants affected by*  
11                    *substance use disorder, withdrawal*  
12                    *symptoms, or a fetal alcohol spectrum*  
13                    *disorder and the requirements under*  
14                    *section 106(b)(2)(B)(iii); and*

15                    “(V)                    *appropriate*  
16                    *multigenerational strategies to address*  
17                    *the mental health needs of the parent*  
18                    *and child together.*

19                    “(iv) *Establishing partnerships, agree-*  
20                    *ments, or memoranda of understanding be-*  
21                    *tween the lead agency and health profes-*  
22                    *sionals, health facilities, child welfare pro-*  
23                    *fessionals, juvenile and family court judges,*  
24                    *substance use and mental disorder treat-*  
25                    *ment programs, early childhood education*

1            *programs, and maternal and child health*  
2            *and early intervention professionals, includ-*  
3            *ing home visiting providers, peer-to-peer re-*  
4            *covery programs such as parent mentoring*  
5            *programs, and housing agencies to facilitate*  
6            *the implementation of, and compliance with*  
7            *section 106(b)(2) and clause (ii) of this sub-*  
8            *paragraph, in areas which may include—*

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

23                   *“(II) ensuring that treatment ap-*  
24                   *proaches for serving infants, pregnant*  
25                   *women, and perinatal and postnatal*

1            *women whose infants may be affected*  
2            *by substance use, withdrawal symp-*  
3            *toms, or a fetal alcohol spectrum dis-*  
4            *order, are designed to, where appro-*  
5            *priate, keep infants with their mothers*  
6            *during both inpatient and outpatient*  
7            *treatment; and*

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

15           *“(v) Developing and updating systems*  
16           *of technology for improved data collection*  
17           *and monitoring under section*  
18           *106(b)(2)(B)(iii), including existing elec-*  
19           *tronic medical records, to measure the out-*  
20           *comes achieved through the plans of safe*  
21           *care, including monitoring systems to meet*  
22           *the requirements of this Act and submission*  
23           *of performance measures.*

24           *“(E) REPORTING.—Each State that receives*  
25           *funds under this paragraph, for each year such*

1        *funds are received, shall submit a report to the*  
2        *Secretary, disaggregated by geographic location,*  
3        *economic status, and major racial and ethnic*  
4        *groups, except that such disaggregation shall not*  
5        *be required if the results would reveal personally*  
6        *identifiable information, on, with respect to in-*  
7        *ants identified under section 106(b)(2)(B)(vi)—*

8                *“(i) the number who experienced re-*  
9                *moval associated with parental substance*  
10              *use;*

11              *“(ii) the number who experienced re-*  
12              *moval and are subsequently are reunified*  
13              *with parents, and the length of time between*  
14              *such removal and reunification;*

15              *“(iii) the number who are referred to*  
16              *community providers without a child pro-*  
17              *tection case;*

18              *“(iv) the number who received services*  
19              *while in the care of their birth parents;*

20              *“(v) the number who receive post-re-*  
21              *unification services within 1 year after a*  
22              *reunification has occurred; and*

23              *“(vi) the number who experienced a re-*  
24              *turn to out-of-home care within 1 year after*  
25              *reunification.*

1           “(F) *SECRETARY’S REPORT TO CON-*  
2           *GRESS.—The Secretary shall submit an annual*  
3           *report to the Committee on Health, Education,*  
4           *Labor, and Pensions and the Committee on Ap-*  
5           *propriations of the Senate and the Committee on*  
6           *Education and the Workforce and the Committee*  
7           *on Appropriations of the House of Representa-*  
8           *tives that includes the information described in*  
9           *subparagraph (E) and recommendations or ob-*  
10           *servations on the challenges, successes, and les-*  
11           *sons derived from implementation of the grant*  
12           *program.*

13           “(G) *RESERVATION OF FUNDS.—The Sec-*  
14           *retary shall use the amount reserved under sub-*  
15           *paragraph (B)(i)(I) for the purposes of—*

16                   “(i) *providing technical assistance, in-*  
17                   *cluding programs of in-depth technical as-*  
18                   *sistance, to additional States, territories,*  
19                   *and Indian tribes and tribal organizations*  
20                   *in accordance with the substance-exposed*  
21                   *infant initiative developed by the National*  
22                   *Center on Substance Abuse and Child Wel-*  
23                   *fare;*

24                   “(ii) *issuing guidance on the require-*  
25                   *ments of this Act with respect to infants*

1           born with and identified as being affected  
2           by substance use or withdrawal symptoms  
3           or fetal alcohol spectrum disorder, as de-  
4           scribed in clauses (ii) and (iii) of section  
5           106(b)(2)(B), including by—

6                     “(I) clarifying key terms; and

7                     “(II) disseminating best practices  
8                     on implementation of plans of safe  
9                     care, on such topics as differential re-  
10                    sponse, collaboration and coordination,  
11                    and identification and delivery of serv-  
12                    ices for different populations;

13                   “(iii) supporting State efforts to de-  
14                   velop information technology systems to  
15                   manage plans of safe care; and

16                   “(iv) preparing the Secretary’s report  
17                   to Congress described in subparagraph (F).

18                   “(H) *AUTHORIZATION OF APPROPRIA-*  
19                   *TIONS.—To carry out the program under this*  
20                   *paragraph, there are authorized to be appro-*  
21                   *priated \$60,000,000 for each of fiscal years 2019*  
22                   *through 2023.”.*

1 **SEC. 413. REGULATIONS RELATING TO SPECIAL REGISTRA-**  
2 **TION FOR TELEMEDICINE.**

3 *Section 311(h) of the Controlled Substances Act (21*  
4 *U.S.C. 831(h)) is amended by striking paragraph (2) and*  
5 *inserting the following:*

6 “(2) *REGULATIONS.—*

7 “(A) *IN GENERAL.—Not later than 1 year*  
8 *after the date of enactment of the Opioid Crisis*  
9 *Response Act of 2018, in consultation with the*  
10 *Secretary, and in accordance with the procedure*  
11 *described in subparagraph (B), the Attorney*  
12 *General shall promulgate final regulations speci-*  
13 *fying—*

14 “(i) *the limited circumstances in which*  
15 *a special registration under this subsection*  
16 *may be issued; and*

17 “(ii) *the procedure for obtaining a spe-*  
18 *cial registration under this subsection.*

19 “(B) *PROCEDURE.—In promulgating final*  
20 *regulations under subparagraph (A), the Attor-*  
21 *ney General shall—*

22 “(i) *issue a notice of proposed rule-*  
23 *making that includes a copy of the proposed*  
24 *regulations;*

1                   “(ii) provide a period of not less than  
2                   60 days for comments on the proposed regu-  
3                   lations;

4                   “(iii) finalize the proposed regulation  
5                   not later than 6 months after the close of the  
6                   comment period; and

7                   “(iv) publish the final regulations not  
8                   later than 30 days before the effective date  
9                   of the final regulations.”.

10 **SEC. 414. NATIONAL HEALTH SERVICE CORPS BEHAVIORAL**  
11 **AND MENTAL HEALTH PROFESSIONALS PRO-**  
12 **VIDING OBLIGATED SERVICE IN SCHOOLS**  
13 **AND OTHER COMMUNITY-BASED SETTINGS.**

14           *Subpart III of part D of title III of the Public Health*  
15 *Service Act (42 U.S.C. 254l et seq.) is amended by adding*  
16 *at the end the following:*

17 **“SEC. 338N. BEHAVIORAL AND MENTAL HEALTH PROFES-**  
18 **SIONALS PROVIDING OBLIGATED SERVICE IN**  
19 **SCHOOLS AND OTHER COMMUNITY-BASED**  
20 **SETTINGS.**

21           “(a) **SCHOOLS AND COMMUNITY-BASED SETTINGS.**—  
22 *An entity to which a participant in the Scholarship Pro-*  
23 *gram or the Loan Repayment Program (referred to in this*  
24 *section as a ‘participant’) is assigned under section 333*  
25 *may direct such participant to provide service as a behav-*



1 *ioral or mental health professional at a school or other com-*  
 2 *munity-based setting located in a health professional short-*  
 3 *age area.*

4 “(b) *OBLIGATED SERVICE.*—

5 “(1) *IN GENERAL.*—*Any service described in sub-*  
 6 *section (a) that a participant provides may count to-*  
 7 *wards such participant’s completion of any obligated*  
 8 *service requirements under the Scholarship Program*  
 9 *or the Loan Repayment Program, subject to any limi-*  
 10 *tation imposed under paragraph (2).*

11 “(2) *LIMITATION.*—*The Secretary may impose a*  
 12 *limitation on the number of hours of service described*  
 13 *in subsection (a) that a participant may credit to-*  
 14 *wards completing obligated service requirements, pro-*  
 15 *vided that the limitation allows a member to credit*  
 16 *service described in subsection (a) for not less than 50*  
 17 *percent of the total hours required to complete such*  
 18 *obligated service requirements.*

19 “(c) *RULE OF CONSTRUCTION.*—*The authorization*  
 20 *under subsection (a) shall be notwithstanding any other*  
 21 *provision of this subpart or subpart II.”*

22 **SEC. 415. LOAN REPAYMENT FOR SUBSTANCE USE DIS-**  
 23 **ORDER TREATMENT PROVIDERS.**

24 (a) *LOAN REPAYMENT FOR SUBSTANCE USE TREAT-*  
 25 *MENT PROVIDERS.*—*The Secretary shall enter into con-*

1 *tracts under section 338B of the Public Health Service Act*  
2 *(42 U.S.C. 254l-1) with eligible health professionals pro-*  
3 *viding substance use disorder treatment services in sub-*  
4 *stance use disorder treatment facilities, as defined by the*  
5 *Secretary.*

6 (b) *PROVISION OF SUBSTANCE USE DISORDER TREAT-*  
7 *MENT.—In carrying out the activities described in sub-*  
8 *section (a)—*

9 (1) *each such facility shall be located in or serv-*  
10 *ing a mental health professional shortage area des-*  
11 *ignated under section 332 of the Public Health Serv-*  
12 *ice Act (42 U.S.C. 254e), or, as the Secretary deter-*  
13 *mines appropriate, an area with an age-adjusted rate*  
14 *of drug overdose deaths that is above the national*  
15 *overdose mortality rate;*

16 (2) *section 331(a)(3)(D) of such Act (42 U.S.C.*  
17 *254d(a)(3)(D)) shall be applied as if the term “pri-*  
18 *mary health services” includes health services regard-*  
19 *ing substance use disorder treatment and infections*  
20 *associated with illicit drug use;*

21 (3) *section 331(a)(3)(E)(i) of such Act (42*  
22 *U.S.C. 254d(a)(3)(E)(i)) shall be applied as if the*  
23 *term “behavioral and mental health professionals” in-*  
24 *cludes masters level, licensed substance use disorder*  
25 *treatment counselors, and other relevant professionals*

1 or paraprofessionals, as the Secretary determines ap-  
2 propriate; and

3 (4) such professionals and facilities shall pro-  
4 vide—

5 (A) directly, or through the use of telehealth  
6 technology, and pursuant to Federal and State  
7 law, counseling by a program counselor or other  
8 certified professional who is licensed and quali-  
9 fied by education, training, or experience to as-  
10 sess the psychological and sociological back-  
11 ground of patients, to contribute to the appro-  
12 priate treatment plan for the patient, and to  
13 monitor progress; and

14 (B) medication-assisted treatment, includ-  
15 ing, to the extent practicable, all drugs approved  
16 by the Food and Drug Administration to treat  
17 substance use disorders, pursuant to Federal and  
18 State law.

19 (c) *AUTHORIZATION OF APPROPRIATIONS.*—There is  
20 authorized to be appropriated to carry out this section  
21 \$25,000,000 for each of fiscal years 2019 through 2023.

22 **SEC. 416. PROTECTING MOMS AND INFANTS.**

23 (a) *REPORT.*—

24 (1) *IN GENERAL.*—Not later than 60 days after  
25 the date of enactment of this Act, the Secretary shall

1       submit to the appropriate committees of Congress and  
2       make available to the public on the internet website  
3       of the Department of Health and Human Services a  
4       report regarding the implementation of the rec-  
5       ommendations in the strategy relating to prenatal  
6       opioid use, including neonatal abstinence syndrome,  
7       developed pursuant to section 2 of the Protecting Our  
8       Infants Act of 2015 (Public Law 114–91). Such re-  
9       port shall include—

10               (A) an update on the implementation of the  
11               recommendations in the strategy, including in-  
12               formation regarding the agencies involved in the  
13               implementation; and

14               (B) information on additional funding or  
15               authority the Secretary requires, if any, to im-  
16               plement the strategy, which may include au-  
17               thorities needed to coordinate implementation of  
18               such strategy across the Department of Health  
19               and Human Services.

20               (2) *PERIODIC UPDATES.*—The Secretary shall  
21       periodically update the report under paragraph (1).

22       (b) *RESIDENTIAL TREATMENT PROGRAMS FOR PREG-*  
23 *NANT AND POSTPARTUM WOMEN.*—Section 508(s) of the  
24 *Public Health Service Act (42 U.S.C. 290bb–1(s)) is amend-*  
25 *ed by striking “\$16,900,000 for each of fiscal years 2017*

1 *through 2021” and inserting “\$29,931,000 for each of fiscal*  
2 *years 2019 through 2023”.*

3 **SEC. 417. EARLY INTERVENTIONS FOR PREGNANT WOMEN**  
4 **AND INFANTS.**

5 *(a) DEVELOPMENT OF EDUCATIONAL MATERIALS BY*  
6 *CENTER FOR SUBSTANCE ABUSE PREVENTION.—Section*  
7 *515(b) of the Public Health Service Act (42 U.S.C. 290bb–*  
8 *21(b)) is amended—*

9 *(1) in paragraph (13), by striking “and” at the*  
10 *end;*

11 *(2) in paragraph (14), by striking the period at*  
12 *the end and inserting “; and”; and*

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

14 *“(15) in cooperation with relevant stakeholders*  
15 *and the Director of the Centers for Disease Control*  
16 *and Prevention, develop educational materials for cli-*  
17 *nicians to use with pregnant women for shared deci-*  
18 *sionmaking regarding pain management during preg-*  
19 *nancy.”.*

20 *(b) GUIDELINES AND RECOMMENDATIONS BY CENTER*  
21 *FOR SUBSTANCE ABUSE TREATMENT.—Section 507(b) of*  
22 *the Public Health Service Act (42 U.S.C. 290bb(b)) is*  
23 *amended—*

24 *(1) in paragraph (13), by striking “and” at the*  
25 *end;*



1           (1) *in subsection (a), by striking “with findings*  
 2 *of any serious violation regarding” and inserting*  
 3 *“concerning”; and*

4           (2) *in subsection (b)(1)—*

5                 (A) *by inserting “complaints received and*  
 6 *number of” before “closed”; and*

7                 (B) *by inserting before the period “, and,*  
 8 *for each such investigation closed, which agency*  
 9 *conducted the investigation, whether the health*  
 10 *plan that is the subject of the investigation is*  
 11 *fully insured or not fully insured and a sum-*  
 12 *mary of any coordination between the applicable*  
 13 *State regulators and the Department of Labor,*  
 14 *the Department of Health and Human Services,*  
 15 *or the Department of the Treasury, and ref-*  
 16 *erences to any guidance provided by the agencies*  
 17 *addressing the category of violation committed”.*

18           (b) *APPLICABILITY.—The amendments made by sub-*  
 19 *section (a) shall apply with respect to the second annual*  
 20 *report required under such section 13003 and each such an-*  
 21 *nual report thereafter.*

## 22                           **TITLE V—PREVENTION**

### 23           **SEC. 501. STUDY ON PRESCRIBING LIMITS.**

24           *Not later than 2 years after the date of enactment of*  
 25 *this Act, the Secretary, in consultation with the Attorney*

1 *General, shall submit to the Committee on Health, Edu-*  
2 *cation, Labor, and Pensions of the Senate and the Com-*  
3 *mittee on Energy and Commerce of the House of Represent-*  
4 *atives a report on the impact of Federal and State laws*  
5 *and regulations that limit the length, quantity, or dosage*  
6 *of opioid prescriptions. Such report shall address—*

7           (1) *the impact of such limits on—*

8                   (A) *the incidence and prevalence of overdose*  
9 *related to prescription opioids;*

10                   (B) *the incidence and prevalence of overdose*  
11 *related to illicit opioids;*

12                   (C) *the prevalence of opioid use disorders;*

13                   (D) *medically appropriate use of, and ac-*  
14 *cess to, opioids, including any impact on travel*  
15 *expenses and pain management outcomes for pa-*  
16 *tients, whether such limits are associated with*  
17 *significantly higher rates of negative health out-*  
18 *comes, including suicide, and whether the impact*  
19 *of such limits differs based on clinical indication*  
20 *for which opioids are prescribed;*

21           (2) *whether such limits lead to a significant in-*  
22 *crease in burden for prescribers of opioids or pre-*  
23 *scribers of treatments for opioid use disorder, includ-*  
24 *ing any impact on patient access to treatment, and*



1        *whether any such burden is mitigated by any factors*  
2        *such as electronic prescribing or telemedicine; and*

3            *(3) the impact of such limits on diversion or*  
4        *misuse of any controlled substance in schedule II, III,*  
5        *or IV of section 202(c) of the Controlled Substances*  
6        *Act (21 U.S.C. 812(c)).*

7        **SEC. 502. PROGRAMS FOR HEALTH CARE WORKFORCE.**

8            *(a) PROGRAM FOR EDUCATION AND TRAINING IN PAIN*  
9        *CARE.—Section 759 of the Public Health Service Act (42*  
10        *U.S.C. 294i) is amended—*

11            *(1) in subsection (a), by striking “hospices, and*  
12        *other public and private entities” and inserting “hos-*  
13        *pices, tribal health programs (as defined in section 4*  
14        *of the Indian Health Care Improvement Act), and*  
15        *other public and nonprofit private entities” ;*

16            *(2) in subsection (b)—*

17            *(A) in the matter preceding paragraph (1),*  
18        *by striking “award may be made under sub-*  
19        *section (a) only if the applicant for the award*  
20        *agrees that the program carried out with the*  
21        *award will include” and inserting “entity re-*  
22        *ceiving an award under this section shall develop*  
23        *a comprehensive education and training plan*  
24        *that includes”;*

25            *(B) in paragraph (1)—*

1           (i) by inserting “preventing,” after  
2           “diagnosing,”; and

3           (ii) by inserting “non-addictive med-  
4           ical products and non-pharmacologic treat-  
5           ments and” after “including”;

6           (C) in paragraph (2)—

7           (i) by inserting “Federal, State, and  
8           local” after “applicable”; and

9           (ii) by striking “the degree to which”  
10          and all that follows through “effective pain  
11          care” and inserting “opioids”;

12          (D) in paragraph (3), by inserting “, inte-  
13          grated, evidence-based pain management, and, as  
14          appropriate, non-pharmacotherapy” before the  
15          semicolon;

16          (E) in paragraph (4), by striking “; and”  
17          and inserting “;”;

18          (F) by striking paragraph (5) and inserting  
19          the following:

20          “(5) recent findings, developments, and advance-  
21          ments in pain care research and the provision of pain  
22          care, which may include non-addictive medical prod-  
23          ucts and non-pharmacologic treatments intended to  
24          treat pain; and

1           “(6) the dangers of opioid abuse and misuse, de-  
2           tection of early warning signs of opioid use disorders  
3           (which may include best practices related to screening  
4           for opioid use disorders, training on screening, brief  
5           intervention, and referral to treatment), and safe dis-  
6           posal options for prescription medications (including  
7           such options provided by law enforcement or other in-  
8           novative deactivation mechanisms).”;

9           (3) in subsection (d), by inserting “prevention,”  
10          after “diagnosis,”; and

11          (4) in subsection (e), by striking “2010 through  
12          2012” and inserting “2019 through 2023”.

13          (b) *MENTAL AND BEHAVIORAL HEALTH EDUCATION*  
14 *AND TRAINING PROGRAM.*—Section 756(a) of the Public  
15 *Health Service Act (42 U.S.C. 294e-1(a)) is amended—*

16          (1) in paragraph (1), by inserting “, trauma,”  
17          after “focus on child and adolescent mental health”;  
18          and

19          (2) in paragraphs (2) and (3), by inserting  
20          “trauma-informed care and” before “substance use  
21          disorder prevention and treatment services”.

22 **SEC. 503. EDUCATION AND AWARENESS CAMPAIGNS.**

23          Section 102 of the Comprehensive Addiction and Re-  
24          covery Act of 2016 (Public Law 114-198) is amended—

1           (1) *by amending subsection (a) to read as fol-*  
2           *lows:*

3           “(a) *IN GENERAL.—The Secretary of Health and*  
4           *Human Services, acting through the Director of the Centers*  
5           *for Disease Control and Prevention and in coordination*  
6           *with the heads of other departments and agencies, shall ad-*  
7           *vance education and awareness regarding the risks related*  
8           *to misuse and abuse of opioids, as appropriate, which may*  
9           *include developing or improving existing programs, con-*  
10           *ducting activities, and awarding grants that advance the*  
11           *education and awareness of—*

12           “(1) *the public, including patients and con-*  
13           *sumers;*

14           “(2) *patients, consumers, and other appropriate*  
15           *members of the public, regarding such risks related to*  
16           *unused opioids and the dispensing options under sec-*  
17           *tion 309(f) of the Controlled Substances Act, as appli-*  
18           *cable;*

19           “(3) *providers, which may include—*

20           “(A) *providing for continuing education on*  
21           *appropriate prescribing practices;*

22           “(B) *education related to applicable State*  
23           *or local prescriber limit laws, information on the*  
24           *use of non-addictive alternatives for pain man-*

1           *agement, and the use of overdose reversal drugs,*  
2           *as appropriate;*

3           “(C) *disseminating and improving the use*  
4           *of evidence-based opioid prescribing guidelines*  
5           *across relevant health care settings, as appro-*  
6           *priate, and updating guidelines as necessary;*

7           “(D) *implementing strategies, such as best*  
8           *practices, to encourage and facilitate the use of*  
9           *prescriber guidelines, in accordance with State*  
10          *and local law;*

11          “(E) *disseminating information to pro-*  
12          *viders about prescribing options for controlled*  
13          *substances, including such options under section*  
14          *309(f) of the Controlled Substances Act, as appli-*  
15          *cable; and*

16          “(F) *disseminating information, as appro-*  
17          *priate, on the National Pain Strategy developed*  
18          *by or in consultation with the Assistant Sec-*  
19          *retary for Health; and*

20          “(4) *other appropriate entities.*”; and

21          (2) *in subsection (b)—*

22                 (A) *by striking “opioid abuse” each place*  
23                 *such term appears and inserting “opioid misuse*  
24                 *and abuse”; and*

1           (B) in paragraph (2), by striking “safe dis-  
 2           posal of prescription medications and other” and  
 3           inserting “non-addictive treatment options, safe  
 4           disposal options for prescription medications,  
 5           and other applicable”.

6 **SEC. 504. ENHANCED CONTROLLED SUBSTANCE**  
 7           **OVERDOSES DATA COLLECTION, ANALYSIS,**  
 8           **AND DISSEMINATION.**

9           Part J of title III of the Public Health Service Act  
 10 is amended by inserting after section 392 (42 U.S.C. 280b-  
 11 1) the following:

12 **“SEC. 392A. ENHANCED CONTROLLED SUBSTANCE**  
 13           **OVERDOSES DATA COLLECTION, ANALYSIS,**  
 14           **AND DISSEMINATION.**

15           “(a) *IN GENERAL.*—The Director of the Centers for  
 16 Disease Control and Prevention, using the authority pro-  
 17 vided to the Director under section 392, may—

18           “(1) to the extent practicable, carry out and ex-  
 19 pand any controlled substance overdose data collec-  
 20 tion, analysis, and dissemination activity described  
 21 in subsection (b);

22           “(2) provide training and technical assistance to  
 23 States, localities, and Indian tribes for the purpose of  
 24 carrying out any such activity; and

1           “(3) award grants to States, localities, and In-  
2           dian tribes for the purpose of carrying out any such  
3           activity.

4           “(b) CONTROLLED SUBSTANCE OVERDOSE DATA COL-  
5           LECTION AND ANALYSIS ACTIVITIES.—A controlled sub-  
6           stance overdose data collection, analysis, and dissemination  
7           activity described in this subsection is any of the following  
8           activities:

9           “(1) Improving the timeliness of reporting aggre-  
10          gate data to the public, including data on fatal and  
11          nonfatal controlled substance overdoses.

12          “(2) Enhancing the comprehensiveness of con-  
13          trolled substance overdose data by collecting informa-  
14          tion on such overdoses from appropriate sources such  
15          as toxicology reports, autopsy reports, death scene in-  
16          vestigations, and emergency department services.

17          “(3) Modernizing the system for coding causes of  
18          death related to controlled substance overdoses to use  
19          an electronic-based system.

20          “(4) Using data to help identify risk factors as-  
21          sociated with controlled substance overdoses, including  
22          the delivery of certain health care services.

23          “(5) Supporting entities involved in reporting  
24          information on controlled substance overdoses, such as  
25          coroners and medical examiners, to improve accurate





1        *this section as the ‘Director’), using the authority*  
2        *provided to the Director under section 392, may—*

3                *“(A) to the extent practicable, carry out and*  
4                *expand any prevention activity described in*  
5                *paragraph (2);*

6                *“(B) provide training and technical assist-*  
7                *ance to States, localities, and Indian tribes to*  
8                *carrying out any such activity; and*

9                *“(C) award grants to States, localities, and*  
10               *Indian tribes for the purpose of carrying out any*  
11               *such activity.*

12               *“(2) PREVENTION ACTIVITIES.—A prevention ac-*  
13               *tivity described in this paragraph is an activity to*  
14               *improve the efficiency and use of a new or currently*  
15               *operating prescription drug monitoring program,*  
16               *such as—*

17               *“(A) encouraging all authorized users (as*  
18               *specified by the State or other entity) to register*  
19               *with and use the program;*

20               *“(B) enabling such users to access any data*  
21               *updates in as close to real-time as practicable;*

22               *“(C) providing for a mechanism for the pro-*  
23               *gram to notify authorized users of any potential*  
24               *misuse or abuse of controlled substances and any*

1           *detection of inappropriate prescribing or dis-*  
2           *persing practices relating to such substances;*

3           “(D) *encouraging the analysis of prescrip-*  
4           *tion drug monitoring data for purposes of pro-*  
5           *viding de-identified, aggregate reports based on*  
6           *such analysis to State public health agencies,*  
7           *State alcohol and drug agencies, State licensing*  
8           *boards, and other appropriate State agencies, as*  
9           *permitted under applicable Federal and State*  
10          *law and the policies of the prescription drug*  
11          *monitoring program and not containing any*  
12          *protected health information, to prevent inappro-*  
13          *priate prescribing, drug diversion, or abuse and*  
14          *misuse of controlled substances, and to facilitate*  
15          *better coordination among agencies;*

16          “(E) *enhancing interoperability between the*  
17          *program and any health information technology*  
18          *(including certified health information tech-*  
19          *nology), including by integrating program data*  
20          *into such technology;*

21          “(F) *updating program capabilities to re-*  
22          *spond to technological innovation for purposes of*  
23          *appropriately addressing the occurrence and evo-*  
24          *lution of controlled substance overdoses;*

1           “(G) developing or enhancing data exchange  
2           with other sources such as the Medicaid agency,  
3           the Medicare program, pharmacy benefit man-  
4           agers, coroners’ reports, and workers’ compensa-  
5           tion data;

6           “(H) facilitating and encouraging data ex-  
7           change between the program and the prescription  
8           drug monitoring programs of other States;

9           “(I) enhancing data collection and quality,  
10          including improving patient matching and  
11          proactively monitoring data quality; and

12          “(J) providing prescriber and dispenser  
13          practice tools, including prescriber practice in-  
14          sight reports for practitioners to review their  
15          prescribing patterns in comparison to such pat-  
16          terns of other practitioners the specialty.

17          “(b) *ADDITIONAL GRANTS.*—The Director may award  
18          grants to States, localities, and Indian tribes—

19                 “(1) to carry out innovative projects for grantees  
20                 to rapidly respond to controlled substance misuse,  
21                 abuse, and overdoses, including changes in patterns of  
22                 controlled substance use; and

23                 “(2) for any other evidence-based activity for  
24                 preventing controlled substance misuse, abuse, and  
25                 overdoses as the Director determines appropriate.

1       “(c) *RESEARCH.*—*The Director, in coordination with*  
2 *the Assistant Secretary for Mental Health and Substance*  
3 *Use and the National Mental Health and Substance Use*  
4 *Policy Laboratory established under section 501A, as ap-*  
5 *propriate and applicable, may conduct studies and evalua-*  
6 *tions to address substance use disorders, including pre-*  
7 *venting substance use disorders or other related topics the*  
8 *Director determines appropriate.*

9       “(d) *PUBLIC AND PRESCRIBER EDUCATION.*—*Pursu-*  
10 *ant to section 102 of the Comprehensive Addiction and Re-*  
11 *covery Act of 2016, the Director may advance the education*  
12 *and awareness of prescribers and the public regarding the*  
13 *risk of abuse and misuse of prescription opioids.*

14       “(e) *DEFINITIONS.*—*In this section—*

15               “(1) *the term ‘controlled substance’ has the*  
16 *meaning given that term in section 102 of the Con-*  
17 *trolled Substances Act; and*

18               “(2) *the term ‘Indian tribe’ has the meaning*  
19 *given that term in section 4 of the Indian Self-Deter-*  
20 *mination and Education Assistance Act.*

21       “(f) *AUTHORIZATION OF APPROPRIATIONS.*—*For pur-*  
22 *poses of carrying out this section, section 392A of this Act,*  
23 *and section 102 of the Comprehensive Addiction and Recov-*  
24 *ery Act of 2016, there is authorized to be appropriated*  
25 *\$486,000,000 for each of fiscal years 2019 through 2024.”.*

1 **SEC. 506. CDC SURVEILLANCE AND DATA COLLECTION FOR**  
2 **CHILD, YOUTH, AND ADULT TRAUMA.**

3 (a) *DATA COLLECTION.*—*The Director of the Centers*  
4 *for Disease Control and Prevention (referred to in this sec-*  
5 *tion as the “Director”)* may, in cooperation with the States,  
6 collect and report data on adverse childhood experiences  
7 through the Behavioral Risk Factor Surveillance System,  
8 the Youth Risk Behavior Surveillance System, and other  
9 relevant public health surveys or questionnaires.

10 (b) *TIMING.*—*The collection of data under subsection*  
11 *(a) may occur in fiscal year 2019 and every 2 years there-*  
12 *after.*

13 (c) *DATA FROM TRIBAL AND RURAL AREAS.*—*The Di-*  
14 *rector shall encourage each State that participates in col-*  
15 *lecting and reporting data under subsection (a) to collect*  
16 *and report data from tribal and rural areas within such*  
17 *State, in order to generate a statistically reliable represen-*  
18 *tation of such areas.*

19 (d) *AUTHORIZATION OF APPROPRIATIONS.*—*To carry*  
20 *out this section, there are authorized to be appropriated*  
21 *such sums as may be necessary for the period of fiscal years*  
22 *2019 through 2021.*

23 **SEC. 507. REAUTHORIZATION OF NASPER.**

24 *Section 399O of the Public Health Service Act (42*  
25 *U.S.C. 280g–3) is amended—*

26 (1) *in subsection (a)—*

1           (A) in paragraph (1), in the matter pre-  
2           ceding subparagraph (A), by striking “in con-  
3           sultation with the Administrator of the Sub-  
4           stance Abuse and Mental Health Services Ad-  
5           ministration and Director of the Centers for Dis-  
6           ease Control and Prevention” and inserting “in  
7           coordination with the Director of the Centers for  
8           Disease Control and the heads of other depart-  
9           ments and agencies as appropriate”; and

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

11           “(4) STATES AND LOCAL GOVERNMENTS.—

12           “(A) IN GENERAL.—In the case of a State  
13           that does not have a prescription drug moni-  
14           toring program, a county or other unit of local  
15           government within the State that has a prescrip-  
16           tion drug monitoring program shall be treated as  
17           a State for purposes of this section, including for  
18           purposes of eligibility for grants under para-  
19           graph (1).

20           “(B) PLAN FOR INTEROPERABILITY.—For  
21           purposes of meeting the interoperability require-  
22           ments under subsection (c)(3), a county or other  
23           unit of local government shall submit a plan out-  
24           lining the methods such county or unit of local  
25           government will use to ensure the capability of

1           *data sharing with other counties and units of*  
2           *local government within the State and with other*  
3           *States, as applicable.”;*

4           (2) *in subsection (c)—*

5                 (A) *in paragraph (1)(A)(iii)—*

6                     (i) *by inserting “as such standards be-*  
7                     *come available,” after “interoperability*  
8                     *standards,”; and*

9                     (ii) *by striking “generated or identified*  
10                    *by the Secretary or his or her designee” and*  
11                    *inserting “recognized by the Office of the*  
12                    *National Coordinator for Health Informa-*  
13                    *tion Technology”;* and

14                    (B) *in paragraph (3)(A), by inserting “in-*  
15                    *cluding electronic health records,” after “tech-*  
16                    *nology systems,”;*

17           (3) *in subsection (d)(1), by striking “not later*  
18           *than 1 week after the date of such dispensing” and*  
19           *inserting “in as close to real time as practicable”;*

20           (4) *in subsection (f)—*

21                 (A) *in paragraph (1)(D), by striking “med-*  
22                 *icaid” and inserting “Medicaid”;* and

23                 (B) *in paragraph (2)—*

24                     (i) *in subparagraph (A), by striking*  
25                     *“and” at the end;*

1                   (ii) in subparagraph (B), by striking  
2                   the period and inserting a semicolon; and

3                   (iii) by adding at the end the fol-  
4                   lowing:

5                   “(C) may conduct analyses of controlled  
6                   substance program data for purposes of pro-  
7                   viding appropriate State agencies with aggregate  
8                   reports based on such analyses in as close to  
9                   real-time as practicable, regarding prescription  
10                  patterns flagged as potentially presenting a risk  
11                  of misuse, abuse, addiction, overdose, and other  
12                  aggregate information, as appropriate and in  
13                  compliance with applicable Federal and State  
14                  laws and provided that such reports shall not in-  
15                  clude protected health information; and

16                  “(D) may access information about pre-  
17                  scriptions, such as claims data, to ensure that  
18                  such prescribing and dispensing history is up-  
19                  dated in as close to real-time as practicable, in  
20                  compliance with applicable Federal and State  
21                  laws and provided that such information shall  
22                  not include protected health information.”;

23                  (5) in subsection (i), by inserting “, in collabora-  
24                  tion with the National Coordinator for Health Infor-  
25                  mation Technology and the Director of the National



1 *Institute of Standards and Technology,” after “The*  
2 *Secretary”; and*

3 *(6) in subsection (n), by striking “2021” and in-*  
4 *serting “2026”.*

5 **SEC. 508. JESSIE’S LAW.**

6 *(a) BEST PRACTICES.—*

7 *(1) IN GENERAL.—Not later than 1 year after*  
8 *the date of enactment of this Act, the Secretary, in*  
9 *consultation with appropriate stakeholders, including*  
10 *a patient with a history of opioid use disorder, an ex-*  
11 *pert in electronic health records, an expert in the con-*  
12 *fidentiality of patient health information and records,*  
13 *and a health care provider, shall identify or facilitate*  
14 *the development of best practices regarding—*

15 *(A) the circumstances under which informa-*  
16 *tion that a patient has provided to a health care*  
17 *provider regarding such patient’s history of*  
18 *opioid use disorder should, only at the patient’s*  
19 *request, be prominently displayed in the medical*  
20 *records (including electronic health records) of*  
21 *such patient;*

22 *(B) what constitutes the patient’s request*  
23 *for the purpose described in subparagraph (A);*  
24 *and*

1                   (C) the process and methods by which the  
2                   information should be so displayed.

3                   (2) *DISSEMINATION.*—The Secretary shall dis-  
4                   seminate the best practices developed under para-  
5                   graph (1) to health care providers and State agencies.

6                   (b) *REQUIREMENTS.*—In identifying or facilitating  
7                   the development of best practices under subsection (a), as  
8                   applicable, the Secretary, in consultation with appropriate  
9                   stakeholders, shall consider the following:

10                   (1) The potential for addiction relapse or over-  
11                   dose, including overdose death, when opioid medica-  
12                   tions are prescribed to a patient recovering from  
13                   opioid use disorder.

14                   (2) The benefits of displaying information about  
15                   a patient’s opioid use disorder history in a manner  
16                   similar to other potentially lethal medical concerns,  
17                   including drug allergies and contraindications.

18                   (3) The importance of prominently displaying  
19                   information about a patient’s opioid use disorder  
20                   when a physician or medical professional is pre-  
21                   scribing medication, including methods for avoiding  
22                   alert fatigue in providers.

23                   (4) The importance of a variety of appropriate  
24                   medical professionals, including physicians, nurses,  
25                   and pharmacists, having access to information de-

1       scribed in this section when prescribing or dispensing  
2       opioid medication, consistent with Federal and State  
3       laws and regulations.

4               (5) The importance of protecting patient pri-  
5       vacy, including the requirements related to consent  
6       for disclosure of substance use disorder information  
7       under all applicable laws and regulations.

8               (6) All applicable Federal and State laws and  
9       regulations.

10 **SEC. 509. DEVELOPMENT AND DISSEMINATION OF MODEL**  
11                               **TRAINING PROGRAMS FOR SUBSTANCE USE**  
12                               **DISORDER PATIENT RECORDS.**

13       (a) *INITIAL PROGRAMS AND MATERIALS.*—Not later  
14 than 1 year after the date of the enactment of this Act, the  
15 Secretary, in consultation with appropriate experts, shall  
16 identify the following model programs and materials (or  
17 if no such programs or materials exist, recognize private  
18 or public entities to develop and disseminate such programs  
19 and materials):

20               (1) Model programs and materials for training  
21 health care providers (including physicians, emer-  
22 gency medical personnel, psychiatrists, psychologists,  
23 counselors, therapists, nurse practitioners, physician  
24 assistants, behavioral health facilities and clinics,  
25 care managers, and hospitals, including individuals

1        *such as general counsels or regulatory compliance*  
2        *staff who are responsible for establishing provider pri-*  
3        *vacv policies) concerning the permitted uses and dis-*  
4        *losures, consistent with the standards and regula-*  
5        *tions governing the privacy and security of substance*  
6        *use disorder patient records promulgated by the Sec-*  
7        *retary under section 543 of the Public Health Service*  
8        *Act (42 U.S.C. 290dd–2) for the confidentiality of pa-*  
9        *tient records.*

10            *(2) Model programs and materials for training*  
11            *patients and their families regarding their rights to*  
12            *protect and obtain information under the standards*  
13            *and regulations described in paragraph (1).*

14            *(b) REQUIREMENTS.—The model programs and mate-*  
15            *rials described in paragraphs (1) and (2) of subsection (a)*  
16            *shall address circumstances under which disclosure of sub-*  
17            *stance use disorder patient records is needed to—*

18            *(1) facilitate communication between substance*  
19            *use disorder treatment providers and other health care*  
20            *providers to promote and provide the best possible in-*  
21            *tegrated care;*

22            *(2) avoid inappropriate prescribing that can*  
23            *lead to dangerous drug interactions, overdose, or re-*  
24            *lapse; and*



1       **(b) USE OF MATERIAL.**—*For the purposes of carrying*  
2 *out subsection (a), the Secretary may use material produced*  
3 *under section 509 of this Act or under section 11004 of the*  
4 *21st Century Cures Act (42 U.S.C. 1320d–2 note).*

5 **SEC. 511. PRENATAL AND POSTNATAL HEALTH.**

6       *Section 317L of the Public Health Service Act (42*  
7 *U.S.C. 247b–13) is amended—*

8           *(1) in subsection (a)—*

9                   *(A) by amending paragraph (1) to read as*  
10 *follows:*

11                   *“(1) to collect, analyze, and make available data*  
12 *on prenatal smoking, alcohol and substance abuse and*  
13 *misuse, including—*

14                           *“(A) data on—*

15                                   *“(i) the incidence, prevalence, and im-*  
16 *PLICATIONS OF SUCH ACTIVITIES; and*

17                                   *“(ii) the incidence and prevalence of*  
18 *implications and outcomes, including neo-*  
19 *natal abstinence syndrome and other mater-*  
20 *nal and child health outcomes associated*  
21 *with such activities; and*

22                           *“(B) to inform such analysis, additional in-*  
23 *formation or data on family health history,*  
24 *medication exposures during pregnancy, demo-*  
25 *graphic information, such as race, ethnicity, geo-*

1 *graphic location, and family history, and other*  
2 *relevant information, as appropriate;”;*

3 *(B) in paragraph (2)—*

4 *(i) by striking “prevention of” and in-*  
5 *serting “prevention and long-term outcomes*  
6 *associated with”; and*

7 *(ii) by striking “illegal drug use” and*  
8 *inserting “substance abuse and misuse”;*

9 *(C) in paragraph (3), by striking “and ces-*  
10 *sation programs; and” and inserting “, treat-*  
11 *ment, and cessation programs;”;*

12 *(D) in paragraph (4), by striking “illegal*  
13 *drug use.” and inserting “substance abuse and*  
14 *misuse; and”;* and

15 *(E) by adding at the end the following:*

16 *“(5) to issue public reports on the analysis of*  
17 *data described in paragraph (1), including analysis*  
18 *of—*

19 *“(A) long-term outcomes of children affected*  
20 *by neonatal abstinence syndrome;*

21 *“(B) health outcomes associated with pre-*  
22 *natal smoking, alcohol, and substance abuse and*  
23 *misuse; and*

1           “(C) relevant studies, evaluations, or infor-  
2           mation the Secretary determines to be appro-  
3           priate.”;

4           (2) in subsection (b), by inserting “tribal enti-  
5           ties,” after “local governments,”;

6           (3) by redesignating subsection (c) as subsection  
7           (d);

8           (4) by inserting after subsection (b) the fol-  
9           lowing:

10          “(c) COORDINATING ACTIVITIES.—To carry out this  
11          section, the Secretary may—

12           “(1) provide technical and consultative assist-  
13           ance to entities receiving grants under subsection (b);

14           “(2) ensure a pathway for data sharing between  
15           States, tribal entities, and the Centers for Disease  
16           Control and Prevention;

17           “(3) ensure data collection under this section is  
18           consistent with applicable State, Federal, and Tribal  
19           privacy laws; and

20           “(4) coordinate with the National Coordinator  
21           for Health Information Technology, as appropriate,  
22           to assist States and tribes in implementing systems  
23           that use standards recognized by such National Coor-  
24           dinator, as such recognized standards are available,  
25           in order to facilitate interoperability between such



1 *systems and health information technology systems,*  
 2 *including certified health information technology.”;*  
 3 *and*

4 *(5) in subsection (d), as so redesignated, by*  
 5 *striking “2001 through 2005” and inserting “2019*  
 6 *through 2023”.*

7 **SEC. 512. SURVEILLANCE AND EDUCATION REGARDING IN-**  
 8 **FECTIONS ASSOCIATED WITH ILLICIT DRUG**  
 9 **USE AND OTHER RISK FACTORS.**

10 *Section 317N of the Public Health Service Act (42*  
 11 *U.S.C. 247b–15) is amended—*

12 *(1) by amending the section heading to read as*  
 13 *follows: “**SURVEILLANCE AND EDUCATION RE-***  
 14 ***GARDING INFECTIONS ASSOCIATED WITH IL-***  
 15 ***LICIT DRUG USE AND OTHER RISK FACTORS”;***

16 *(2) in subsection (a)—*

17 *(A) in the matter preceding paragraph (1),*  
 18 *by inserting “activities” before the colon;*

19 *(B) in paragraph (1)—*

20 *(i) by inserting “or maintaining” after*  
 21 *“implementing”;*

22 *(ii) by striking “hepatitis C virus in-*  
 23 *fection (in this section referred to as ‘HCV*  
 24 *infection’)” and inserting “infections com-*  
 25 *monly associated with illicit drug use,*

1           *which may include viral hepatitis, human*  
2           *immunodeficiency virus, and infective endo-*  
3           *carditis,”; and*

4           *(iii) by striking “such infection” and*  
5           *all that follows through the period at the*  
6           *end and inserting “such infections, which*  
7           *may include the reporting of cases of such*  
8           *infections.”;*

9           *(C) in paragraph (2), by striking “HCV in-*  
10          *fection” and all that follows through the period*  
11          *at the end and inserting “infections as a result*  
12          *of illicit drug use, receiving blood transfusions*  
13          *prior to July 1992, or other risk factors.”;*

14          *(D) in paragraphs (4) and (5), by striking*  
15          *“HCV infection” each place such term appears*  
16          *and inserting “infections described in paragraph*  
17          *(1)”;* and

18          *(E) in paragraph (5), by striking “pediatri-*  
19          *cians and other primary care physicians, and*  
20          *obstetricians and gynecologists” and inserting*  
21          *“substance use disorder treatment providers, pe-*  
22          *diatricians, other primary care providers, and*  
23          *obstetrician-gynecologists”;*

24          *(3) in subsection (b)—*

1           (A) by striking “directly and” and insert-  
2           ing “directly or”; and

3           (B) by striking “hepatitis C,” and all that  
4           follows through the period at the end and insert-  
5           ing “infections described in subsection (a)(1).”;  
6           and

7           (4) in subsection (c), by striking “such sums as  
8           may be necessary for each of the fiscal years 2001  
9           through 2005” and inserting “\$40,000,000 for each of  
10          fiscal years 2019 through 2023”.

11 **SEC. 513. TASK FORCE TO DEVELOP BEST PRACTICES FOR**  
12                                   **TRAUMA-INFORMED IDENTIFICATION, REFER-**  
13                                   **RAL, AND SUPPORT.**

14          (a) *ESTABLISHMENT.*—There is established a task  
15 force, to be known as the Interagency Task Force on Trau-  
16 ma-Informed Care (in this section referred to as the “task  
17 force”) that shall identify, evaluate, and make recommenda-  
18 tions regarding best practices with respect to children and  
19 youth, and their families as appropriate, who have experi-  
20 enced or are at risk of experiencing trauma.

21          (b) *MEMBERSHIP.*—

22               (1) *COMPOSITION.*—The task force shall be com-  
23 posed of the heads of the following Federal depart-  
24 ments and agencies, or their designees:

1           (A) *The Centers for Medicare & Medicaid*  
2           *Services.*

3           (B) *The Substance Abuse and Mental*  
4           *Health Services Administration.*

5           (C) *The Agency for Healthcare Research*  
6           *and Quality.*

7           (D) *The Centers for Disease Control and*  
8           *Prevention.*

9           (E) *The Indian Health Service.*

10          (F) *The Department of Veterans Affairs.*

11          (G) *The National Institutes of Health.*

12          (H) *The Food and Drug Administration.*

13          (I) *The Health Resources and Services Ad-*  
14          *ministration.*

15          (J) *The Department of Defense.*

16          (K) *The Office of Minority Health.*

17          (L) *The Administration for Children and*  
18          *Families.*

19          (M) *The Office of the Assistant Secretary*  
20          *for Planning and Evaluation.*

21          (N) *The Office for Civil Rights at the De-*  
22          *partment of Health and Human Services.*

23          (O) *The Office of Juvenile Justice and De-*  
24          *linquency Prevention of the Department of Jus-*  
25          *tice.*

1           (P) *The Office of Community Oriented Po-*  
2           *licing Services of the Department of Justice.*

3           (Q) *The Office on Violence Against Women*  
4           *of the Department of Justice.*

5           (R) *The National Center for Education*  
6           *Evaluation and Regional Assistance of the De-*  
7           *partment of Education.*

8           (S) *The National Center for Special Edu-*  
9           *cation Research of the Institute of Education*  
10          *Science.*

11          (T) *The Office of Elementary and Sec-*  
12          *ondary Education of the Department of Edu-*  
13          *cation.*

14          (U) *The Office for Civil Rights at the De-*  
15          *partment of Education.*

16          (V) *The Office of Special Education and*  
17          *Rehabilitative Services of the Department of*  
18          *Education.*

19          (W) *The Bureau of Indian Affairs of the*  
20          *Department of the Interior.*

21          (X) *The Veterans Health Administration of*  
22          *the Department of Veterans Affairs.*

23          (Y) *The Office of Special Needs Assistance*  
24          *Programs of the Department of Housing and*  
25          *Urban Development.*

1                   (Z) *The Office of Head Start of the Admin-*  
2                   *istration for Children and Families.*

3                   (AA) *The Children's Bureau of the Admin-*  
4                   *istration for Children and Families.*

5                   (BB) *The Bureau of Indian Education of*  
6                   *the Department of the Interior.*

7                   (CC) *Such other Federal agencies as the*  
8                   *Secretaries determine to be appropriate.*

9                   (2) *DATE OF APPOINTMENTS.—The heads of Fed-*  
10                  *eral departments and agencies shall appoint the cor-*  
11                  *responding members of the task force not later than*  
12                  *6 months after the date of enactment of this Act.*

13                  (3) *CHAIRPERSON.—The task force shall be*  
14                  *chaired by the Assistant Secretary for Mental Health*  
15                  *and Substance Use.*

16                  (c) *TASK FORCE DUTIES.—The task force shall—*

17                   (1) *solicit input from stakeholders, including*  
18                   *frontline service providers, educators, mental health*  
19                   *professionals, researchers, experts in infant, child, and*  
20                   *youth trauma, child welfare professionals, and the*  
21                   *public, in order to inform the activities under para-*  
22                   *graph (2); and*

23                   (2) *identify, evaluate, make recommendations,*  
24                   *and update such recommendations not less than an-*  
25                   *nually, to the general public, the Secretary of Edu-*

1        *cation, the Secretary of Health and Human Services,*  
2        *the Secretary of Labor, the Secretary of the Interior,*  
3        *the Attorney General, and other relevant cabinet Sec-*  
4        *retaries, and Congress regarding—*

5                *(A) a set of evidence-based, evidence-in-*  
6                *formed, and promising best practices with re-*  
7                *spect to—*

8                        *(i) the identification of infants, chil-*  
9                        *dren and youth, and their families as ap-*  
10                       *propriate, who have experienced or are at*  
11                       *risk of experiencing trauma; and*

12                       *(ii) the expeditious referral to and im-*  
13                       *plementation of trauma-informed practices*  
14                       *and supports that prevent and mitigate the*  
15                       *effects of trauma;*

16                *(B) a national strategy on how the task*  
17        *force and member agencies will collaborate,*  
18        *prioritize options for, and implement a coordi-*  
19        *nated approach which may include data sharing*  
20        *and the awarding of grants that support infants,*  
21        *children, and youth, and their families as appro-*  
22        *priate, who have experienced or are at risk of ex-*  
23        *periencing trauma; and*

24                *(C) existing Federal authorities at the De-*  
25        *partment of Education, Department of Health*

1           *and Human Services, Department of Justice,*  
2           *Department of Labor, Department of Interior,*  
3           *and other relevant agencies, and specific Federal*  
4           *grant programs to disseminate best practices on,*  
5           *provide training in, or deliver services through,*  
6           *trauma-informed practices, and disseminate such*  
7           *information—*

8                   *(i) in writing to relevant program of-*  
9                   *fices at such agencies to encourage grant*  
10                  *applicants in writing to use such funds,*  
11                  *where appropriate, for trauma-informed*  
12                  *practices; and*

13                   *(ii) to the general public through the*  
14                  *internet website of the task force.*

15           *(d) BEST PRACTICES.—In identifying, evaluating,*  
16           *and recommending the set of best practices under subsection*  
17           *(c), the task force shall—*

18                   *(1) include guidelines for providing professional*  
19                   *development for front-line services providers, includ-*  
20                   *ing school personnel, early childhood education pro-*  
21                   *gram providers, providers from child- or youth-serv-*  
22                   *ing organizations, housing and homeless providers,*  
23                   *primary and behavioral health care providers, child*  
24                   *welfare and social services providers, juvenile and*  
25                   *family court personnel, health care providers, individ-*



1 uals who are mandatory reporters of child abuse or  
2 neglect, trained nonclinical providers (including peer  
3 mentors and clergy), and first responders, in—

4 (A) understanding and identifying early  
5 signs and risk factors of trauma in infants, chil-  
6 dren, and youth, and their families as appro-  
7 priate, including through screening processes;

8 (B) providing practices to prevent and  
9 mitigate the impact of trauma, including by fos-  
10 tering safe and stable environments and relation-  
11 ships; and

12 (C) developing and implementing policies,  
13 procedures, or systems that—

14 (i) are designed to quickly refer in-  
15 fants, children, youth, and their families as  
16 appropriate, who have experienced or are at  
17 risk of experiencing trauma to the appro-  
18 priate trauma-informed screening and sup-  
19 port, including age-appropriate treatment,  
20 and to ensure such infants, children, youth,  
21 and family members receive such support;

22 (ii) utilize and develop partnerships  
23 with early childhood education programs,  
24 local social services organizations, such as  
25 organizations serving youth, and clinical

1           *mental health or health care service pro-*  
2           *viders with expertise in providing support*  
3           *services (including age-appropriate trauma-*  
4           *informed and evidence-based treatment)*  
5           *aimed at preventing or mitigating the ef-*  
6           *fects of trauma;*

7           *(iii) educate children and youth to—*

8                   *(I) understand and identify the*  
9                   *signs, effects, or symptoms of trauma;*  
10                  *and*

11                   *(II) build the resilience and cop-*  
12                   *ing skills to mitigate the effects of expe-*  
13                   *riencing trauma;*

14           *(iv) promote and support multi-*  
15           *generational practices that assist parents,*  
16           *foster parents, and kinship and other care-*  
17           *givers in accessing resources related to, and*  
18           *developing environments conducive to, the*  
19           *prevention and mitigation of trauma; and*

20           *(v) collect and utilize data from*  
21           *screenings, referrals, or the provision of*  
22           *services and supports to evaluate and im-*  
23           *prove processes for trauma-informed sup-*  
24           *port and outcomes that are culturally sen-*  
25           *sitive, linguistically appropriate, and spe-*

1                    *cific to age ranges and sex, as applicable;*  
2                    *and*

3                    *(2) recommend best practices that are designed*  
4                    *to avoid unwarranted custody loss or criminal pen-*  
5                    *alties for parents or guardians in connection with in-*  
6                    *fants, children, and youth who have experienced or*  
7                    *are at risk of experiencing trauma.*

8                    *(e) OPERATING PLAN.—Not later than 1 year after the*  
9                    *date of enactment of this Act, the task force shall hold the*  
10                   *first meeting. Not later than 2 years after such date of en-*  
11                   *actment, the task force shall submit to the Secretary of Edu-*  
12                   *cation, Secretary of Health and Human Services, Secretary*  
13                   *of Labor, Secretary of the Interior, the Attorney General,*  
14                   *and Congress an operating plan for carrying out the activi-*  
15                   *ties of the task force described in subsection (c)(2). Such*  
16                   *operating plan shall include—*

17                   *(1) a list of specific activities that the task force*  
18                   *plans to carry out for purposes of carrying out duties*  
19                   *described in subsection (c)(2), which may include*  
20                   *public engagement;*

21                   *(2) a plan for carrying out the activities under*  
22                   *subsection (c)(2);*

23                   *(3) a list of members of the task force and other*  
24                   *individuals who are not members of the task force*  
25                   *that may be consulted to carry out such activities;*

1           (4) *an explanation of Federal agency involve-*  
2           *ment and coordination needed to carry out such ac-*  
3           *tivities, including any statutory or regulatory bar-*  
4           *riers to such coordination;*

5           (5) *a budget for carrying out such activities; and*

6           (6) *other information that the task force deter-*  
7           *mines appropriate.*

8           (f) *FINAL REPORT.*—*Not later than 3 years after the*  
9           *date of the first meeting of the task force, the task force shall*  
10          *submit to the general public, Secretary of Education, Sec-*  
11          *retary of Health and Human Services, Secretary of Labor,*  
12          *Secretary of the Interior, the Attorney General, and other*  
13          *relevant cabinet Secretaries, and Congress, a final report*  
14          *containing all of the findings and recommendations re-*  
15          *quired under this section.*

16          (g) *DEFINITION.*—*In this section, the term “early*  
17          *childhood education program” has the meaning given such*  
18          *term in section 103 of the Higher Education Act of 1965*  
19          *(20 U.S.C. 1003).*

20          (h) *AUTHORIZATION OF APPROPRIATIONS.*—*To carry*  
21          *out this section, there are authorized to be appropriated*  
22          *such sums as may be necessary for each of fiscal years 2019*  
23          *through 2022.*

1           (i) *SUNSET.*—*The task force shall on the date that is*  
 2 *60 days after the submission of the final report under sub-*  
 3 *section (f), but not later than September 30, 2022.*

4 **SEC. 514. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**  
 5 **ICES AND MENTAL HEALTH CARE FOR CHIL-**  
 6 **DREN AND YOUTH IN EDUCATIONAL SET-**  
 7 **TINGS.**

8           (a) *GRANTS, CONTRACTS, AND COOPERATIVE AGREE-*  
 9 *MENTS AUTHORIZED.*—*The Secretary, in coordination with*  
 10 *the Assistant Secretary for Mental Health and Substance*  
 11 *Use, is authorized to award grants to, or enter into con-*  
 12 *tracts or cooperative agreements with, State educational*  
 13 *agencies, local educational agencies, Head Start agencies*  
 14 *(including Early Head Start agencies), State or local agen-*  
 15 *cies that administer public preschool programs, Indian*  
 16 *tribes or their tribal educational agencies, a school operated*  
 17 *by the Bureau of Indian Education, a Regional Corpora-*  
 18 *tion (as defined in section 3 of the Alaska Native Claims*  
 19 *Settlement Act (43 U.S.C. 1602)), or a Native Hawaiian*  
 20 *educational organization (as defined in section 6207 of the*  
 21 *Elementary and Secondary Education Act of 1965 (20*  
 22 *U.S.C. 7517)), for the purpose of increasing student access*  
 23 *to evidence-based trauma support services and mental*  
 24 *health care by developing innovative initiatives, activities,*  
 25 *or programs to link local school systems with local trauma-*

1 *informed support and mental health systems, including*  
2 *those under the Indian Health Service.*

3       (b) *DURATION.*—*With respect to a grant, contract, or*  
4 *cooperative agreement awarded or entered into under this*  
5 *section, the period during which payments under such*  
6 *grant, contract or agreement are made to the recipient may*  
7 *not exceed 4 years.*

8       (c) *USE OF FUNDS.*—*An entity that receives a grant,*  
9 *contract, or cooperative agreement under this section shall*  
10 *use amounts made available through such grant, contract,*  
11 *or cooperative agreement for evidence-based activities,*  
12 *which shall include any of the following:*

13           (1) *Collaborative efforts between school-based*  
14 *service systems and trauma-informed support and*  
15 *mental health service systems to provide, develop, or*  
16 *improve prevention, screening, referral, and treatment*  
17 *and support services to students, such as by providing*  
18 *universal trauma screenings to identify students in*  
19 *need of specialized support.*

20           (2) *To implement schoolwide multi-tiered posi-*  
21 *tive behavioral interventions and supports, or other*  
22 *trauma-informed models of support.*

23           (3) *To provide professional development to teach-*  
24 *ers, teacher assistants, school leaders, specialized in-*

1        *structional support personnel, and mental health pro-*  
2        *essionals that—*

3                *(A) fosters safe and stable learning environ-*  
4                *ments that prevent and mitigate the effects of*  
5                *trauma, including through social and emotional*  
6                *learning;*

7                *(B) improves school capacity to identify,*  
8                *refer, and provide services to students in need of*  
9                *trauma support or behavioral health services; or*

10               *(C) reflects the best practices developed by*  
11               *the Interagency Task Force on Trauma-Informed*  
12               *Care established under section 513.*

13               *(4) Engaging families and communities in ef-*  
14               *forts to increase awareness of child and youth trau-*  
15               *ma, which may include sharing best practices with*  
16               *law enforcement regarding trauma-informed care and*  
17               *working with mental health professionals to provide*  
18               *interventions, as well as longer term coordinated care*  
19               *within the community for children and youth who*  
20               *have experienced trauma and their families.*

21               *(5) To provide technical assistance to school sys-*  
22               *tems and mental health agencies.*

23               *(6) To evaluate the effectiveness of the program*  
24               *carried out under this section in increasing student*

1        *access to evidence-based trauma support services and*  
2        *mental health care.*

3        *(d) APPLICATIONS.—To be eligible to receive a grant,*  
4        *contract, or cooperative agreement under this section, an*  
5        *entity described in subsection (a) shall submit an applica-*  
6        *tion to the Secretary at such time, in such manner, and*  
7        *containing such information as the Secretary may reason-*  
8        *ably require, which shall include the following:*

9            *(1) A description of the innovative initiatives,*  
10        *activities, or programs to be funded under the grant,*  
11        *contract, or cooperative agreement, including how*  
12        *such program will increase access to evidence-based*  
13        *trauma support services and mental health care for*  
14        *students, and, as applicable, the families of such stu-*  
15        *dents.*

16           *(2) A description of how the program will pro-*  
17        *vide linguistically appropriate and culturally com-*  
18        *petent services.*

19           *(3) A description of how the program will sup-*  
20        *port students and the school in improving the school*  
21        *climate in order to support an environment conducive*  
22        *to learning.*

23           *(4) An assurance that—*



1           (A) persons providing services under the  
2           grant, contract, or cooperative agreement are  
3           adequately trained to provide such services; and

4           (B) teachers, school leaders, administrators,  
5           specialized instructional support personnel, rep-  
6           resentatives of local Indian tribes or tribal orga-  
7           nizations as appropriate, other school personnel,  
8           and parents or guardians of students partici-  
9           pating in services under this section will be en-  
10          gaged and involved in the design and implemen-  
11          tation of the services.

12          (5) A description of how the applicant will sup-  
13          port and integrate existing school-based services with  
14          the program in order to provide mental health serv-  
15          ices for students, as appropriate.

16          (e) *INTERAGENCY AGREEMENTS.*—

17           (1) *DESIGNATION OF LEAD AGENCY.*—A recipient  
18           of a grant, contract, or cooperative agreement under  
19           this section shall designate a lead agency to direct the  
20           establishment of an interagency agreement among  
21           local educational agencies, agencies responsible for  
22           early childhood education programs, juvenile justice  
23           authorities, mental health agencies, child welfare  
24           agencies, and other relevant entities in the State or  
25           Indian tribe, in collaboration with local entities.

1           (2) *CONTENTS.*—*The interagency agreement*  
2 *shall ensure the provision of the services described in*  
3 *subsection (c), specifying with respect to each agency,*  
4 *authority, or entity—*

5                   (A) *the financial responsibility for the serv-*  
6 *ices;*

7                   (B) *the conditions and terms of responsi-*  
8 *bility for the services, including quality, account-*  
9 *ability, and coordination of the services; and*

10                   (C) *the conditions and terms of reimburse-*  
11 *ment among the agencies, authorities, or entities*  
12 *that are parties to the interagency agreement,*  
13 *including procedures for dispute resolution.*

14           (f) *EVALUATION.*—*The Secretary shall reserve not to*  
15 *exceed 3 percent of the funds made available under sub-*  
16 *section (l) for each fiscal year to—*

17                   (1) *conduct a rigorous, independent evaluation*  
18 *of the activities funded under this section; and*

19                   (2) *disseminate and promote the utilization of*  
20 *evidence-based practices regarding trauma support*  
21 *services and mental health care.*

22           (g) *DISTRIBUTION OF AWARDS.*—*The Secretary shall*  
23 *ensure that grants, contracts, and cooperative agreements*  
24 *awarded or entered into under this section are equitably*  
25 *distributed among the geographical regions of the United*

1 *States and among tribal, urban, suburban, and rural popu-*  
2 *lations.*

3 *(h) RULE OF CONSTRUCTION.—Nothing in this section*  
4 *shall be construed—*

5 *(1) to prohibit an entity involved with a pro-*  
6 *gram carried out under this section from reporting a*  
7 *crime that is committed by a student to appropriate*  
8 *authorities; or*

9 *(2) to prevent Federal, State, and tribal law en-*  
10 *forcement and judicial authorities from exercising*  
11 *their responsibilities with regard to the application of*  
12 *Federal, tribal, and State law to crimes committed by*  
13 *a student.*

14 *(i) SUPPLEMENT, NOT SUPPLANT.—Any services pro-*  
15 *vided through programs carried out under this section shall*  
16 *supplement, and not supplant, existing mental health serv-*  
17 *ices, including any special education and related services*  
18 *provided under the Individuals with Disabilities Education*  
19 *Act (20 U.S.C. 1400 et seq.).*

20 *(j) CONSULTATION WITH INDIAN TRIBES.—In car-*  
21 *rying out subsection (a), the Secretary shall, in a timely*  
22 *manner, meaningfully consult, engage, and cooperate with*  
23 *Indian tribes and their representatives to ensure notice of*  
24 *eligibility.*

25 *(k) DEFINITIONS.—In this section:*

1           (1) *ELEMENTARY OR SECONDARY SCHOOL.*—*The*  
2 *term “elementary or secondary school” means a pub-*  
3 *lic elementary and secondary school as such term is*  
4 *defined in section 8101 of the Elementary and Sec-*  
5 *ondary Education Act of 1965 (20 U.S.C. 7801).*

6           (2) *EVIDENCE-BASED.*—*The term “evidence-*  
7 *based” has the meaning given such term in section*  
8 *8101(21)(A)(i) of the Elementary and Secondary*  
9 *Education Act of 1965 (20 U.S.C. 7801(21)(A)(i)).*

10          (3) *NATIVE HAWAIIAN EDUCATIONAL ORGANIZA-*  
11 *TION.*—*The term “Native Hawaiian educational or-*  
12 *ganization” has the meaning given such term in sec-*  
13 *tion 6207 of the Elementary and Secondary Edu-*  
14 *cation Act of 1965 (20 U.S.C. 7517).*

15          (4) *SCHOOL LEADER.*—*The term “school leader”*  
16 *has the meaning given such term in section 8101 of*  
17 *the Elementary and Secondary Education Act of*  
18 *1965 (20 U.S.C. 7801).*

19          (5) *SECRETARY.*—*The term “Secretary” means*  
20 *the Secretary of Education.*

21          (6) *SPECIALIZED INSTRUCTIONAL SUPPORT PER-*  
22 *SONNEL.*—*The term “specialized instructional sup-*  
23 *port personnel” has the meaning given such term in*  
24 *8101 of the Elementary and Secondary Education*  
25 *Act of 1965 (20 U.S.C. 7801).*

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

5 **SEC. 515. NATIONAL CHILD TRAUMATIC STRESS INITIATIVE.**

6        *Section 582(j) of the Public Health Service Act (42*  
7 *U.S.C. 290hh–1(j)) (relating to grants to address the prob-*  
8 *lems of persons who experience violence related stress) is*  
9 *amended by striking “\$46,887,000 for each of fiscal years*  
10 *2018 through 2022” and inserting “\$53,887,000 for each*  
11 *of fiscal years 2019 through 2023”.*

Calendar No. 398

115<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 2680**

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**A BILL**

To address the opioid crisis.

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MAY 7, 2018

Reported with an amendment