

118TH CONGRESS  
2D SESSION

# H. R. 8323

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

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## IN THE HOUSE OF REPRESENTATIVES

MAY 8, 2024

Mr. RASKIN (for himself, Ms. KUSTER, Mr. TRONE, Ms. PETERSEN, Ms. BALINT, Ms. BARRAGÁN, Mr. BLUMENAUER, Ms. BLUNT ROCHESTER, Ms. BONAMICI, Mr. BOWMAN, Ms. BROWN, Ms. BROWNLEY, Ms. BUSH, Mr. CÁRDENAS, Mr. CARSON, Mr. CASAR, Ms. CHU, Mr. CONNOLLY, Ms. CROCKETT, Mr. CUELLAR, Mr. DAVIS of Illinois, Ms. DEAN of Pennsylvania, Ms. DEGETTE, Mrs. DINGELL, Ms. ESCOBAR, Mr. FROST, Mr. GARCÍA of Illinois, Mr. ROBERT GARCIA of California, Ms. GARCIA of Texas, Mr. GOLDMAN of New York, Mr. GOMEZ, Mr. GRIJALVA, Mrs. HAYES, Mr. HUFFMAN, Ms. JACKSON LEE, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Ms. KELLY of Illinois, Mr. KHANNA, Mr. KRISHNAMOORTHY, Mr. LARSON of Connecticut, Ms. LEE of California, Ms. LEE of Pennsylvania, Ms. LEGER FERNANDEZ, Mr. LIEU, Mr. LYNCH, Ms. MATSUI, Ms. MCCOLLUM, Mr. MCGOVERN, Mr. MEEKS, Ms. MENG, Mr. MFUME, Ms. MOORE of Wisconsin, Mr. MORELLE, Mr. MOULTON, Mr. NADLER, Mr. NEGUSE, Ms. NORTON, Ms. OCASIO-CORTEZ, Ms. OMAR, Mr. PANETTA, Ms. PINGREE, Mr. POCAN, Ms. PORTER, Ms. PRESSLEY, Ms. ROSS, Ms. SÁNCHEZ, Mr. SARBANES, Ms. SCANLON, Ms. SCHAKOWSKY, Mr. SCHIFF, Ms. SPANBERGER, Ms. STANSBURY, Ms. TITUS, Ms. TLAIB, Ms. TOKUDA, Mr. TONKO, Mr. TORRES of New York, Mrs. TRAHAN, Ms. UNDERWOOD, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, and Ms. WILLIAMS of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, the Judiciary, and Oversight and Accountability, 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 provide emergency assistance to States, territories, Tribal nations, and local areas affected by substance use disorder, including the use of opioids and stimulants, and to make financial assistance available to States, territories, Tribal nations, local areas, public or private non-profit entities, and certain health providers, to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families.

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

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

4       (a) SHORT TITLE.—This Act may be cited as the  
 5 “Comprehensive Addiction Resources Emergency Act of  
 6 2024”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Purpose.

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

“TITLE XXXIV—SUBSTANCE USE RESOURCES

“Subtitle A—Local Substance Use Emergency Relief Grant Program

“Sec. 3401. Establishment of program of grants.

“Sec. 3402. Planning council.

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

“Sec. 3404. Application.

“Sec. 3405. Technical assistance.

“Sec. 3406. Authorization of appropriations.

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

- “Sec. 3411. Establishment of program of grants.
- “Sec. 3412. Amount of grant, use of amounts, and funding agreement.
- “Sec. 3413. Application.
- “Sec. 3414. Technical assistance.
- “Sec. 3415. Authorization of appropriations.

“Subtitle C—Other Grant Program

- “Sec. 3421. Establishment of grant program.
- “Sec. 3422. Use of amounts.
- “Sec. 3423. Technical assistance.
- “Sec. 3424. Planning and development grants.
- “Sec. 3425. Authorization of appropriations.

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

- “Sec. 3431. Special projects of national significance.
- “Sec. 3432. Education and training centers.
- “Sec. 3433. Substance use disorder treatment provider capacity under the Medicaid program.
- “Sec. 3434. Programs to support employees.
- “Sec. 3435. Improving and expanding care.
- “Sec. 3436. Naloxone distribution program.
- “Sec. 3437. Additional funding for the National Institutes of Health.
- “Sec. 3438. Additional funding for the Centers for Disease Control and Prevention.
- “Sec. 3439. Definitions.

Sec. 4. Amendments to the Controlled Substances Act.

Sec. 5. General limitation on use of funds.

Sec. 6. Federal drug demand reduction activities.

**1 SEC. 2. PURPOSE.**

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

1 order, including with co-occurring mental health and sub-  
2 stance use disorders, and their families.

3 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**  
4 **ACT.**

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

7 **“TITLE XXXIV—SUBSTANCE USE**  
8 **RESOURCES**

9 **“Subtitle A—Local Substance Use**  
10 **Emergency Relief Grant Program**

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

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

15 “(b) ELIGIBILITY.—

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

18 “(A) be—

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

1 ranked at the 67th percentile of all coun-  
2 ties, as determined by the Secretary;

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

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

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

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

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

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

8           “(B) submit a single application under sec-  
9 tion 3404;

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

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

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

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

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

24           “(3) CITIES AND COUNTIES WITHIN MULTIPLE  
25 CONTIGUOUS COUNTIES.—

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

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

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

15           “(ii) meets the requirements of para-  
16 graph (1)(A);

17           “(iii) submits an application under  
18 section 3404;

19           “(iv) establishes a planning council  
20 (for purposes of section 3402); and

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

9           “(c) ADMINISTRATION.—

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

14           “(2) MULTIPLE CONTIGUOUS COUNTIES.—

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

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

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

5 **“SEC. 3402. PLANNING COUNCIL.**

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

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

14 “(2) include individuals with substance use dis-  
15 order, individuals who use drugs, and individuals in  
16 recovery from substance use disorders; and

17 “(3) include, to the maximum extent prac-  
18 ticable, representatives of—

19 “(A) health care providers, including Fed-  
20 erally-qualified health centers, rural health clin-  
21 ics, Indian health programs as defined in sec-  
22 tion 4 of the Indian Health Care Improvement  
23 Act, urban Indian organizations as defined in  
24 section 4 of the Indian Health Care Improve-

1           ment Act, and facilities operated by the Depart-  
2           ment of Veterans Affairs;

3           “(B) Native Hawaiian organizations as de-  
4           fined in section 11 of the Native Hawaiian  
5           Health Care Act of 1988;

6           “(C) community-based health, harm reduc-  
7           tion, and addiction service organizations, in-  
8           cluding, where applicable, representatives of  
9           Drug Free Communities Coalition grantees;

10          “(D) social service providers, including  
11          providers of housing and homelessness services  
12          and recovery residence providers;

13          “(E) mental health care providers;

14          “(F) local public health agencies;

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

18          “(H) local governments;

19          “(I) non-elected community leaders;

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

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

1           “(L) Urban Indians as defined in section  
2 4 of the Indian Health Care Improvement Act;

3           “(M) historically underserved groups and  
4 subpopulations;

5           “(N) individuals who were formerly incar-  
6 cerated;

7           “(O) organizations serving individuals who  
8 are currently incarcerated or in pre-trial deten-  
9 tion or were formerly incarcerated;

10          “(P) Federal agencies;

11          “(Q) organizations that provide drug pre-  
12 vention programs and services to youth at risk  
13 of substance use;

14          “(R) medical examiners or coroners;

15          “(S) labor unions and the workplace com-  
16 munity;

17          “(T) local fire departments and emergency  
18 medical services;

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

21          “(V) certified or accredited addiction re-  
22 covery community organizations.

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

24                 “(1) IN GENERAL.—In providing for a council  
25 for purposes of subsection (a), the chief elected offi-

1 cial of the eligible local area may establish the coun-  
2 cil directly or designate an existing entity to serve as  
3 the council, subject to paragraph (2).

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

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

24 “(4) JOINT COUNCIL.—The Secretary shall es-  
25 tablish a process to permit an eligible local area that

1 is not contiguous with any other eligible local area  
2 to form a joint planning council with such other eli-  
3 gible local area or areas, as long as such areas are  
4 located in geographical proximity to each other, as  
5 determined by the Secretary, and submit a joint ap-  
6 plication under section 3404.

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

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

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

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

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



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

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

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

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

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

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

22           “(1) establish priorities for the allocation of  
23 grant funds within the eligible local area that em-  
24 phasize reducing drug use rates, overdose, substance  
25 use disorder, and health conditions associated with

1 drug use such as human immunodeficiency virus,  
2 hepatitis B, and hepatitis C through evidence-based  
3 interventions in both community and criminal justice  
4 settings and that are based on—

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

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

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

16 “(D) the priorities and needs of individuals  
17 with substance use disorder; and

18 “(E) the availability of other governmental  
19 and non-governmental services;

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

24 “(3) in the absence of a State or local plan,  
25 work with local public health agencies to develop a

1 comprehensive plan for the organization and delivery  
2 of substance use disorder prevention and treatment  
3 services;

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

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

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

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

1           “(8) work with local public agencies to establish  
2 methods for obtaining input on community needs  
3 and priorities, including by partnering with organi-  
4 zations that serve targeted communities experiencing  
5 high addictive substance-related health disparities to  
6 gather data using culturally attuned data collection  
7 methodologies;

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

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

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

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

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

23           “(D) the availability and use of substance  
24 use disorder treatment services needed by indi-

1           viduals with substance use disorders over their  
2           lifetimes; and

3           “(E) reductions in the rates of HIV, hepa-  
4           titis C virus, and other infectious disease trans-  
5           mission among people who use drugs.

6           “(f) CONFLICTS OF INTEREST.—

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

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

23          “(g) GRIEVANCE PROCEDURES.—A planning council  
24          under subsection (a) shall develop procedures for address-  
25          ing grievances with respect to funding under this subtitle,

1 including procedures for submitting grievances that can-  
2 not be resolved to binding arbitration. Such procedures  
3 shall be described in the by-laws of the planning council.

4 “(h) PUBLIC DELIBERATIONS.—

5 “(1) IN GENERAL.—With respect to a planning  
6 council under subsection (a), in accordance with cri-  
7 teria established by the Secretary, the following ap-  
8 plies:

9 “(A) The meetings of the council shall be  
10 open to the public and shall be held only after  
11 adequate notice to the public.

12 “(B) The records, reports, transcripts,  
13 minutes, agenda, or other documents which  
14 were made available to or prepared for or by  
15 the council shall be available for public inspec-  
16 tion and copying at a single location.

17 “(C) Detailed minutes of each meeting of  
18 the council shall be kept. The accuracy of all  
19 minutes shall be certified to by the chair of the  
20 council.

21 “(2) LIMITATION.—Paragraph (1) does not  
22 apply to any disclosure of information of a personal  
23 nature that would constitute a clearly unwarranted  
24 invasion of personal privacy, including any disclosure  
25 of medical information or personnel matters.

1 “(i) NEUTRALITY TOWARDS ORGANIZED LABOR.—

2 “(1) IN GENERAL.—In carrying out duties  
3 under subsection (e), planning councils shall, to the  
4 extent practicable, prioritize the distribution of grant  
5 funds to grantees that have—

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

7 or

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

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

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

14 “(B) policies that require—

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

19 “(ii) that such employees are, at the  
20 beginning of their employment, provided  
21 notice and information regarding the em-  
22 ployees’ rights under such Act; and

23 “(iii) the employer to voluntarily rec-  
24 ognize a union in cases where a majority

1           of such workers of the employer have  
2           joined and requested representation.

3           “(2) LIMITATION.—This subsection does not  
4           apply to Indian tribes.

5   **“SEC. 3403. AMOUNT OF GRANT, USE OF AMOUNTS, AND**  
6           **FUNDING AGREEMENT.**

7           “(a) AMOUNT OF GRANT.—

8           “(1) GRANTS BASED ON RELATIVE NEED OF  
9           AREA.—

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

16           “(B) EXPEDITED DISTRIBUTION.—Not  
17           later than 90 days after an appropriation be-  
18           comes available to carry out this subtitle for a  
19           fiscal year, the Secretary shall disburse 53 per-  
20           cent of the amount made available under sec-  
21           tion 3406 for carrying out this subtitle for such  
22           fiscal year through grants to eligible local areas  
23           under section 3401, in accordance with sub-  
24           paragraphs (C) and (D).

25           “(C) AMOUNT.—



1           “(i) IN GENERAL.—Subject to the ex-  
2           tent of amounts made available in appro-  
3           priations Acts, a grant made for purposes  
4           of this subparagraph to an eligible local  
5           area shall be made in an amount equal to  
6           the product of—

7                   “(I) an amount equal to the  
8                   amount available for distribution  
9                   under subparagraph (B) for the fiscal  
10                  year involved; and

11                  “(II) the percentage constituted  
12                  by the ratio of the distribution factor  
13                  for the eligible local area to the sum  
14                  of the respective distribution factors  
15                  for all eligible local areas,

16           which product shall then, as applicable, be  
17           increased under subparagraph (D).

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

21                   “(I) an amount equal to—

22                           “(aa) the estimated number  
23                           of drug overdose deaths in the el-  
24                           igible local area, as determined  
25                           under clause (iii); or

1                   “(bb) the estimated number  
2                   of non-fatal drug overdoses in the  
3                   eligible local area, as determined  
4                   under clause (iv),

5                   as determined by the Secretary based  
6                   on which distribution factor (item (aa)  
7                   or (bb)) will result in the eligible local  
8                   area receiving the greatest amount of  
9                   funds; or

10                   “(II) in the case of an eligible  
11                   local area for which the data de-  
12                   scribed in subclause (I) are not avail-  
13                   able, an amount determined by the  
14                   Secretary—

15                   “(aa) based on other data  
16                   the Secretary determines appro-  
17                   priate; and

18                   “(bb) that is related to the  
19                   prevalence of non-fatal drug  
20                   overdoses, drug overdose deaths,  
21                   and the mortality rate from drug  
22                   overdoses and provides an equiv-  
23                   alent measure of need for fund-  
24                   ing.

1           “(iii) NUMBER OF DRUG OVERDOSE  
2           DEATHS.—The number of drug overdose  
3           deaths determined under this clause for an  
4           eligible county for a fiscal year for pur-  
5           poses of clause (ii) is the number of drug  
6           overdose deaths during the most recent 3-  
7           year period for which such data are avail-  
8           able.

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

21          “(v) STUDY.—Not later than 3 years  
22          after the date of enactment of this title,  
23          the Comptroller General shall conduct a  
24          study to determine whether the data uti-  
25          lized for purposes of clause (ii) provide the

1 most precise measure of local area need re-  
2 lated to substance use and addiction preva-  
3 lence in local areas and whether additional  
4 data would provide more precise measures  
5 of substance use and addiction prevalence  
6 in local areas. Such study shall identify  
7 barriers to collecting or analyzing such  
8 data, and make recommendations for revis-  
9 ing the distribution factors used under  
10 such clause to determine funding levels in  
11 order to direct funds to the local areas in  
12 most need of funding to provide substance  
13 use disorder treatment services.

14 “(vi) REDUCTIONS IN AMOUNTS.—If a  
15 local area that is an eligible local area for  
16 a year loses such eligibility in a subsequent  
17 year based on the failure to meet the re-  
18 quirements of paragraph (1)(A) or (6) of  
19 section 3401(b), such area will remain eli-  
20 gible to receive—

21 “(I) for such subsequent year, an  
22 amount equal to 80 percent of the  
23 amount received under the grant in  
24 the previous year; and

1                   “(II) for the second such subse-  
2                   quent year, an amount equal to 50  
3                   percent of the amount received in the  
4                   previous year.

5                   “(2) SUPPLEMENTAL GRANTS.—

6                   “(A) IN GENERAL.—The Secretary shall  
7                   disburse the remainder of amounts not dis-  
8                   bursed under paragraph (1) for such fiscal year  
9                   for the purpose of making grants to cities and  
10                  counties whose application under section  
11                  3404—

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

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

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

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

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

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

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

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

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

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

6           “(B) AMOUNT.—

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

12                           “(I) the rate of drug overdose  
13           deaths per 100,000 population in the  
14           eligible local area; and

15                           “(II) the increasing need for sub-  
16           stance use disorder treatment serv-  
17           ices, including relative rates of in-  
18           crease in the number of drug  
19           overdoses or drug overdose deaths, or  
20           recent increases in drug overdoses or  
21           drug overdose deaths since data were  
22           provided under section 3401(b), if ap-  
23           plicable.

24                   “(ii) DEMONSTRATED NEED.—The  
25          factors considered by the Secretary in de-

1           termining whether a local area has a dem-  
2           onstrated need for purposes of clause  
3           (i)(II) may include any or all of the fol-  
4           lowing:

5                   “(I) The unmet need for sub-  
6                   stance use disorder treatment serv-  
7                   ices, including factors identified in  
8                   clause (i)(II).

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

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

17                  “(IV) The current prevalence of  
18                  substance use disorders.

19                  “(V) Relevant factors related to  
20                  the cost and complexity of delivering  
21                  substance use disorder treatment serv-  
22                  ices to individuals in the eligible local  
23                  area.

24                  “(VI) The impact of co-morbid  
25                  factors, including co-occurring condi-



1 tions, determined relevant by the Sec-  
2 retary.

3 “(VII) The prevalence of home-  
4 lessness among individuals with sub-  
5 stance use disorders.

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

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

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

1           “(C) APPLICATION OF PROVISIONS.—A  
2 local area that receives a grant under this para-  
3 graph—

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

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

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

10          “(3) AMOUNT OF GRANT TO TRIBAL GOVERN-  
11 MENTS.—

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

16           “(B) FORMULA FUNDS.—The Secretary,  
17 acting through the Indian Health Service, shall  
18 use 10 percent of the amount available under  
19 section 3406 for each fiscal year to provide for-  
20 mula funds to Indian tribes disproportionately  
21 affected by substance use, in an amount deter-  
22 mined pursuant to a formula and eligibility cri-  
23 teria developed by the Secretary in consultation  
24 with Indian tribes, for the purposes of address-  
25 ing substance use.

1           “(C) PAYMENT OF FUNDS.—At the option  
2 of an Indian tribe the Secretary shall pay funds  
3 under this section through a contract, coopera-  
4 tive agreement, or compact under, as applicable,  
5 title I or V of the Indian Self-Determination  
6 and Education Assistance Act.

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

18           “(b) USE OF AMOUNTS.—

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

23           “(A) the allocation of funds and services  
24 within the area under the grant will be made in

1 accordance with the priorities established by the  
2 planning council; and

3 “(B) funds provided under this grant will  
4 be expended for—

5 “(i) prevention services described in  
6 paragraph (3);

7 “(ii) core medical services described in  
8 paragraph (4);

9 “(iii) recovery and support services  
10 described in paragraph (5);

11 “(iv) early intervention services de-  
12 scribed in paragraph (6);

13 “(v) harm reduction services described  
14 in paragraph (7);

15 “(vi) financial assistance with health  
16 insurance described in paragraph (8); and

17 “(vii) administrative expenses de-  
18 scribed in paragraph (9).

19 “(2) DIRECT FINANCIAL ASSISTANCE.—

20 “(A) IN GENERAL.—An eligible local area  
21 shall use amounts received under a grant under  
22 section 3401 to provide direct financial assist-  
23 ance to eligible entities or providers for the pur-  
24 pose of providing prevention services, core med-  
25 ical services, recovery and support services,

1 early intervention services, and harm reduction  
2 services.

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

13 “(C) LIMITATION.—An eligible local area  
14 (not including tribal areas) may not provide di-  
15 rect financial assistance to any entity or pro-  
16 vider that provides medication for addiction  
17 treatment if that entity or provider does not  
18 also offer mental health services or psycho-  
19 therapy by licensed clinicians through a referral  
20 or onsite.

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

23 “(i) IN GENERAL.—In carrying out  
24 duties under this section, eligible local  
25 areas shall, to the extent practicable,

1 prioritize the distribution of grant funds to  
2 grantees that have—

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

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

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

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

13 “(II) policies that require—

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

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

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

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

8                   “(3) PREVENTION SERVICES.—

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

18                  “(B) LIMIT.—An eligible local area may  
19                  use not to exceed 20 percent of the amount of  
20                  the grant under section 3401 for prevention  
21                  services. An eligible local area may apply to the  
22                  Secretary for a waiver of this subparagraph.

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

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

5 “(A) Substance use disorder treatments, as  
6 more fully described in section 3439, including  
7 assessment of disease presence, severity, and  
8 co-occurring conditions, treatment planning,  
9 clinical stabilization services, withdrawal man-  
10 agement and detoxification, the provision of  
11 medication for substance use disorder, intensive  
12 inpatient treatment, intensive outpatient treat-  
13 ment, outpatient treatment, residential inpa-  
14 tient services, treatment for co-occurring mental  
15 health and substance use disorders, and all  
16 drugs approved by the Food and Drug Adminis-  
17 tration for the treatment of substance use dis-  
18 order.

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



1 organizations, Native Hawaiian organizations  
2 (as defined in section 11 of the Native Hawai-  
3 ian Health Care Act of 1988), and comprehen-  
4 sive opioid recovery centers (as described in sec-  
5 tion 552 of this Act).

6 “(C) Hospice services.

7 “(D) Mental health services.

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

10 “(F) Pharmaceutical assistance and diag-  
11 nostic testing related to the management of  
12 substance use disorders and co-morbid condi-  
13 tions.

14 “(G) Home- and community-based health  
15 services.

16 “(H) Comprehensive Case Management  
17 and care coordination, including substance use  
18 disorder treatment adherence services.

19 “(I) Health insurance enrollment and cost-  
20 sharing assistance in accordance with para-  
21 graph (8).

22 “(J) Programs that hire, employ, train,  
23 and dispatch licensed health care professionals,  
24 mental health professionals, harm reduction  
25 providers, or community health workers to re-

1           spond in lieu of law enforcement officers in  
2           emergencies and that ensure a licensed health  
3           care professional is a member of the team that  
4           responds in lieu of law enforcement officers in  
5           emergencies in which—

6                   “(i) an individual calling 911, the Na-  
7                   tional Suicide Hotline, or another emer-  
8                   gency hotline states that a person is expe-  
9                   riencing a drug overdose or is otherwise  
10                  under the influence of a legal or illegal  
11                  substance; or

12                  “(ii) a law enforcement officer, other  
13                  first responder, or other individual identi-  
14                  fies a person as being (or possibly being)  
15                  under the influence of a legal or illegal  
16                  substance.

17                  “(5) RECOVERY AND SUPPORT SERVICES.—For  
18                  purposes of this section, the term ‘recovery and sup-  
19                  port services’ means services that are provided to in-  
20                  dividuals with substance use disorder, including resi-  
21                  dential recovery housing, mental health services,  
22                  long term recovery services, 24/7 hotline crisis center  
23                  support, medical transportation services, respite care  
24                  for persons caring for individuals with substance use  
25                  disorder, child care and family services while an in-

1       dividual is receiving inpatient treatment services or  
2       at the time of outpatient services, outreach services,  
3       peer recovery services, nutrition services, and refer-  
4       rals for job training and career services, housing,  
5       legal services, and child care and family services.  
6       The entities through which such services may be  
7       provided include local and tribal authorities that  
8       provide child care, housing, community development,  
9       and other recovery and support services, so long as  
10      they do not exclude individuals on the basis that  
11      such individuals receive medication for addiction  
12      treatment.

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

1 overdose. The entities through which such services  
2 may be provided include emergency rooms, fire de-  
3 partments and emergency medical services, detention  
4 facilities, prisons and jails, homeless shelters, health  
5 care points of entry specified by eligible local areas,  
6 Federally-qualified health centers, workforce agen-  
7 cies and job centers, youth development centers,  
8 tribal clinics and hospitals, urban Indian organiza-  
9 tions, and rural health clinics.

10 “(7) HARM REDUCTION SERVICES.—For pur-  
11 poses of this section, the term ‘harm reduction serv-  
12 ices’ means services provided to individuals engaging  
13 in substance use scientifically accepted to reduce the  
14 risk of infectious disease transmission, overdose, or  
15 death, including syringe services programs and other  
16 safe use services, such as utilization of a device, kit,  
17 or chemical agent that tests or analyzes a substance  
18 to determine its composition or that detects sub-  
19 stances.

20 “(8) AFFORDABLE HEALTH INSURANCE COV-  
21 ERAGE.—An eligible local area may use amounts  
22 provided under a grant awarded under section 3401  
23 to establish a program of financial assistance to as-  
24 sist eligible individuals with substance use disorder  
25 in—

1           “(A) enrolling in health insurance cov-  
2           erage; or

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

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

17          “(10) INCARCERATED INDIVIDUALS.—Amounts  
18          received under a grant under section 3401 may be  
19          used to provide substance use disorder treatment  
20          services, including medication for addiction treat-  
21          ment, to individuals who are currently incarcerated  
22          or in pre-trial detention.

23          “(c) REQUIRED TERMS.—

24                 “(1) REQUIREMENT OF STATUS AS MEDICAID  
25                 PROVIDER.—

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

9                   “(i) the political subdivision involved  
10                   will provide the service directly, and the  
11                   political subdivision has entered into a par-  
12                   ticipation agreement under the State plan  
13                   and is qualified to receive payments under  
14                   such plan; or

15                   “(ii) the eligible local area involved—

16                           “(I) will enter into agreements  
17                           with public or nonprofit entities, or  
18                           other Medicaid providers if more than  
19                           half of their patients are diagnosed  
20                           with a substance use disorder and  
21                           covered by Medicaid, under which  
22                           such entities and other providers will  
23                           provide the service, and such entities  
24                           and other providers have entered into  
25                           such a participation agreement and

1 are qualified to receive such pay-  
2 ments; and

3 “(II) demonstrates that it will  
4 ensure that such entities and other  
5 providers providing the service will  
6 seek payment for each such service  
7 rendered in accordance with the usual  
8 payment schedule under the State  
9 plan.

10 “(B) WAIVER.—

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

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

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

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

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

24 “(B) ensure that all entities providing sub-  
25 stance use disorder treatment services with as-



1           sistance made available under the grant offer  
2           all drugs approved by the Food and Drug Ad-  
3           ministration for the treatment of substance use  
4           disorder for which the applicant offers treat-  
5           ment, in accordance with section 3435.

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

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

20                   “(B) political subdivisions within the eligi-  
21                  ble local area will maintain the level of expendi-  
22                  tures by such political subdivisions for sub-  
23                  stance use disorder treatment services at a level  
24                  that is at least equal to the level of such ex-  
25                  penditures by such political subdivisions for the

1 preceding fiscal year, including expenditures for  
2 each of prevention services, core medical serv-  
3 ices, recovery and support services, early inter-  
4 vention services, harm reduction services, men-  
5 tal health services, and administrative expenses;

6 “(C) political subdivisions within the eligi-  
7 ble local area will not use funds received under  
8 a grant awarded under section 3401 in main-  
9 taining the level of substance use disorder treat-  
10 ment services as required in subparagraph (B);

11 “(D) substance use disorder treatment  
12 services provided with assistance made available  
13 under the grant will be provided without re-  
14 gard—

15 “(i) to the ability of the individual to  
16 pay for such services; and

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

19 “(E) substance use disorder treatment  
20 services will be provided in a setting that is ac-  
21 cessible to low-income individuals with sub-  
22 stance use disorders and to individuals with  
23 substance use disorders residing in rural areas;

24 “(F) a program of outreach will be pro-  
25 vided to low-income individuals with substance

1 use disorders to inform such individuals of sub-  
2 stance use disorder treatment services and to  
3 individuals with substance use disorders resid-  
4 ing in rural areas;

5 “(G) Indian tribes are included in planning  
6 for the use of grant funds and the Federal trust  
7 responsibility is upheld at all levels of program  
8 administration; and

9 “(H) the confidentiality of individuals re-  
10 ceiving substance use disorder treatment serv-  
11 ices will be maintained in a manner not incon-  
12 sistent with applicable law.

13 **“SEC. 3404. APPLICATION.**

14 “(a) APPLICATION.—To be eligible to receive a grant  
15 under section 3401, an eligible local area shall prepare and  
16 submit to the Secretary an application in such form, and  
17 containing such information, as the Secretary shall re-  
18 quire, including—

19 “(1) a complete accounting of the disbursement  
20 of any prior grants received under this subtitle by  
21 the applicant and the results achieved by these ex-  
22 penditures and a demonstration that funds received  
23 from a grant under this subtitle in the prior year  
24 were expended in accordance with local priorities de-  
25 veloped by the local planning council established

1 under section 3402, except that the planning council  
2 requirement shall not apply with respect to areas re-  
3 ceiving supplemental grant funds under section  
4 3403(a)(2);

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

15 “(3) a demonstration that the local area will  
16 use funds in a manner that provides substance use  
17 disorder treatment services in compliance with the  
18 evidence-based standards developed in accordance  
19 with section 3435, including providing all drugs ap-  
20 proved by the Food and Drug Administration for the  
21 treatment of substance use disorder;

22 “(4) a demonstration that resources provided  
23 under the grant will be allocated in accordance with  
24 the local demographic incidence of substance use, in-

1 including allocations for services for children, youths,  
2 and women;

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

7 “(6) an explanation of how an eligible local area  
8 will support, through distribution of resources and  
9 by other means, increased access to harm reduction  
10 services within the eligible local area;

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

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

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

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

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

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

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

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

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

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

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

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

24          “(G) in the case of individuals with an in-  
25          come greater than 400 percent of the official

1 poverty level, the provider will not, for any cal-  
2 endar year, impose charges in an amount ex-  
3 ceeding 8.5 percent of the annual gross income  
4 of the individual involved; and

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

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

18 “(A) assess the amount of the charge in  
19 the discretion of the area, including imposing  
20 only a nominal charge for the provision of sub-  
21 stance use disorder treatment services, subject  
22 to the provisions of the paragraph regarding  
23 public schedules and regarding limitations on  
24 the maximum amount of charges; and



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

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

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

19          **“SEC. 3405. TECHNICAL ASSISTANCE.**

20          “The Secretary shall, beginning on the date of enact-  
21          ment of this title, provide technical assistance, including  
22          assistance from other grantees, contractors or subcontractors  
23          under this title to assist newly eligible local areas in  
24          the establishment of planning councils and, to assist enti-  
25          ties in complying with the requirements of this subtitle

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

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

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

12 “(1) \$3,300,000,000 for fiscal year 2024;

13 “(2) \$3,300,000,000 for fiscal year 2025;

14 “(3) \$3,300,000,000 for fiscal year 2026;

15 “(4) \$3,300,000,000 for fiscal year 2027;

16 “(5) \$3,300,000,000 for fiscal year 2028;

17 “(6) \$3,300,000,000 for fiscal year 2029;

18 “(7) \$3,300,000,000 for fiscal year 2030;

19 “(8) \$3,300,000,000 for fiscal year 2031;

20 “(9) \$3,300,000,000 for fiscal year 2032; and

21 “(10) \$3,300,000,000 for fiscal year 2033.

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

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

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

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

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

13 **“(1) IN GENERAL.—**

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

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

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

4                   “(I) \$2,000,000; or

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

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

10                   “(I) \$500,000; or

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

13           “(C) DETERMINATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7           “(2) SUPPLEMENTAL GRANTS.—

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

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

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

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



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

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

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

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

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

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

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

5           “(B) AMOUNT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22          “(C) MODEL STANDARDS.—

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

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

7 “(ii) REQUIREMENT.—Effective begin-  
8 ning in fiscal year 2026, the Secretary  
9 shall not award a grant under this para-  
10 graph to a State unless that State has  
11 adopted the model standards for each of  
12 substance use disorder treatment services  
13 and recovery residences developed in ac-  
14 cordance with subsections (a) and (b) of  
15 section 3435.

16 “(D) CONTINUUM OF CARE.—

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

1           “(ii) REQUIREMENT.—Effective begin-  
2           ning in fiscal year 2026, the Secretary  
3           shall not award a grant under this para-  
4           graph to a State unless that State has car-  
5           ried out the requirements to ensure a con-  
6           tinuum of services in accordance with sec-  
7           tion 3435(d).

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

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

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

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

3                   “(I) PRIOR AUTHORIZATION.—

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

17                   “(II) STEP THERAPY.—The term

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

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

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

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

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

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



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

4 “(b) USE OF AMOUNTS.—

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

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

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

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

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

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

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

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

22 “(2) DIRECT FINANCIAL ASSISTANCE.—

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

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

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

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

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

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

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

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

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

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

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

14 “(II) policies that require—

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

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

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

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

8                   “(3) PREVENTION SERVICES.—

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

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

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

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

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

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

1 (as defined in section 11 of the Native Hawai-  
2 ian Health Care Act of 1988), and comprehen-  
3 sive opioid recovery centers (as described in sec-  
4 tion 552 of this Act).

5 “(C) Hospice services.

6 “(D) Mental health services.

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

9 “(F) Pharmaceutical assistance related to  
10 the management of substance use disorders and  
11 co-morbid conditions.

12 “(G) Home- and community-based health  
13 services.

14 “(H) Comprehensive Case Management  
15 and care coordination, including substance use  
16 disorder treatment adherence services.

17 “(I) Health insurance enrollment and cost-  
18 sharing assistance in accordance with para-  
19 graph (8).

20 “(J) Programs that hire, employ, train,  
21 and dispatch licensed health care professionals,  
22 mental health professionals, harm reduction  
23 providers, or community health workers to re-  
24 spond in lieu of law enforcement officers in  
25 emergencies and that ensure a licensed health

1 care professional is a member of the team that  
2 responds in lieu of law enforcement officers in  
3 emergencies in which—

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

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

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

1 rals for job training and career services, housing,  
2 legal services, and child care and family services.  
3 The entities through which such services may be  
4 provided include State, local, and Tribal authorities  
5 that provide child care, housing, community develop-  
6 ment, and other recovery and support services, so  
7 long as they do not exclude individuals on the basis  
8 that such individuals receive medication for addic-  
9 tion treatment.

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



1 facilities, prisons and jails, homeless shelters, health  
2 care points of entry specified by eligible local areas,  
3 Federally-qualified health centers, workforce agen-  
4 cies and job centers, youth development centers,  
5 tribal clinics and hospitals, urban Indian organiza-  
6 tions, and rural health clinics.

7 “(7) HARM REDUCTION SERVICES.—For pur-  
8 poses of this section, the term ‘harm reduction serv-  
9 ices’ means services provided to individuals engaging  
10 in substance use scientifically accepted to reduce the  
11 risk of infectious disease transmission, overdose, or  
12 death, including syringe services programs and other  
13 safe use services, such as utilization of a device, kit,  
14 or chemical agent that tests or analyzes a substance  
15 to determine its composition or that detects sub-  
16 stances.

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

22 “(A) enrolling in health insurance cov-  
23 erage; or

1           “(B) affording health care services, includ-  
2           ing assistance paying cost-sharing amounts, in-  
3           cluding premiums.

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

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

17          “(c) REQUIRED TERMS.—

18                 “(1) REQUIREMENT OF STATUS AS MEDICAID  
19                 PROVIDER.—

20                 “(A) PROVISION OF SERVICE.—Subject to  
21                 subparagraph (B), the Secretary may not make  
22                 a grant under section 3411 for the provision of  
23                 substance use disorder treatment services under  
24                 this section in a State unless, in the case of any  
25                 such service that is available pursuant to the

1 State plan approved under title XIX of the So-  
2 cial Security Act for the State—

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

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

21 “(III) the State ensures the political  
22 subdivision under clause (i)(I) or the pub-  
23 lic or nonprofit private entities and other  
24 providers under clause (i)(II) will seek pay-  
25 ment for each such service rendered in ac-

1 cordance with the usual payment schedule  
2 under the State plan.

3 “(B) WAIVER.—

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

19 “(ii) DETERMINATION.—A determina-  
20 tion by the State of whether an entity re-  
21 ferred to in clause (i) meets the criteria for  
22 a waiver under such clause shall be made  
23 without regard to whether the entity ac-  
24 cepts voluntary donations for the purpose  
25 of providing services to the public.

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

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

14           “(B) ensure that all entities providing sub-  
15 stance use disorder treatment services with as-  
16 sistance made available under the grant shall  
17 offer all drugs approved by the Food and Drug  
18 Administration for the treatment of substance  
19 use disorder for which the applicant offers  
20 treatment, in accordance with section 3435.

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

24           “(A) funds received under the grant will be  
25 utilized to supplement not supplant other Fed-

1           eral, State, or local funds made available in the  
2           year for which the grant is awarded to provide  
3           substance use disorder treatment services to in-  
4           dividuals with substance use disorder, including  
5           funds for each of prevention services, core med-  
6           ical services, recovery and support services,  
7           early intervention services, harm reduction serv-  
8           ices, mental health services, and administrative  
9           expenses;

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

21           “(C) political subdivisions within the State  
22           will not use funds received under a grant  
23           awarded under section 3411 in maintaining the  
24           level of substance use disorder treatment serv-  
25           ices as required in subparagraph (B);

1           “(D) substance use disorder treatment  
2 services provided with assistance made available  
3 under the grant will be provided without re-  
4 gard—

5                   “(i) to the ability of the individual to  
6 pay for such services; and

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

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

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

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

24           “(H) the confidentiality of individuals re-  
25 ceiving substance use disorder treatment serv-

1           ices will be maintained in a manner not incon-  
2           sistent with applicable law.

3 **“SEC. 3413. APPLICATION.**

4           “(a) APPLICATION.—To be eligible to receive a grant  
5 under section 3411, a State shall have in effect a State  
6 plan approved by the Secretary pursuant to section  
7 1932(b), and shall prepare and submit to the Secretary  
8 an application in such form, and containing such informa-  
9 tion, as the Secretary shall require, including—

10           “(1) a complete accounting of the disbursement  
11 of any prior grants received under this subtitle by  
12 the applicant and the results achieved by these ex-  
13 penditures and a demonstration that funds received  
14 from a grant under this subtitle in the prior year  
15 were expended in accordance with State priorities;

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

24           “(3) a demonstration that the State will use  
25 funds in a manner that provides substance use dis-



1 order treatment services in compliance with the evi-  
2 dence-based standards developed in accordance with  
3 section 3435, including all drugs approved by the  
4 Food and Drug Administration for the treatment of  
5 substance use disorder;

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

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

15 “(6) an explanation of how the State will sup-  
16 port, through distribution of resources and by other  
17 means, increased access to harm reduction services  
18 resources within the State; and

19 “(7) for any prior funding received under this  
20 section, data provided in such form as the Secretary  
21 shall require detailing, at a minimum, the extent to  
22 which the activities supported by the funding met  
23 the goals and objectives specified in the application  
24 for the funding, the number of individuals who  
25 accessed medication for addiction treatment by age,

1 gender, sexual orientation, race, disability status,  
2 and other demographic criteria relevant to the pro-  
3 gram, and the effect of the program on overdose  
4 rates and rates of death due to overdose in the re-  
5 gion served by the program.

6 “(b) REQUIREMENTS REGARDING IMPOSITION OF  
7 CHARGES FOR SERVICES.—

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

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

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

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

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

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

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

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

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

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

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

20           “(A) assess the amount of the charge in  
21 the discretion of the State, including imposing  
22 only a nominal charge for the provision of serv-  
23 ices, subject to the provisions of the paragraph  
24 regarding public schedules and regarding limi-

1           tations on the maximum amount of charges;  
2           and

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

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

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

20          **“SEC. 3414. TECHNICAL ASSISTANCE.**

21          “The Secretary shall, directly or through grants or  
22          contracts, provide technical assistance in administering  
23          and coordinating the activities authorized under section  
24          3412, including technical assistance for the development

1 of State applications for supplementary grants authorized  
 2 in section 3412(a)(2).

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

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

6 “(1) \$4,600,000,000 for fiscal year 2024;

7 “(2) \$4,600,000,000 for fiscal year 2025;

8 “(3) \$4,600,000,000 for fiscal year 2026;

9 “(4) \$4,600,000,000 for fiscal year 2027;

10 “(5) \$4,600,000,000 for fiscal year 2028;

11 “(6) \$4,600,000,000 for fiscal year 2029;

12 “(7) \$4,600,000,000 for fiscal year 2030;

13 “(8) \$4,600,000,000 for fiscal year 2031;

14 “(9) \$4,600,000,000 for fiscal year 2032; and

15 “(10) \$4,600,000,000 for fiscal year 2033.

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

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

18 “(a) GRANTS.—

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

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

3               “(2) PRIORITIZATION.—

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

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

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

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

15                               “(ii) policies that require—

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

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

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

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

7                   “(b) ELIGIBILITY.—

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

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

15                  “(B) family planning clinics;

16                  “(C) rural health clinics;

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



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

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

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

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

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

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

21                 “(B) formerly incarcerated individuals;

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

1 “(D) low-income populations;

2 “(E) people with disabilities;

3 “(F) urban populations;

4 “(G) rural populations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1           cessible to low-income individuals with sub-  
2           stance use disorders and to individuals with  
3           substance use disorders residing in rural areas;  
4           and

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

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

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

14                   “(2) FORMULA GRANTS.—The Secretary, acting  
15           through the Indian Health Service, shall use 10 per-  
16           cent of the amount available under section 3425 for  
17           each fiscal year to provide grants to Indian entities  
18           in an amount determined pursuant to criteria devel-  
19           oped by the Secretary in consultation with Indian  
20           tribes and after conferring with urban Indian orga-  
21           nizations, for the purposes of addressing substance  
22           use.

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



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

4 **“SEC. 3422. USE OF AMOUNTS.**

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

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

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

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

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

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

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

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

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

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

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

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

1 tion 223 of the Protecting Access to Medicare Act),  
2 HIV services organizations, Native Hawaiian organi-  
3 zations (as defined in section 11 of the Native Ha-  
4 waiian Health Care Act of 1988), and comprehen-  
5 sive opioid recovery centers (as described in section  
6 552 of this Act).

7 “(3) Hospice services.

8 “(4) Mental health services.

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

11 “(6) Pharmaceutical assistance related to the  
12 management of substance use disorder and co-mor-  
13 bid conditions.

14 “(7) Home- and community-based health serv-  
15 ices.

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

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

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

1           “(A) an individual calling 911, the Na-  
2           tional Suicide Hotline, or another emergency  
3           hotlines states that a person is experiencing a  
4           drug overdose or is otherwise under the influ-  
5           ence of a legal or illegal substance; and

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

10          “(d) RECOVERY AND SUPPORT SERVICES.—For pur-  
11         poses of this section, the term ‘recovery and support serv-  
12         ices’ means services that are provided to individuals with  
13         substance use disorder, including residential recovery  
14         housing, mental health services, long term recovery serv-  
15         ices, 24/7 hotline crisis center support, medical transpor-  
16         tation services, respite care for persons caring for individ-  
17         uals with substance use disorder, child care and family  
18         services while an individual is receiving inpatient treat-  
19         ment services or at the time of outpatient services, out-  
20         reach services, peer recovery services, nutrition services,  
21         and referrals for job training and career services, housing,  
22         legal services, and child care and family services. The enti-  
23         ties through which such services may be provided include  
24         local and Tribal authorities that provide child care, hous-  
25         ing, community development, and other recovery and sup-

1 port services, so long as they do not exclude individuals  
2 on the basis that such individuals receive medication for  
3 addiction treatment.

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

24 “(f) HARM REDUCTION SERVICES.—For purposes of  
25 this section, the term ‘harm reduction services’ means

1 services provided to individuals engaging in substance use  
2 that are scientifically accepted to reduce the risk of infec-  
3 tious disease transmission, overdose, or death, including  
4 syringe services programs and other safe use services, such  
5 as utilization of a device, kit, or chemical agent that tests  
6 or analyzes a substance to determine its composition or  
7 that detects substances.

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

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

20 **“SEC. 3423. TECHNICAL ASSISTANCE.**

21 “The Secretary may, directly or through grants or  
22 contracts, provide technical assistance to public or non-  
23 profit entities, Indian entities, and other eligible Medicaid  
24 providers regarding the process of submitting to the Sec-  
25 retary applications for grants under section 3421, and

1 may provide technical assistance with respect to the plan-  
2 ning, development, and operation of any program or serv-  
3 ice carried out pursuant to such section.

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

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

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

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

15 “There is authorized to be appropriated to carry out  
16 this subtitle—

17 “(1) \$1,000,000,000 for fiscal year 2024;

18 “(2) \$1,000,000,000 for fiscal year 2025;

19 “(3) \$1,000,000,000 for fiscal year 2026;

20 “(4) \$1,000,000,000 for fiscal year 2027;

21 “(5) \$1,000,000,000 for fiscal year 2028;

22 “(6) \$1,000,000,000 for fiscal year 2029;

23 “(7) \$1,000,000,000 for fiscal year 2030;

24 “(8) \$1,000,000,000 for fiscal year 2031;

25 “(9) \$1,000,000,000 for fiscal year 2032; and

1           “(10) \$1,000,000,000 for fiscal year 2033.

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

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

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

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

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

23          “(d) GRANTS TO TRIBAL GOVERNMENTS.—

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



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

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

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

13 “(1) \$500,000,000 for fiscal year 2024;

14 “(2) \$500,000,000 for fiscal year 2025;

15 “(3) \$500,000,000 for fiscal year 2026;

16 “(4) \$500,000,000 for fiscal year 2027;

17 “(5) \$500,000,000 for fiscal year 2028;

18 “(6) \$500,000,000 for fiscal year 2029;

19 “(7) \$500,000,000 for fiscal year 2030;

20 “(8) \$500,000,000 for fiscal year 2031;

21 “(9) \$500,000,000 for fiscal year 2032; and

22 “(10) \$500,000,000 for fiscal year 2033.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23            “(1) tribal colleges and universities;

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

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

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

11                   “(1) \$500,000,000 for fiscal year 2024;

12                   “(2) \$500,000,000 for fiscal year 2025;

13                   “(3) \$500,000,000 for fiscal year 2026;

14                   “(4) \$500,000,000 for fiscal year 2027;

15                   “(5) \$500,000,000 for fiscal year 2028;

16                   “(6) \$500,000,000 for fiscal year 2029;

17                   “(7) \$500,000,000 for fiscal year 2030;

18                   “(8) \$500,000,000 for fiscal year 2031;

19                   “(9) \$500,000,000 for fiscal year 2032; and

20                   “(10) \$500,000,000 for fiscal year 2033.

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

24           “(a) PROJECTS.—

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

6           “(2) PRIORITIZATIONS.—

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

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

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

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

18                   “(ii) policies that require—

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

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

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

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

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

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

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

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

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

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

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

5             “(1) \$50,000,000 for fiscal year 2024;

6             “(2) \$50,000,000 for fiscal year 2025;

7             “(3) \$50,000,000 for fiscal year 2026;

8             “(4) \$50,000,000 for fiscal year 2027;

9             “(5) \$50,000,000 for fiscal year 2028;

10            “(6) \$50,000,000 for fiscal year 2029;

11            “(7) \$50,000,000 for fiscal year 2030;

12            “(8) \$50,000,000 for fiscal year 2031;

13            “(9) \$50,000,000 for fiscal year 2032; and

14            “(10) \$50,000,000 for fiscal year 2033.

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

16       “(a) GRANT PROGRAM FOR WORKERS.—

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



1 “(2) GRANTS FOR WORKERS.—

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

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

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

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

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

1 individuals to maintain or gain employ-  
2 ment;

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

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

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

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

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

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

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

1           tion), counseling provided to individuals who  
2           have misused substances, who have experienced  
3           an overdose, or are at risk of developing sub-  
4           stance use disorder, the provision of referrals to  
5           facilitate the access of such individuals to core  
6           medical services or recovery and support serv-  
7           ices for substance use disorder, and rapid ac-  
8           cess to medication for addiction treatment in  
9           the setting of recent overdose.

10           “(F) HARM REDUCTION SERVICES.—For  
11           purposes of this section, the term ‘harm reduc-  
12           tion services’ means services provided to indi-  
13           viduals engaging in substance use scientifically  
14           accepted to reduce the risk of infectious disease  
15           transmission, overdose, or death, including sy-  
16           ringe services programs and other safe use serv-  
17           ices, such as utilization of a device, kit, or  
18           chemical agent that tests or analyzes a sub-  
19           stance to determine its composition or that de-  
20           tects substances.

21           “(G) INDIVIDUALS DESCRIBED.—Individ-  
22           uals described in this subparagraph are individ-  
23           uals who—

24                   “(i)(I) have been employed in the 12-  
25                   month period immediately preceding the

1 date on which the determination is being  
2 made, or who are participating in an em-  
3 ployee training or apprenticeship program;  
4 and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 “(5) AUTHORIZATION OF APPROPRIATIONS.—

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

12 “(A) \$40,000,000 for fiscal year 2024;

13 “(B) \$40,000,000 for fiscal year 2025;

14 “(C) \$40,000,000 for fiscal year 2026;

15 “(D) \$40,000,000 for fiscal year 2027;

16 “(E) \$40,000,000 for fiscal year 2028;

17 “(F) \$40,000,000 for fiscal year 2029;

18 “(G) \$40,000,000 for fiscal year 2030;

19 “(H) \$40,000,000 for fiscal year 2031;

20 “(I) \$40,000,000 for fiscal year 2032; and

21 “(J) \$40,000,000 for fiscal year 2033.

22 “(b) RESEARCH ON THE IMPACT OF SUBSTANCE USE  
23 DISORDER IN THE WORKPLACE AND ON DIRECT SERVICE  
24 PROVIDERS.—



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

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

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

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

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

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

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

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

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

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

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

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

9           “(A) \$10,000,000 for fiscal year 2024;

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

11           “(C) \$10,000,000 for fiscal year 2026;

12           “(D) \$10,000,000 for fiscal year 2027;

13           “(E) \$10,000,000 for fiscal year 2028;

14           “(F) \$10,000,000 for fiscal year 2029;

15           “(G) \$10,000,000 for fiscal year 2030;

16           “(H) \$10,000,000 for fiscal year 2031;

17           “(I) \$10,000,000 for fiscal year 2032; and

18           “(J) \$10,000,000 for fiscal year 2033.

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

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

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

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

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

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

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

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

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

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

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

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

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

23 “(3) ANNUAL ASSESSMENT.—Beginning with  
24 respect to fiscal year 2024, the Secretary shall make  
25 a determination with respect to each State on

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

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

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

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

24 “(B) recovery residences.

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

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

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

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

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

20           “(3) RECOVERY RESIDENCES.—

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

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

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

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

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

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

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



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

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

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

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

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

21 “(4) ANNUAL ASSESSMENT.—Beginning with  
22 respect to fiscal year 2025, the Secretary shall make  
23 a determination with respect to each State on  
24 whether the State has adopted, for each of the other  
25 specified substance use disorder treatment services

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

5 “(c) ENSURING ACCESS TO MEDICATION FOR SUB-  
6 STANCE USE DISORDER TREATMENT.—

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

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

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

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

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

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

3                   “(ii) provide counseling to patients on  
4                   the benefits and risks of all drugs ap-  
5                   proved by the Food and Drug Administra-  
6                   tion for the treatment of substance use dis-  
7                   order; and

8                   “(iii) maintain an affiliation agree-  
9                   ment with a provider that can prescribe or  
10                  otherwise dispense all other forms of drugs  
11                  approved by the Food and Drug Adminis-  
12                  tration for the treatment of substance use  
13                  disorder.

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

22                  “(d) ENSURING A FULL CONTINUUM OF SERV-  
23                  ICES.—

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

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

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

1           “(3) ANNUAL ASSESSMENT.—Beginning with  
2           respect to fiscal year 2026, the Secretary shall make  
3           a determination with respect to each State on  
4           whether the State has carried out the requirements  
5           to ensure a continuum of services as described in  
6           section 1915(l)(4)(C) of the Social Security Act.

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

8           “(a) ESTABLISHMENT OF PROGRAM.—

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

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

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

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

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

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

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

3 “(3) CONTRACT PRICE.—

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

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

20 “(4) QUANTITIES AND TERMS OF DELIVERY.—

21 Under contracts under this subsection—

22 “(A) the Secretary shall provide, consistent  
23 with paragraph (6), for the purchase and deliv-  
24 ery on behalf of States and Indian tribes of

1 quantities of opioid overdose reversal drug  
2 products; and

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

23 The Secretary shall enter into the initial negotia-  
24 tions not later than 180 days after the date of the  
25 enactment of this title.



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

17          “(6) MULTIPLE SUPPLIERS.—In the case of the  
18          opioid overdose reversal drug product involved, the  
19          Secretary may, as appropriate, enter into a contract  
20          referred to in paragraph (1) with each manufacturer  
21          of the opioid overdose reversal drug product that  
22          meets the terms and conditions of the Secretary for  
23          an award of such a contract (including terms and  
24          conditions regarding safety and quality). With re-  
25          spect to multiple contracts entered into pursuant to

1 this paragraph, the Secretary may have in effect dif-  
2 ferent prices under each of such contracts and, with  
3 respect to a purchase by States pursuant to para-  
4 graph (4)(B), each eligible State may choose which  
5 of such contracts will be applicable to the purchase.

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

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

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

1           “(2) Public entities with authority to administer  
2 local public health services, including all local health  
3 departments;

4           “(3) Nonprofit entities, including—

5                 “(A) community-based organizations that  
6 provide substance use disorder treatments or  
7 harm reduction services;

8                 “(B) nonprofit entities that provide sub-  
9 stance use disorder treatments or harm reduc-  
10 tion services; and

11                 “(C) faith-based organizations that provide  
12 substance use disorder treatments or harm re-  
13 duction services;

14           “(4) Other entities in areas of high need.

15           “(5) The general public.

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

19                 “(1) establish a program for distributing opioid  
20 overdose reversal drug products to first responders,  
21 nonprofit entities, the general public, and entities  
22 with authority to administer local public health serv-  
23 ices, including local health departments;

24                 “(2) beginning in the second year of the pro-  
25 gram, demonstrate a distribution rate of a minimum

1 of 90 percent of the opioid overdose reversal drug  
2 products received under this program;

3 “(3) certify to the Secretary that the State has  
4 in place a Good Samaritan Law that ensures immu-  
5 nity from arrest and prosecution, including from pa-  
6 role and probation violations, except that the State  
7 may apply to the Secretary for a waiver of the re-  
8 quirement of this paragraph, and such waiver if  
9 granted shall not be longer than 3 years in duration  
10 and may not be renewed unless the State can show  
11 progress being made towards instituting a Good Sa-  
12 maritan Law; and

13 “(4) certify to the Secretary that the State has  
14 in place additional measures that enhance access to  
15 opioid overdose reversal drug products, such as laws  
16 that provide civil or disciplinary immunity for med-  
17 ical personnel who prescribe an opioid overdose re-  
18 versal drug product, Third-Party Prescription Laws,  
19 Collaborative Practice Agreements, and Standing  
20 Orders.

21 “(f) INDIAN TRIBE REQUIREMENTS.—The Indian  
22 Health Service, in consultation with Indian tribes, shall  
23 determine any requirements that shall apply to Indian  
24 tribes receiving opioid overdose reversal drug products  
25 made available under this section.

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

2 “(1) COLLABORATIVE PRACTICE AGREEMENT.—

3 The term ‘Collaborative Practice Agreement’ means  
4 an agreement under which a pharmacist operates  
5 under authority delegated by another licensed practi-  
6 tioner with prescribing authority.

7 “(2) EMERGENCY MEDICAL SERVICE.—The

8 term ‘emergency medical service’ means resources  
9 used by a public or private licensed entity to deliver  
10 medical care outside of a medical facility under  
11 emergency conditions that occur as a result of the  
12 condition of the patient and includes services deliv-  
13 ered (either on a compensated or volunteer basis) by  
14 an emergency medical services provider or other pro-  
15 vider that is licensed or certified by the State in-  
16 volved as an emergency medical technician, a para-  
17 medic, or an equivalent professional (as determined  
18 by the State).

19 “(3) GOOD SAMARITAN LAW.—The term ‘Good

20 Samaritan Law’ means a law that provides criminal  
21 immunity for a person who administers an opioid  
22 overdose reversal drug product, a person who, in  
23 good faith, seeks medical assistance for someone ex-  
24 perienceing a drug-related overdose, or a person who  
25 experiences a drug-related overdose and is in need of

1 medical assistance and, in good faith, seeks such  
2 medical assistance, or is the subject of such a good  
3 faith request for medical assistance.

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

8 “(5) MANUFACTURER.—The term ‘manufac-  
9 turer’ means any corporation, organization, or insti-  
10 tution, whether public or private (including Federal,  
11 State, and local departments, agencies, and instru-  
12 mentalities), which manufactures, imports, proc-  
13 esses, or distributes under its label any opioid over-  
14 dose reversal drug product. The term ‘manufacture’  
15 means to manufacture, import, process, or distribute  
16 an opioid overdose reversal drug.

17 “(6) OPIOID OVERDOSE REVERSAL DRUG PROD-  
18 UCT.—The term ‘opioid overdose reversal drug prod-  
19 uct’ means a finished dosage form that has been ap-  
20 proved by the Food and Drug Administration and  
21 that contains an active pharmaceutical ingredient  
22 that acts as an opioid receptor antagonist. The term  
23 ‘opioid overdose reversal drug product’ includes a  
24 combination product, as defined in section 3.2(e) of  
25 title 21, Code of Federal Regulations.

1           “(7) STANDING ORDER.—The term ‘standing  
2 order’ means a non-patient-specific order covering  
3 administration of medication by others to a patient  
4 who may be unknown to the prescriber at the time  
5 of the order.

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

10          “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
11 is authorized to be appropriated to carry out this suc-  
12 tion—

13           “(1) \$1,000,000,000 for fiscal year 2024;

14           “(2) \$1,000,000,000 for fiscal year 2025;

15           “(3) \$1,000,000,000 for fiscal year 2026;

16           “(4) \$1,000,000,000 for fiscal year 2027;

17           “(5) \$1,000,000,000 for fiscal year 2028;

18           “(6) \$1,000,000,000 for fiscal year 2029;

19           “(7) \$1,000,000,000 for fiscal year 2030;

20           “(8) \$1,000,000,000 for fiscal year 2031;

21           “(9) \$1,000,000,000 for fiscal year 2032; and

22           “(10) \$1,000,000,000 for fiscal year 2033.

1 **“SEC. 3437. ADDITIONAL FUNDING FOR THE NATIONAL IN-**  
2 **STITUTES OF HEALTH.**

3 “There is authorized to be appropriated to the Na-  
4 tional Institutes of Health for the purpose of conducting  
5 research on addiction and pain, including research to de-  
6 velop overdose reversal drug products, non-opioid drug  
7 products and non-pharmacological treatments for address-  
8 ing pain and substance use disorder, and drug products  
9 used to treat substance use disorder—

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

11 “(2) \$1,000,000,000 for fiscal year 2025;

12 “(3) \$1,000,000,000 for fiscal year 2026;

13 “(4) \$1,000,000,000 for fiscal year 2027;

14 “(5) \$1,000,000,000 for fiscal year 2028;

15 “(6) \$1,000,000,000 for fiscal year 2029;

16 “(7) \$1,000,000,000 for fiscal year 2030;

17 “(8) \$1,000,000,000 for fiscal year 2031;

18 “(9) \$1,000,000,000 for fiscal year 2032; and

19 “(10) \$1,000,000,000 for fiscal year 2033.

20 **“SEC. 3438. ADDITIONAL FUNDING FOR THE CENTERS FOR**  
21 **DISEASE CONTROL AND PREVENTION.**

22 “(a) IMPROVED DATA COLLECTION AND PREVEN-  
23 TION OF INFECTIOUS DISEASE TRANSMISSION.—

24 “(1) DATA COLLECTION.—The Centers for Dis-  
25 ease Control and Prevention shall use a portion of  
26 the funding appropriated under this section to en-



1 sure that all States participate in the Enhanced  
2 State Opioid Overdose Surveillance program and to  
3 provide technical assistance to medical examiners  
4 and coroners to facilitate improved data collection on  
5 fatal overdoses through such program.

6 “(2) CENTERS FOR DISEASE CONTROL AND  
7 PREVENTION.—The Centers for Disease Control and  
8 Prevention shall use amounts appropriated under  
9 this section for the purpose of improving data on  
10 drug overdose deaths and non-fatal drug overdoses,  
11 surveillance related to addiction and substance use  
12 disorder, and the prevention of transmission of infec-  
13 tious diseases related to substance use.

14 “(3) TRIBAL DATA.—Not later than 6 months  
15 after the date of enactment of this title, the Director  
16 of the Centers for Disease Control and Prevention  
17 shall consult with Indian tribes and confer with  
18 urban Indian organizations to develop and imple-  
19 ment strategies that improve surveillance and re-  
20 porting of fatal overdose deaths among American In-  
21 dians and Alaska Natives, including strategies that  
22 reduce the underestimation of fatal overdose deaths  
23 among American Indians and Alaska Natives due to  
24 undersampling or racial misclassification in State  
25 and Federal public health surveillance systems.

1           “(b) CHILDHOOD TRAUMA.—The Centers for Disease  
2 Control and Prevention shall use a portion of the funding  
3 appropriated under this section to fund the surveillance  
4 and data collection activities described in section 7131 of  
5 the SUPPORT for Patients and Communities Act, includ-  
6 ing to encourage all States to participate in collecting and  
7 reporting data on adverse childhood experiences through  
8 the Behavioral Risk Factor Surveillance System, the  
9 Youth Risk Behavior Surveillance System, and other rel-  
10 evant public health surveys or questionnaires.

11           “(c) WORKER HEALTH RISKS.—The Centers for Dis-  
12 ease Control and Prevention shall use a portion of the  
13 funding appropriated under this section for data collection  
14 and surveillance activities on substance use, substance use  
15 disorders, drug overdose deaths, and non-fatal drug  
16 overdoses among workers, and the factors and practices  
17 that contribute to such use, disorders, and overdoses, in-  
18 cluding occupational injuries and illness as well as occupa-  
19 tional exposure to opioids and other illicit and licit drugs.

20           “(d) TRIBAL EPIDEMIOLOGY CENTERS.—There shall  
21 be made available to the Indian Health Service for the  
22 purpose of funding efforts by Indian tribes and tribal epi-  
23 demiology centers to improve data on drug overdose  
24 deaths and non-fatal drug overdoses, surveillance related  
25 to addiction and substance use disorder, and prevention

1 of childhood trauma, not less than 1.5 percent of the total  
2 amount appropriated under this section for each fiscal  
3 year.

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

6 “(1) \$500,000,000 for fiscal year 2024;

7 “(2) \$500,000,000 for fiscal year 2025;

8 “(3) \$500,000,000 for fiscal year 2026;

9 “(4) \$500,000,000 for fiscal year 2027;

10 “(5) \$500,000,000 for fiscal year 2028;

11 “(6) \$500,000,000 for fiscal year 2029;

12 “(7) \$500,000,000 for fiscal year 2030;

13 “(8) \$500,000,000 for fiscal year 2031;

14 “(9) \$500,000,000 for fiscal year 2032; and

15 “(10) \$500,000,000 for fiscal year 2033.

16 **“SEC. 3439. DEFINITIONS.**

17 “In this title:

18 “(1) PLANNING COUNCIL.—The term ‘planning  
19 council’ means the substance use planning council  
20 established under section 3402.

21 “(2) RECOVERY RESIDENCE.—The term ‘recov-  
22 ery residence’ means a residential dwelling unit, or  
23 other form of group housing, that is offered or ad-  
24 vertised through any means, including oral, written,  
25 electronic, or printed means, by any individual or en-

1 tity as a residence that provides an evidence-based,  
2 peer-supported living environment for individuals un-  
3 dergoing any type of substance use disorder treat-  
4 ment or who have received any type of substance use  
5 disorder treatment in the past 3 years, including  
6 medication for addiction treatment.

7 “(3) STATE.—

8 “(A) IN GENERAL.—The term ‘State’  
9 means each of the 50 States, the District of Co-  
10 lumbia, and each of the territories.

11 “(B) TERRITORIES.—The term ‘territory’  
12 means each of American Samoa, Guam, the  
13 Commonwealth of Puerto Rico, the Common-  
14 wealth of the Northern Mariana Islands, the  
15 Virgin Islands, the Republic of the Marshall Is-  
16 lands, the Federated States of Micronesia, and  
17 Palau.

18 “(4) SUBSTANCE USE DISORDER TREAT-  
19 MENT.—

20 “(A) IN GENERAL.—The term ‘substance  
21 use disorder treatment’ means an evidence-  
22 based, professionally directed, deliberate, and  
23 planned regimen including evaluation, observa-  
24 tion, medical monitoring, and rehabilitative  
25 services and interventions such as

1 pharmacotherapy, mental health services, and  
2 individual and group counseling, on an inpa-  
3 tient or outpatient basis, to help patients with  
4 substance use disorder reach remission and  
5 maintain recovery.

6 “(B) TYPES OF TREATMENT.—Substance  
7 use disorder treatments shall include the fol-  
8 lowing:

9 “(i) Clinical stabilization services,  
10 which are evidence-based services provided  
11 in secure, acute care facilities (which may  
12 be referred to as ‘addictions receiving fa-  
13 cilities’) that, at a minimum—

14 “(I) provide intoxication manage-  
15 ment and stabilization services;

16 “(II) are operated 24 hours per  
17 day, 7 days per week; and

18 “(III) that serve individuals  
19 found to be substance use impaired.  
20 These can also be referred to as ‘Ad-  
21 dictions receiving facilities’.

22 “(ii) Withdrawal management and de-  
23 toxification, which is a medical service that  
24 is provided on an inpatient or an out-  
25 patient basis to assist an individual in

1 managing the process of withdrawal from  
2 the physiological and psychological effects  
3 of substance use disorder.

4 “(iii) All outpatient, residential, and  
5 inpatient services described in section  
6 1915(l)(4)(C) of the Social Security Act.

7 “(C) LIMITATION.—Substance use disorder  
8 treatment providers shall not include—

9 “(i) prevention only providers; and

10 “(ii) a private practitioner who is li-  
11 censed by a State licensing board and  
12 whose practice is limited to non-intensive  
13 outpatient care.

14 “(5) SUBSTANCE USE DISORDER TREATMENT  
15 SERVICES.—The term ‘substance use disorder treat-  
16 ment services’ means any prevention services, core  
17 medical services, recovery and support services, early  
18 intervention services, and harm reduction services  
19 authorized under this title.”.

20 **SEC. 4. AMENDMENTS TO THE CONTROLLED SUBSTANCES**  
21 **ACT.**

22 (a) CERTIFICATIONS.—Part C of the Controlled Sub-  
23 stances Act (21 U.S.C. 821 et seq.) is amended by adding  
24 at the end the following:

1 “CERTIFICATIONS RELATING TO DIVERSION CONTROLS  
2 AND MISBRANDING

3 “SEC. 313. (a) DEFINITIONS.—In this section—

4 “(1) the term ‘covered dispenser’—

5 “(A) means a dispenser—

6 “(i) that is required to register under  
7 section 302(a)(2); and

8 “(ii) dispenses a controlled substance  
9 in schedule II; and

10 “(B) does not include a dispenser that is—

11 “(i) registered to dispense opioid  
12 agonist treatment medication under section  
13 303(h)(1); and

14 “(ii) operating in that capacity;

15 “(2) the term ‘covered distributor’ means a dis-  
16 tributor—

17 “(A) that is required to register under sec-  
18 tion 302(a)(1); and

19 “(B) distributes a controlled substance in  
20 schedule II;

21 “(3) the term ‘covered manufacturer’ means a  
22 manufacturer—

23 “(A) that is required to register under sec-  
24 tion 302(a)(1); and

1           “(B) manufactures a controlled substance  
2           in schedule II;

3           “(4) the term ‘covered officer’, with respect to  
4           a covered person means—

5           “(A) in the case of a covered person that  
6           is not an individual—

7           “(i) the chief executive officer of the  
8           covered person;

9           “(ii) the president of the covered per-  
10          son;

11          “(iii) the chief medical officer of the  
12          covered person; or

13          “(iv) the chief counsel of the covered  
14          person; and

15          “(B) in the case of a covered person that  
16          is an individual, that individual; and

17          “(5) the term ‘covered person’ means—

18                 “(A) a covered dispenser;

19                 “(B) a covered distributor; or

20                 “(C) a covered manufacturer.

21          “(b) CERTIFICATIONS RELATING TO DIVERSION  
22          CONTROLS.—Not later than 180 days after the date of  
23          enactment of this section, and each year thereafter, each  
24          covered officer of a covered person shall submit to the At-  
25          torney General, for each controlled substance in schedule



1 II dispensed, distributed, or manufactured by the covered  
2 person, a certification—

3 “(1) signed by the covered officer; and

4 “(2) certifying that—

5 “(A) the covered person maintains effective  
6 controls against diversion of the controlled sub-  
7 stance into channels other than legitimate med-  
8 ical, scientific, research, or industrial channels;

9 “(B) all information contained in any  
10 record, inventory, or report required to be kept  
11 or submitted to the Attorney General by the  
12 covered person under section 307, or under any  
13 regulation issued under that section, is accu-  
14 rate; and

15 “(C) the covered person is in compliance  
16 with all applicable requirements under Federal  
17 law relating to reporting suspicious orders for  
18 controlled substances.

19 “(c) CERTIFICATIONS RELATING TO MIS-  
20 BRANDING.—

21 “(1) IN GENERAL.—Not later than 180 days  
22 after the date of enactment of this section, and each  
23 year thereafter, each covered officer of a covered  
24 manufacturer shall submit to the Secretary, for each

1 controlled substance in schedule II manufactured by  
2 the covered manufacturer, a certification—

3 “(A) signed by the covered officer; and

4 “(B) certifying that the controlled sub-  
5 stance is not misbranded, as described in sec-  
6 tion 502 of the Federal Food, Drug, and Cos-  
7 metic Act (21 U.S.C. 352).

8 “(2) NOTIFICATION TO THE ATTORNEY GEN-  
9 ERAL.—

10 “(A) FAILURE TO SUBMIT CERTIFI-  
11 CATIONS.—Not later than 30 days after the  
12 date on which a covered officer of a covered  
13 manufacturer is required to submit a certifi-  
14 cation under paragraph (1) and fails to do so,  
15 the Secretary shall notify the Attorney General  
16 of the failure by the covered officer to submit  
17 the certification.

18 “(B) FALSE CERTIFICATIONS RELATING  
19 TO MISBRANDING.—Not later than 30 days  
20 after the date on which the Secretary becomes  
21 aware that a certification submitted under  
22 paragraph (1) contains a materially false state-  
23 ment or representation relating to the mis-  
24 branding of a controlled substance with respect  
25 to the year for which the certification is sub-

1           mitted, the Secretary shall notify the Attorney  
2           General that the certification contains the ma-  
3           terially false statement or representation.”.

4           (b) OFFENSES.—Part D of title II of the Controlled  
5           Substances Act (21 U.S.C. 841 et seq.) is amended by  
6           adding at the end the following:

7           “CERTIFICATIONS BY COVERED OFFICERS

8           “SEC. 424. (a) DEFINITIONS.—In this section, the  
9           terms ‘covered dispenser’, ‘covered distributor’, ‘covered  
10          manufacturer’, ‘covered officer’, and ‘covered person’ have  
11          the meanings given those terms in section 313.

12          “(b) OFFENSES.—

13                 “(1) FAILURE TO SUBMIT CERTIFICATIONS.—

14                         “(A) CERTIFICATIONS RELATING TO DI-  
15                         VERSION CONTROLS.—It shall be unlawful for a  
16                         covered officer of a covered person to fail to  
17                         submit a certification required under section  
18                         313(b), without regard to the state of mind of  
19                         the covered officer.

20                         “(B) CERTIFICATIONS RELATING TO MIS-  
21                         BRANDING.—It shall be unlawful for a covered  
22                         officer of a covered manufacturer to fail to sub-  
23                         mit a certification required under section  
24                         313(c)(1), without regard to the state of mind  
25                         of the covered officer.

26                 “(2) SUBMISSION OF FALSE CERTIFICATIONS.—

1           “(A) FALSE CERTIFICATIONS RELATING TO  
2           DIVERSION CONTROLS.—It shall be unlawful for  
3           a covered officer of a covered person to submit  
4           a certification required under section 313(b),  
5           without regard to the state of mind of the cov-  
6           ered officer, that contains a materially false  
7           statement or representation relating to the in-  
8           formation required to be certified under that  
9           section for the year for which the certification  
10          is submitted.

11          “(B) FALSE CERTIFICATIONS RELATING  
12          TO MISBRANDING.—It shall be unlawful for a  
13          covered officer of a covered manufacturer to  
14          submit a certification required under section  
15          313(c)(1), without regard to the state of mind  
16          of the covered officer, that contains a materially  
17          false statement or representation relating to the  
18          misbranding of a controlled substance with re-  
19          spect to the year for which the certification is  
20          submitted.

21          “(c) PENALTIES.—

22                 “(1) CIVIL PENALTIES.—Except as provided in  
23                 paragraph (2), a covered officer who violates sub-  
24                 section (b) shall be subject to a civil penalty of not  
25                 more than \$25,000.

1           “(2) CRIMINAL PENALTIES.—A covered officer  
2           who knowingly violates subsection (b)(2) shall be  
3           subject to criminal penalties under section 403(d).

4           “(d) COMPREHENSIVE ADDICTION RESOURCES  
5 FUND.—

6           “(1) ESTABLISHMENT.—There is established in  
7           the Treasury a fund to be known as the ‘Com-  
8           prehensive Addiction Resources Fund’.

9           “(2) TRANSFER OF AMOUNTS.—There shall be  
10          transferred to the Comprehensive Addiction Re-  
11          sources Fund 100 percent of—

12                   “(A) any civil penalty paid to the United  
13                   States under this section; and

14                   “(B) any fine paid to the United States  
15                   under section 403(d) for a knowing violation of  
16                   subsection (b)(2) of this section.

17           “(3) AVAILABILITY AND USE OF FUNDS.—  
18          Amounts transferred to the Comprehensive Addic-  
19          tion Fund under paragraph (2) shall—

20                   “(A) remain available until expended; and

21                   “(B) be made available to supplement  
22                   amounts appropriated to carry out title XXXIV  
23                   of the Public Health Service Act.”.

24          (c) CRIMINAL PENALTIES.—Section 403 of the Con-  
25          trolled Substances Act (21 U.S.C. 843) is amended—

1 (1) in subsection (d)(1)—

2 (A) by inserting “or knowingly violates sec-  
3 tion 424(b)(2)” after “any person who violates  
4 this section”; and

5 (B) by striking “violation of this section”  
6 and inserting “such a violation”; and

7 (2) in subsection (f)—

8 (A) in paragraph (1), by striking “or 416”  
9 and inserting “or section 416, or knowing viola-  
10 tions of section 424(b)(2)”; and

11 (B) in paragraph (3), by inserting “or  
12 knowing violations of section 424(b)(2)” before  
13 the period at the end.

14 (d) TECHNICAL AND CONFORMING AMENDMENTS.—

15 The table of contents for the Comprehensive Drug Abuse  
16 Prevention and Control Act of 1970 (Public Law 91–513;  
17 84 Stat. 1236) is amended—

18 (1) by inserting after the item relating to sec-  
19 tion 311 the following:

“Sec. 312. Suspicious orders.

“Sec. 313. Certifications relating to diversion controls and misbranding.”;

20 and

21 (2) by inserting after the item relating to sec-  
22 tion 423 the following:

“Sec. 424. Certifications by covered officers.”.

1 (e) EFFECTIVE DATE.—The amendments made by  
2 subsections (b) and (c) of this section shall take effect on  
3 the date that is 180 days after the date of enactment of  
4 this Act.

5 **SEC. 5. GENERAL LIMITATION ON USE OF FUNDS.**

6 Amounts appropriated or provided under this Act, or  
7 an amendment made by this Act—

8 (1) shall be used only for the public health pur-  
9 poses described in this Act (including the amend-  
10 ments made by this Act); and

11 (2) shall not be used to—

12 (A) fund the incarceration, institutionaliza-  
13 tion, or involuntary treatment of individuals to  
14 address the illicit use of substances; or

15 (B) procure equipment or support activi-  
16 ties inconsistent with the public health purposes  
17 described in this Act (including the amend-  
18 ments made by this Act).

19 **SEC. 6. FEDERAL DRUG DEMAND REDUCTION ACTIVITIES.**

20 (a) PUBLICATION OF LIST.—

21 (1) AMENDMENT.—Section 705(f) of the Office  
22 of National Drug Control Policy Reauthorization Act  
23 of 1998 (21 U.S.C. 1704(f)) is amended by inserting  
24 at the end the following new paragraph:

1           “(5) PUBLICATION OF LIST.—The Director  
2 shall publish online a complete list of all drug con-  
3 trol program grant programs and any other relevant  
4 information included in the system developed under  
5 paragraph (1).”.

6           (2) DEADLINE AND FREQUENCY.—Not later  
7 than one year after the date of the enactment of this  
8 Act, and annually thereafter, the Director of Na-  
9 tional Drug Control Policy shall publish the list re-  
10 quired under section 705(f)(5) of the National Drug  
11 Control Act of 1998, as added by paragraph (1).

12          (b) NATIONAL DRUG CONTROL STRATEGY.—Section  
13 706(c)(1) of the National Drug Control Act of 1998 (21  
14 U.S.C. 1705(c)(1)) is amended by adding at the end the  
15 following new subparagraph:

16                   “(O) A review of all federally funded de-  
17 mand reduction activities, including an evalua-  
18 tion of—

19                           “(i) the effectiveness of those activi-  
20 ties;

21                           “(ii) the contribution of those activi-  
22 ties to demand reduction activities funded  
23 by State, local, and Tribal governments;  
24 and



1                   “(iii) whether any duplication or inef-  
2                   ficiency in federally funded demand reduc-  
3                   tion activities needs to be addressed.”.

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