

118TH CONGRESS
1ST SESSION

H. R. 3375

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

IN THE HOUSE OF REPRESENTATIVES

MAY 16, 2023

Ms. KUSTER (for herself, Ms. BLUNT ROCHESTER, Mr. BACON, Mr. TONKO, Mr. TRONE, Mr. PANETTA, Mrs. TRAHAN, Mr. ALLRED, Ms. CRAIG, Ms. PETERSEN, Ms. BARRAGÁN, and Mr. NORCROSS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Support, Treatment, and Overdoses Prevention of
6 Fentanyl Overdoses Act of 2023” or the “STOP Fentanyl
7 Overdoses Act of 2023”.

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

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

TITLE I—IMPROVING FENTANYL SURVEILLANCE

Sec. 101. Enhanced drug surveillance.
 Sec. 102. Collection of overdose data.
 Sec. 103. Public health support for law enforcement.
 Sec. 104. Fentanyl detection.
 Sec. 105. Grants to improve public health surveillance in forensic laboratories.

TITLE II—STEMMING THE SUPPLY OF FENTANYL

Sec. 201. Report on countries that produce synthetic drugs.
 Sec. 202. GAO report on international mail and cargo screening.

TITLE III—OVERDOSE PREVENTION AND SUBSTANCE USE
 DISORDER TREATMENT PROGRAMS

Sec. 301. Opioid treatment education.
 Sec. 302. Study on naloxone access.
 Sec. 303. Increasing access to medication for opioid overdose reversal.
 Sec. 304. Grant program on harms of drug misuse.
 Sec. 305. Good Samaritan immunity.
 Sec. 306. Report on overdose prevention centers.
 Sec. 307. Prisons and substance use disorder treatment.

3 **SEC. 2. DEFINITIONS.**

4 In this Act, except as otherwise provided:

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

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

10 (3) The term “fentanyl-related substance” has
 11 the meaning given the term in section
 12 1308.11(h)(30)(i) of title 21, Code of Federal Regu-
 13 lations (or successor regulations).

1 **TITLE I—IMPROVING FENTANYL**
2 **SURVEILLANCE**

3 **SEC. 101. ENHANCED DRUG SURVEILLANCE.**

4 (a) CDC SURVEILLANCE PROGRAM.—Title III of the
5 Public Health Service Act (42 U.S.C. 241 et seq.) is
6 amended by inserting after section 317V of such Act (42
7 U.S.C. 247b–24) the following:

8 **“SEC. 317W. ENHANCED DRUG SURVEILLANCE.**

9 “(a) IN GENERAL.—The Secretary, acting through
10 the Director of the Centers for Disease Control and Pre-
11 vention, shall enhance the Overdose Data to Action drug
12 surveillance program of the Centers and other drug sur-
13 veillance programs by—

14 “(1) encouraging States, political subdivisions
15 of States, and territories to participate;

16 “(2) increasing and accelerating the collection
17 of data on fentanyl, fentanyl-related substances,
18 other synthetic opioids, and new emerging drugs of
19 use (including harmful adulterants of fentanyl such
20 as xylazine), including the collection of related over-
21 dose data from medical examiners and drug treat-
22 ment admissions and information regarding drug
23 seizures; and

24 “(3) utilizing available and emerging informa-
25 tion on fentanyl, fentanyl-related substances, other

1 synthetic opioids, and new emerging drugs of abuse,
2 including information from—

3 “(A) the High Intensity Drug Trafficking
4 Areas program;

5 “(B) the National Drug Early Warning
6 System;

7 “(C) State and local public health authori-
8 ties;

9 “(D) Federal, State, and local public
10 health laboratories; and

11 “(E) drug seizures by Federal, State, and
12 local law enforcement agencies, including infor-
13 mation from the National Seizure System and
14 the National Forensic Laboratory Information
15 System of the Drug Enforcement Administra-
16 tion.

17 “(b) INFORMATION SHARING.—The Secretary, acting
18 through the Director of the Centers for Disease Control
19 and Prevention, shall publicly disseminate findings col-
20 lected through the Overdose Data to Action drug surveil-
21 lance program of the Centers for Disease Control and Pre-
22 vention.

23 “(c) DEFINITION.—In this section, the term
24 ‘fentanyl-related substance’ has the meaning given the

1 term in section 1308.11(h)(30)(i) of title 21, Code of Fed-
2 eral Regulations (or successor regulations).”.

3 (b) LAW ENFORCEMENT REPORTING.—Each Federal
4 law enforcement agency shall report information on all
5 drug seizures by that agency to the Drug Enforcement
6 Administration for inclusion in the National Seizure Sys-
7 tem.

8 (c) GAO REPORT.—Not later than 2 years after the
9 date of enactment of this Act, the Comptroller General
10 of the United States shall—

11 (1) publish a report analyzing how Federal
12 agencies can improve their collection, reporting,
13 sharing, and analytic use of drug seizure data across
14 Federal agencies and with State and local govern-
15 ments; and

16 (2) include in such report an analysis of how
17 well available data on drug seizures can measure
18 progress toward reducing drug trafficking into and
19 within the country, as outlined in strategies such as
20 the National Drug Control Strategy of the Office of
21 National Drug Control Policy.

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

23 (a) IN GENERAL.—Not later than 2 years after the
24 date of enactment of this Act, the Secretary shall com-

1 mence a study on how to most efficiently track overdoses
2 by type of drug, including fentanyl.

3 (b) GRANT PROGRAM.—

4 (1) IN GENERAL.—Upon completion of the
5 study under subsection (a), and taking into consider-
6 ation the results of such study, the Secretary shall
7 award grants to States to facilitate the collection of
8 data with respect to fentanyl-involved overdoses.

9 (2) REQUIREMENT.—As a condition on receipt
10 of a grant under this subsection, an applicant shall
11 agree to share the data collected pursuant to the
12 grant with the Centers for Disease Control and Pre-
13 vention.

14 (3) PREFERENCE.—In awarding grants under
15 this subsection, the Secretary shall give preference
16 to applicants whose grant proposals demonstrate the
17 greatest need for collecting timely and accurate data
18 on overdoses.

19 **SEC. 103. PUBLIC HEALTH SUPPORT FOR LAW ENFORCE-**
20 **MENT.**

21 (a) SUPPORT FOR FENTANYL DETECTION AND HAN-
22 DLING.—The Secretary, in consultation with the Attorney
23 General, shall carry out a program to provide to Federal,
24 State, and local law enforcement agencies training on ac-

1 curate information about fentanyl and how to detect and
2 handle fentanyl.

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

8 **SEC. 104. FENTANYL DETECTION.**

9 (a) TESTING OF CONTAMINANTS.—The Secretary,
10 acting through the Assistant Secretary and in coordina-
11 tion with the Director of the Centers for Disease Control
12 and Prevention, shall continue to improve efforts to en-
13 hance screening and identification of contaminants in
14 drugs to prevent overdoses.

15 (b) RESEARCH INTO TECHNOLOGIES.—The Sec-
16 retary shall conduct or support research for the develop-
17 ment or improvement of portable and affordable tech-
18 nologies related to checking drugs for fentanyl and
19 fentanyl-related substances, including chemical screening
20 device methods.

21 **SEC. 105. GRANTS TO IMPROVE PUBLIC HEALTH SURVEIL-**
22 **LANCE IN FORENSIC LABORATORIES.**

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

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

6 “(a) PURPOSE.—The purpose of a grant awarded
7 under this section shall be to promote public health by
8 assisting a State or unit of local government—

9 “(1) establish or improve a surveillance pro-
10 gram in order to facilitate the seizure of covered
11 controlled substances; and

12 “(2) carry out the activities described in section
13 101 of the STOP Fentanyl Overdoses Act of 2023.

14 “(b) ESTABLISHMENT OF GRANT.—The Attorney
15 General, acting through the Director of the Bureau of
16 Justice Assistance, may make a grant to a State or unit
17 of local government to promote public health by estab-
18 lishing or improving a surveillance program in order to
19 facilitate the seizure of covered controlled substances.

20 “(c) ELIGIBLE PROJECTS.— A grant awarded under
21 this section shall be used for a program, project, or other
22 activity to—

23 “(1) reimburse a State, local, or other forensic
24 science laboratory for costs associated with testing
25 to help address any backlog of untested samples of
26 covered controlled substances;

1 “(2) reimburse a State, local, or other forensic
2 science laboratory for the procurement of equipment,
3 technology, or other support systems;

4 “(3) reimburse State, local, or other forensic
5 science laboratory for improved, real time data ex-
6 change with the Centers for Disease Control and
7 Prevention on covered controlled substances; and

8 “(4) support a State or local health depart-
9 ments deployed to address the use of covered con-
10 trolled substances.

11 “(d) **ADDITIONAL REQUIREMENT.**—A program,
12 project, or other activity pursuant to subsection (c)(2)
13 shall require that the State, unit of local government, or
14 Tribe demonstrate, to the satisfaction of the Attorney
15 General, that any reimbursement would result in improved
16 efficiency of laboratory testing and help prevent future
17 backlogs.

18 “(e) **ALLOCATION.**—

19 “(1) **POPULATION ALLOCATION.**—Seventy-five
20 percent of the amount made available to carry out
21 this section in a fiscal year shall be allocated to each
22 State or unit of local government that meets the re-
23 quirements of section 2802 so that each State or
24 unit of local government shall receive an amount
25 that bears the same ratio to the 75 percent of the

1 total amount made available to carry out this section
2 for that fiscal year as the population of the State or
3 unit of local government bears to the population of
4 all States or units of local governments.

5 “(2) DISCRETIONARY ALLOCATION.—Twenty-
6 five percent of the amount made available to carry
7 out this section in a fiscal year shall be allocated
8 pursuant to the discretion of the Attorney General
9 for competitive grants to States or units of local gov-
10 ernment with high rates of primary treatment ad-
11 missions for polysubstance use, including for covered
12 controlled substances, for use by State, local, or
13 Tribal law enforcement agencies.

14 “(3) LIMITATION.—Not less than 60 percent of
15 any amounts made available to carry out this section
16 shall be awarded for a program, project, or other ac-
17 tivity under paragraph (1) or (2) of subsection (c).

18 “(4) MINIMUM REQUIREMENT.—Notwith-
19 standing paragraphs (1), (2), and (3), each State re-
20 ceiving funds shall not receive less than 0.6 percent
21 of the amount made available to carry out this sec-
22 tion in each fiscal year.

23 “(f) COVERED CONTROLLED SUBSTANCE DE-
24 FINED.—In this section, the term ‘covered controlled sub-

1 stance’ means heroin, fentanyl, a fentanyl-related sub-
2 stance, and any associated synthetic drug.’’.

3 **TITLE II—STEMMING THE**
4 **SUPPLY OF FENTANYL**

5 **SEC. 201. REPORT ON COUNTRIES THAT PRODUCE SYN-**
6 **THETIC DRUGS.**

7 Not later than one year after the date of enactment
8 of this Act, the Secretary of State shall submit to the
9 Committee on Energy and Commerce of the House of
10 Representatives and the Committee on the Judiciary of
11 the Senate a report—

12 (1) identifying the countries the Secretary de-
13 termines are the principal producers of synthetic
14 drugs trafficked into the United States;

15 (2) assessing how and why those countries are
16 producing such drugs; and

17 (3) describing measures the Secretary plans to
18 take to reduce the flow of such drugs into the
19 United States.

20 **SEC. 202. GAO REPORT ON INTERNATIONAL MAIL AND**
21 **CARGO SCREENING.**

22 Not later than one year after the date of enactment
23 of this Act, the Comptroller General of the United States
24 shall submit to the Congress a report reviewing the impact
25 of High Intensity Drug Trafficking Areas program on il-

1 licit fentanyl and fentanyl-related substances imported
2 through international mail and cargo, including discussion
3 of the following:

4 (1) The volume of fentanyl and fentanyl-related
5 substances being imported into the country by
6 means of international mail and cargo.

7 (2) The potential impact of increased screening
8 for illicit fentanyl and fentanyl-related substances
9 on—

10 (A) deterring drug trafficking in the
11 United States;

12 (B) interdicting fentanyl and fentanyl-re-
13 lated substances that were manufactured out-
14 side of the United States and intended, or at-
15 tempted, to be imported into the United States;

16 (C) the number of Federal criminal pros-
17 ecutions based on the manufacture, distribu-
18 tion, or possession of fentanyl or fentanyl-re-
19 lated substances, disaggregated by demographic
20 data, including sex, race, and ethnicity, of the
21 offender;

22 (D) the charges brought in such prosecu-
23 tions;

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

1 (F) the development of new fentanyl-re-
2 lated substances.

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

7 **TITLE III—OVERDOSE PREVEN-**
8 **TION AND SUBSTANCE USE**
9 **DISORDER TREATMENT PRO-**
10 **GRAMS**

11 **SEC. 301. OPIOID TREATMENT EDUCATION.**

12 Part D of title V of the Public Health Service Act
13 (42 U.S.C. 290dd et seq.) is amended by adding at the
14 end the following:

15 **“SEC. 553. OPIOID TREATMENT EDUCATION.**

16 “(a) IN GENERAL.—The Secretary shall award
17 grants to States and local governmental entities to provide
18 education to stakeholders, including health care providers,
19 criminal justice professionals, and substance use disorder
20 treatment personnel, on the current state of research on
21 treatment for opioid use disorder, including—

22 “(1) the use of opioid agonists or partial
23 agonists; and

24 “(2) the potential benefits of the use of opioid
25 agonists or partial agonists for affected individuals.

1 “(b) REPORT.—Not later than one year after the
2 date of enactment of the STOP Fentanyl Overdoses Act
3 of 2023, the Secretary shall submit a report to the Com-
4 mittee on Energy and Commerce of the House of Rep-
5 resentatives and the Committee on Health, Education,
6 Labor, and Pensions of the Senate, including the following
7 data:

8 “(1) The number of people reached by edu-
9 cational materials funded pursuant to this section.

10 “(2) The geographic areas where people re-
11 ceived such educational materials.

12 “(3) The remaining populations and areas tar-
13 getted for awareness of educational materials, includ-
14 ing the characteristics of such populations and areas
15 such as the type of stakeholder and geographic area.

16 “(4) The select outcomes of education funded
17 pursuant to this section as determined by the Sec-
18 retary.”.

19 **SEC. 302. STUDY ON NALOXONE ACCESS.**

20 (a) IN GENERAL.—The Comptroller General of the
21 United States shall conduct a study on actions that may
22 be taken to ensure appropriate access and affordability of
23 naloxone for individuals seeking to purchase naloxone.
24 Such study shall address what is known about—

1 (1) coverage of naloxone (in any available
2 form), including whether naloxone can be covered as
3 an over-the-counter drug under a group health plan
4 or group or individual health insurance coverage (as
5 such terms are defined in section 2791 of the Public
6 Health Service Act (42 U.S.C. 300gg–91)) or for in-
7 dividuals entitled to benefits under part A or en-
8 rolled under part B of title XVIII of the Social Se-
9 curity Act (42 U.S.C. 1395 et seq.) or receiving
10 medical assistance under a State plan under title
11 XIX of such Act (42 U.S.C. 1396 et seq.) or a waiv-
12 er of such plan;

13 (2) the out-of-pocket cost to consumers pur-
14 chasing naloxone—

15 (A) with a prescription, with and without
16 coverage under any such plan or coverage;

17 (B) over-the-counter, with and without cov-
18 erage under any such plan or coverage; and

19 (C) pursuant to a standing order; and

20 (3) other factors impacting coverage, including
21 barriers in covering naloxone as an over-the-counter
22 drug, the relative net costs of naloxone when pur-
23 chased over-the-counter without insurance coverage
24 compared to when purchased with a prescription and
25 covered under a group health plan or health insur-

1 ance coverage, and the availability of naloxone pur-
2 chased and distributed through public health enti-
3 ties.

4 (b) REPORT.—Not later than 2 years after the date
5 of the enactment of this Act, the Comptroller General of
6 the United States shall submit to Congress a report that
7 contains the findings of the study conducted under sub-
8 section (a).

9 **SEC. 303. INCREASING ACCESS TO MEDICATION FOR**
10 **OPIOID OVERDOSE REVERSAL.**

11 (a) TRANSACTIONS.—Section 581(24)(B) of the Fed-
12 eral Food, Drug, and Cosmetic Act (21 U.S.C.
13 360eee(24)(B)) is amended—

14 (1) by redesignating clauses (xvii) and (xviii) as
15 clauses (xviii) and (xix), respectively; and

16 (2) by inserting after clause (xvi) the following:

17 “(xvii) the distribution of an opioid
18 antagonist indicated for emergency treat-
19 ment of opioid overdose, such as naloxone,
20 by or to an overdose prevention, syringe
21 services program, or other harm reduction
22 service;”.

23 (b) WHOLESALE DISTRIBUTION.—Section 503(e)(4)
24 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
25 353(e)(4)) is amended—

1 (1) by redesignating subparagraphs (R) and (S)
2 as subparagraphs (S) and (T), respectively; and

3 (2) by inserting after subparagraph (Q) the fol-
4 lowing:

5 “(R) the distribution of an opioid antago-
6 nist indicated for emergency treatment of opioid
7 overdose, such as naloxone, by or to an over-
8 dose prevention, syringe services program, or
9 other harm reduction service;”.

10 **SEC. 304. GRANT PROGRAM ON HARMS OF DRUG MISUSE.**

11 Part D of title V of the Public Health Service Act
12 (42 U.S.C. 290dd et seq.), as amended by section 301,
13 is further amended by adding at the end the following:

14 **“SEC. 554. GRANT PROGRAM ON HARMS OF DRUG MISUSE.**

15 “(a) IN GENERAL.—The Assistant Secretary, in con-
16 sultation with the Director of the Centers for Disease Con-
17 trol and Prevention, shall award grants to States and po-
18 litical subdivisions of States to support the delivery of
19 overdose prevention services, including distribution of
20 Food and Drug Administration-approved opioid reversal
21 agents such as naloxone, fentanyl strips, and other harm
22 reduction services that address the harms of drug misuse,
23 including by—

1 “(1) connecting individuals at risk for, or with,
2 a substance use disorder to overdose education,
3 counseling, and health education; and

4 “(2) encouraging such individuals to take steps
5 to reduce the harms associated with substance mis-
6 use.

7 “(b) CONSIDERATIONS.—In awarding grants under
8 this section, the Assistant Secretary shall prioritize grants
9 to applicants that are—

10 “(1) organizations providing culturally com-
11 petent care in terms of considerations based on race,
12 language, ethnicity, gender, sexuality, or disability;
13 or

14 “(2) proposing to serve areas with—

15 “(A) a higher proportion of the population
16 who meet criteria for dependence on, or abuse
17 of, illicit drugs;

18 “(B) a higher drug overdose death rate;
19 and

20 “(C) a greater behavioral health and sub-
21 stance use disorder workforce need.

22 “(c) SPECIAL CONSIDERATIONS.—A recipient of a
23 grant under this section for the purposes described in sub-
24 section (a)(2) shall provide overdose prevention services,
25 as follows:

1 “(1) Ensure that not less than 60 percent of
2 the grant funds are used for harm reduction pro-
3 grams.

4 “(2) Prioritize the delivery of opioid antagonists
5 to—

6 “(A) people who use opioids or illicit
7 drugs;

8 “(B) families of such people;

9 “(C) first responders such as law enforce-
10 ment personnel and nonemergency services such
11 as fire fighters and park rangers; and

12 “(D) community service providers, such as
13 library, school, and public transportation per-
14 sonnel.

15 “(d) USE OF GRANT AWARDS.—A recipient of a
16 grant under this section may use grant funds for the fol-
17 lowing:

18 “(1) Adapting, maintaining, and expanding es-
19 sential services provided by harm reduction service
20 organizations to address the risks of drug overdose
21 and contraction of infectious disease.

22 “(2) Maintaining or hiring staff.

23 “(3) Supporting program operational costs, in-
24 cluding staff, rent, and vehicle purchase or mainte-
25 nance.

1 “(4) Program supplies.

2 “(5) Support and case management services.”.

3 **SEC. 305. GOOD SAMARITAN IMMUNITY.**

4 (a) IN GENERAL.—Part B of title II of the Public
5 Health Service Act is amended by inserting after section
6 248 of such Act (42 U.S.C. 238q) the following:

7 **“SEC. 249. GOOD SAMARITAN IMMUNITY.**

8 “(a) LIMITATION ON CIVIL LIABILITY FOR INDIVID-
9 UALS WHO ADMINISTER OPIOID OVERDOSE REVERSAL
10 DRUGS.—

11 “(1) IN GENERAL.—Notwithstanding any other
12 provision of law, except as provided in paragraph
13 (2), no individual shall be liable in any Federal or
14 State proceeding for harm caused by the emergency
15 administration of an opioid overdose reversal drug to
16 an individual who has or reasonably appears to have
17 suffered an overdose from heroin or another opioid,
18 if the individual who administers the opioid overdose
19 reversal drug does so in good faith.

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

24 “(3) DEFINITIONS.—In this subsection:

1 “(A) The term ‘health care professional’
2 means a person licensed by a State to prescribe
3 prescription drugs.

4 “(B) The term ‘opioid overdose reversal
5 drug’ means a drug approved under section 505
6 of the Federal Food, Drug, and Cosmetic Act
7 that is indicated for the partial or complete re-
8 versal of the pharmacological effects of an
9 opioid overdose in the human body.

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

21 “(i) to individuals at risk of experi-
22 encing an opioid overdose; or

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

1 “(b) IMMUNITY FROM LIABILITY.—

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

4 “(A) seeks medical assistance for another
5 individual who is experiencing a drug overdose,
6 or

7 “(B) seeks medical assistance for himself
8 or herself for a drug overdose, or is the subject
9 of a request for medical assistance described in
10 subparagraph (A),

11 shall not be cited, arrested, prosecuted, criminally
12 liable, or subject to any sanction for a violation of
13 a condition of supervised release under section 404
14 of the Controlled Substances Act for the possession
15 or use of a controlled substance, or under any other
16 provision of Federal law regulating the misuse of
17 prescription drugs, as a result of seeking such med-
18 ical assistance.

19 “(2) PREEMPTION.—This subsection preempts
20 the laws of a State or any political subdivision of a
21 State to the extent that such laws are inconsistent
22 with this section, unless such laws provide greater
23 protection from liability.

24 “(3) DEFINITIONS.—In this section:

1 “(A) The term ‘controlled substance’ has
2 the meaning given the term in section 102 of
3 the Controlled Substances Act.

4 “(B) The term ‘drug overdose’ means an
5 acute condition resulting from or believed to be
6 resulting from the use of a controlled sub-
7 stance, which an individual, who is not a health
8 care professional, would reasonably believe re-
9 quires medical assistance.

10 “(C) The term ‘prescription drug’ means a
11 drug subject to section 503(b)(1) of the Federal
12 Food, Drug, and Cosmetic Act.

13 “(D) The terms ‘seeks medical assistance’
14 and ‘seeking such medical assistance’ include—

15 “(i) reporting a drug or alcohol over-
16 dose or other medical emergency to a law
17 enforcement authority, the 9–1–1 system,
18 a poison control center, or a medical pro-
19 vider;

20 “(ii) assisting another individual who
21 is making a report described in clause (i);
22 or

23 “(iii) providing care to someone who
24 is experiencing a drug or alcohol overdose

1 or other medical emergency while awaiting
2 the arrival of medical assistance.”.

3 (b) PUBLIC AWARENESS CAMPAIGN.—The Secretary
4 of Health and Human Services, in coordination with the
5 Administrator of the Drug Enforcement Administration,
6 shall carry out a campaign to increase public awareness
7 of the limitations on civil and criminal liability established
8 by section 249 of the Public Health Service Act, as added
9 by subsection (a).

10 **SEC. 306. REPORT ON OVERDOSE PREVENTION CENTERS.**

11 The Secretary of Health and Human Services shall
12 enter into appropriate arrangements with the National
13 Academies of Sciences, Engineering, and Medicine under
14 which the Academies agree to—

15 (1) not later than two years after the date of
16 enactment of this Act, submit to the Congress a re-
17 port on overdose prevention centers; and

18 (2) include in such report—

19 (A) identification of barriers to operating
20 overdose prevention centers;

21 (B) a compilation of the data available to
22 measure effectiveness of overdose prevention
23 centers on reducing overdose deaths, and im-
24 proving access to medication for opioid use dis-
25 order and recovery services;

1 (C) identification of best practices to pro-
2 mote individual and community public health,
3 provide resources to individuals and families,
4 improve access to substance use disorder and
5 behavioral health services, and reduce stigma;

6 (D) recommendations for developing inte-
7 grated care settings inclusive of overdose pre-
8 vention sites and incorporating overdose preven-
9 tion sites into referral networks; and

10 (E) approaches to overdose prevention
11 services that may serve as effective strategies
12 for recovery for people using fentanyl.

13 **SEC. 307. PRISONS AND SUBSTANCE USE DISORDER TREAT-**
14 **MENT.**

15 (a) PRISONS AND MEDICATION-ASSISTED TREAT-
16 MENT.—The Director of the Bureau of Prisons, in collabo-
17 ration with the Director of the Office of National Drug
18 Control Policy, shall establish a program to offer to indi-
19 viduals in the custody of the Bureau of Prisons—

20 (1) drugs that are approved by the Food and
21 Drug Administration for treatment of a substance
22 use disorder;

23 (2) counseling and other psychosocial treat-
24 ments for the treatment of substance use disorders;
25 and

1 (3) evidence-based withdrawal management
2 services.

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

7 (1) by striking “means” and inserting the fol-
8 lowing:

9 “(1) means”;

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

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

13 “(2) includes any drug approved by the Food
14 and Drug Administration for the treatment of sub-
15 stance use disorder.”.

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