

118TH CONGRESS
2D SESSION

H. R. 10047

To amend the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to support community-based programs for harm reduction services for individuals who use substances.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 25, 2024

Mr. LARSEN of Washington (for himself and Ms. KUSTER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to support community-based programs for harm reduction services for individuals who use substances.

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.**

4 This Act may be cited as the “Closing the Substance
5 Use Care Gap Act of 2024”.

1 **SEC. 2. GRANTS FOR COMMUNITY-BASED HARM REDUC-**
2 **TION SERVICES FOR SUBSTANCE USE DIS-**
3 **ORDER.**

4 Part D of title V of the Public Health Service Act
5 (42 U.S.C. 290dd et seq.) is amended by inserting after
6 section 544 of such Act (42 U.S.C. 290dd–3) the fol-
7 lowing:

8 **“SEC. 544A. GRANTS FOR COMMUNITY-BASED HARM RE-**
9 **DUCTION SERVICES FOR SUBSTANCE USE**
10 **DISORDER.**

11 “(a) **ESTABLISHMENT.**—The Secretary, acting
12 through the Assistant Secretary for Mental Health and
13 Substance Use and in consultation with the Director of
14 the Centers for Disease Control and Prevention, shall
15 award grants to eligible entities to support community-
16 based programs for harm reduction services for individuals
17 with substance use disorder or individuals who use sub-
18 stances.

19 “(b) **ELIGIBLE ENTITY.**—In this section, the term
20 ‘eligible entity’ means—

21 “(1) a State, local, Tribal, or territorial govern-
22 ment;

23 “(2) a Tribal organization;

24 “(3) a community-based harm reduction pro-
25 gram, including a syringe services program;

1 “(4) a primary and behavioral health organiza-
2 tion; or

3 “(5) an opioid treatment program.

4 “(c) SUBGRANTS.—For the purposes for which a
5 grant is awarded under this section, the eligible entity re-
6 ceiving the grant may award subgrants to—

7 “(1) a Federally qualified health center;

8 “(2) an opioid treatment program;

9 “(3) a health care provider or organization pro-
10 viding services to individuals with substance use dis-
11 orders or individuals who use substances; and

12 “(4) any nonprofit organization that the Sec-
13 retary deems appropriate, which may include Urban
14 Indian organizations (as defined in section 4 of the
15 Indian Health Care Improvement Act).

16 “(d) APPLICATION.—To seek a grant under this sec-
17 tion, an eligible entity shall submit to the Secretary, in
18 such form and manner as specified by the Secretary, an
19 application that describes—

20 “(1) the intended uses of funds provided
21 through the grant;

22 “(2) how the activities funded through the
23 grant will support community-based harm reduction
24 programs providing harm reduction services for indi-
25 viduals who use substances; and

1 “(3) any other information and assurances the
2 Secretary determines to be appropriate.

3 “(e) USE OF GRANT FUNDS.—Grant funds awarded
4 under this section to an eligible entity shall be used to
5 support community-based harm reduction programs pro-
6 viding harm reduction services for individuals who use
7 substances, which—

8 “(1) may include—

9 “(A) preventing and controlling the spread
10 of infectious diseases and the consequences of
11 such diseases for individuals who use sub-
12 stances, such as through legally authorized or
13 permitted syringe services programs, including
14 the purchase of syringes;

15 “(B) overdose prevention programs, such
16 as distributing opioid overdose reversal medica-
17 tion to individuals at risk of overdose and indi-
18 viduals likely to witness or respond to an over-
19 dose; and

20 “(C) connecting individuals who use sub-
21 stances to overdose education, harm reduction
22 treatment and counseling, treatment services,
23 recovery support services, and health education,
24 and encouraging such individuals to take steps

1 to reduce the negative personal and public
2 health impacts of substance use or misuse; and

3 “(2) shall include establishing or maintaining
4 processes, protocols, and mechanisms for referral to
5 evidence-based treatment and recovery support serv-
6 ices.

7 “(f) BEST PRACTICES.—The Secretary, acting
8 through the Assistant Secretary, in consultation with the
9 Director of the Centers for Disease Control and Preven-
10 tion, shall issue guidance, based on information collected
11 from grantees under this section, detailing best practices
12 and promising methods for community-based harm reduc-
13 tion programs providing harm reduction services described
14 in subsection (e).

15 “(g) TECHNICAL ASSISTANCE.—The Secretary, in-
16 cluding through the Tribal Training and Technical Assist-
17 ance Center of the Substance Abuse and Mental Health
18 Services Administration, as applicable, shall provide eligi-
19 ble entities with technical assistance concerning—

20 “(1) grant application and submission proce-
21 dures under this section;

22 “(2) management activities for grant awards
23 under this section; and

24 “(3) enhancing outreach and direct support to
25 rural and underserved communities and providers in

1 addressing substance use through a grant under this
2 section.

3 “(h) REPORT TO CONGRESS.—Not later than 2 years
4 after the date of enactment of this section, and biennially
5 thereafter, the Secretary shall submit to the Committee
6 on Health, Education, Labor, and Pensions of the Senate
7 and the Committee on Energy and Commerce of the
8 House of Representatives a report that—

9 “(1) assesses how grant funding allocated
10 under this section has affected the efforts of States
11 to—

12 “(A) address substance use;

13 “(B) prevent and control the spread of in-
14 fectious diseases, and the consequences of such
15 diseases for individuals who use substances; and

16 “(C) connect individuals who use sub-
17 stances to overdose education, harm reduction
18 treatment and counseling, treatment services,
19 recovery support services, and health education;
20 and

21 “(2) includes any other information the Sec-
22 retary determines to be appropriate.

23 “(i) DEFINITIONS.—In this section:

1 “(1) The term ‘Federally qualified health cen-
2 ter’ has the meaning given to that term in section
3 1861(aa) of the Social Security Act.

4 “(2) The term ‘opioid treatment program’ has
5 the meaning given to that term in section 8.2 of title
6 42, Code of Federal Regulations (or any successor
7 regulations).

8 “(3) The term ‘Urban Indian organization’ has
9 the meaning given to that term in section 4 of the
10 Indian Health Care Improvement Act.

11 “(j) AUTHORIZATION OF APPROPRIATIONS.—

12 “(1) IN GENERAL.—There is authorized to be
13 appropriated to carry out this section \$30,000,000
14 for each of fiscal years 2025 through 2029.

15 “(2) FEDERAL ADMINISTRATIVE EXPENSES.—
16 Of the amounts made available for each fiscal year
17 to award grants under subsection (a), the Secretary
18 shall use not more than 2 percent for Federal ad-
19 ministrative expenses, training, technical assistance,
20 and evaluation.”.

○