

112TH CONGRESS
2D SESSION

H. R. 5711

To amend the Public Health Service Act to provide grants for treatment of heroin, cocaine, methamphetamine, 3,4-methylenedioxymethamphetamine (ecstasy), and phencyclidine (PCP) abuse, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 10, 2012

Mr. CARNAHAN (for himself, Ms. BASS of California, Mr. BLUMENAUER, Mr. CARSON of Indiana, Mr. COHEN, Mr. CONYERS, Mr. DAVIS of Illinois, Mr. FILNER, Mr. GRIJALVA, Ms. HAHN, Mr. HASTINGS of Florida, Mr. JACKSON of Illinois, Ms. JACKSON LEE of Texas, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KUCINICH, Ms. LEE of California, Ms. MCCOLLUM, Ms. NORTON, Mr. RANGEL, Mr. REYES, Ms. RICHARDSON, Mr. ROSS of Arkansas, Mr. RUSH, Mr. RYAN of Ohio, Mr. SABLAN, Ms. SEWELL, Mr. TONKO, Mr. TOWNS, Ms. WATERS, and Ms. WOOLSEY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Budget, 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 amend the Public Health Service Act to provide grants for treatment of heroin, cocaine, methamphetamine, 3,4-methylenedioxymethamphetamine (ecstasy), and phencyclidine (PCP) abuse, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Access to Substance
3 Abuse Treatment Act of 2012”.

4 **SEC. 2. PURPOSE.**

5 It is the purpose of this Act to—

6 (1) reduce crime and improve public safety by
7 making treatment for heroin, cocaine, methamphet-
8 amine, 3,4-methylenedioxymethamphetamine (ec-
9 stasy), and phencyclidine (PCP) abuse available to
10 every American who needs it;

11 (2) keep families together by encouraging alter-
12 natives to incarceration for nonviolent drug law of-
13 fenses;

14 (3) help identify root causes and most effective
15 treatment methods for heroin, cocaine, methamphet-
16 amine, 3,4-methylenedioxymethamphetamine, and
17 phencyclidine abuse; and

18 (4) expand research into cutting-edge treatment
19 methods for stimulant abuse.

20 **SEC. 3. HEROIN, COCAINE, METHAMPHETAMINE, 3,4-**
21 **METHYLENEDIOXYMETHAMPHETAMINE (EC-**
22 **STASY), AND PHENCYCLIDINE (PCP) TREAT-**
23 **MENT AND WRAP-AROUND PROGRAMS.**

24 Subpart 1 of part B of title V of the Public Health
25 Service Act is amended—

1 (1) redesignating the second section 514 (relat-
2 ing to methamphetamine and amphetamine treat-
3 ment) as section 514B; and

4 (2) adding at the end the following new sec-
5 tions:

6 **“SEC. 514C. INITIATIVE TO INCREASE HEROIN, COCAINE,**
7 **METHAMPHETAMINE, ECSTASY, AND PCP**
8 **TREATMENT CAPACITY.**

9 “(a) IN GENERAL.—The Secretary may make grants
10 to State, local, and tribal governments for the purpose of
11 increasing the availability of treatment for heroin, cocaine,
12 methamphetamine, 3,4-methylenedioxymethamphetamine
13 (ecstasy), and phencyclidine (PCP) abuse.

14 “(b) REQUIREMENTS.—

15 “(1) IN GENERAL.—To seek a grant under sub-
16 section (a), a State, local, or tribal government shall
17 submit an application to the Secretary at such time,
18 in such manner, and containing such information
19 and assurances as the Secretary may require.

20 “(2) USE OF GRANT FUNDS.—The grants made
21 under subsection (a) may only be used to—

22 “(A) build treatment centers;

23 “(B) expand existing treatment centers;

24 “(C) hire treatment professionals;

1 “(1) APPLICATION.—To seek a grant under
2 subsection (a), a State, local, or tribal government
3 or a nonprofit entity shall submit an application to
4 the Secretary at such time, in such manner, and
5 containing such information and assurances as the
6 Secretary may require, including a description of the
7 method that such State, government, or entity will
8 use—

9 “(A) to identify individuals who would ben-
10 efit from treatment for heroin, cocaine, meth-
11 amphetamine, 3,4-methylenedioxymethamphet-
12 amine, or phencyclidine abuse;

13 “(B) to identify if such individuals are in
14 underserved populations; and

15 “(C) to provide vouchers to such individ-
16 uals in such populations.

17 “(2) PRESERVATION OF CHOICE.—A recipient
18 of a grant under this section may not restrict the
19 ability of an individual receiving a voucher under
20 this section to use the voucher to pay for authorized
21 services furnished by any provider of authorized
22 services, so long as the provider of such services
23 meets all applicable State licensure or certification
24 requirements regarding the provision of such serv-
25 ices.

1 “(3) DURATION OF AWARD.—With respect to a
2 grant under this section, the period during which
3 payments under such grant are made to the grant
4 recipient may not exceed five years.

5 “(4) MATCHING FUNDS.—The Secretary may
6 require that recipients of grants under this section
7 provide non-Federal matching funds, as determined
8 appropriate by the Secretary, to ensure the commit-
9 ment of the grant recipients to the provision of
10 vouchers for treatment to individuals who use her-
11 oin, cocaine, methamphetamine, 3,4-methylenedioxy-
12 methamphetamine, or phencyclidine. Such non-Fed-
13 eral matching funds may be provided directly or
14 through donations from public or private entities
15 and may be in cash or in-kind, fairly evaluated, in-
16 cluding property, equipment, or services.

17 “(5) MAINTENANCE OF EFFORT.—The Sec-
18 retary may require that grant recipients under this
19 section agree to maintain expenditures of non-Fed-
20 eral amounts for authorized services related to the
21 treatment of heroin, cocaine, methamphetamine, 3,4-
22 methylenedioxymethamphetamine, and phencyclidine
23 abuse at a level that is not less than the level of
24 such expenditures maintained by the recipient for

1 the fiscal year preceding the fiscal year for which
2 the entity receives such a grant.

3 “(c) REPORT.—

4 “(1) IN GENERAL.—Not later than December 1,
5 2013, and annually thereafter, the Secretary shall
6 submit a report to the Congress on the grants under
7 subsection (a).

8 “(2) CONTENTS OF REPORT.—The report under
9 paragraph (1) shall contain an evaluation of the ef-
10 fectiveness of the grants made under subsection (a)
11 in improving access to heroin, cocaine, methamphet-
12 amine, 3,4-methylenedioxymethamphetamine, and
13 phencyclidine treatment for underserved populations.

14 “(d) DEFINITIONS.—For purposes of this section:

15 “(1) AUTHORIZED SERVICES.—The term ‘au-
16 thorized services’ means—

17 “(A) treatment for heroin, cocaine, meth-
18 amphetamine, 3,4-methylenedioxymethamphet-
19 amine, or phencyclidine abuse, including indi-
20 vidual, group, and family counseling regarding
21 such abuse;

22 “(B) follow-up services to prevent an indi-
23 vidual from relapsing into such abuse;

24 “(C) wrap-around services, as such term is
25 defined in section 514E(e)(4); and

1 “(D) any additional services specified by
2 the Secretary.

3 “(2) **UNDERSERVED POPULATION.**—The term
4 ‘underserved population’ means a population of indi-
5 viduals who cannot access appropriate substance
6 abuse treatment (including comprehensive substance
7 abuse treatment) due to financial, geographical, lan-
8 guage, socioeconomic, or cultural barriers.

9 “(e) **AUTHORIZATION OF APPROPRIATIONS.**—There
10 are authorized to be appropriated such sums as may be
11 necessary to carry out this section for fiscal years 2013
12 through 2017.

13 **“SEC. 514E. COMPREHENSIVE WRAP-AROUND HEROIN, CO-**
14 **CAINE, METHAMPHETAMINE, 3,4-METHYLENE-**
15 **DIOXYMETHAMPHETAMINE (ECSTASY), AND**
16 **PHENCYCLIDINE (PCP) TREATMENT SERV-**
17 **ICES.**

18 “(a) **IN GENERAL.**—The Secretary may make grants
19 to public, private, and nonprofit entities, Indian tribes,
20 and tribal organizations to establish programs to provide
21 for and coordinate the provision of wrap-around services
22 to heroin, cocaine, methamphetamine, 3,4-methylenedioxy-
23 methamphetamine, or phencyclidine-affected individuals.

24 “(b) **MINIMUM QUALIFICATIONS FOR RECEIPT OF**
25 **AWARD.**—To seek a grant under subsection (a), a public,

1 private, or nonprofit entity, an Indian tribe, or a tribal
2 organization shall submit an application to the Secretary
3 at such time, in such manner, and containing such infor-
4 mation and assurances as the Secretary may require, in-
5 cluding assurances to the satisfaction of the Secretary
6 that—

7 “(1) the applicant has the capacity to carry out
8 a program described in subsection (a);

9 “(2) the applicant has entered into agreements
10 with entities in the community involved, through
11 which the applicant will provide wrap-around serv-
12 ices; and

13 “(3) the applicant, or any entity through which
14 the applicant will provide such services, meets all ap-
15 plicable State licensure or certification requirements
16 regarding the provision of such services.

17 “(c) PRIORITY FOR GRANT DISTRIBUTION.—In mak-
18 ing grants under this section, the Secretary shall give pri-
19 ority to applications for programs that serve communities
20 with a high or increasing rate of heroin, cocaine, meth-
21 amphetamine, 3,4-methylenedioxymethamphetamine, or
22 phencyclidine abuse or addiction, as specified by the Sec-
23 retary.

24 “(d) REPORTS.—For each year that a public, private,
25 or nonprofit entity, Indian tribe, or tribal organization re-

1 ceives a grant under subsection (a) for a program, such
2 entity, tribe, or organization shall submit to the Secretary
3 a report on the results and effectiveness of the program.

4 “(e) DEFINITIONS.—For purposes of this section:

5 “(1) HEROIN, COCAINE, METHAMPHETAMINE,
6 3,4-METHYLENEDIOXYMETHAMPHETAMINE, OR
7 PHENCYCLIDINE-AFFECTED INDIVIDUAL.—The term
8 ‘heroin, cocaine, methamphetamine, 3,4-methylene-
9 dioxymethamphetamine, or phencyclidine-affected in-
10 dividual’ means an individual who—

11 “(A)(i) resided in a residential inpatient
12 treatment facility for the treatment of heroin,
13 cocaine, methamphetamine, 3,4-methylenedioxy-
14 methamphetamine, or phencyclidine abuse or
15 addiction; or

16 “(ii) received treatment for heroin, cocaine,
17 methamphetamine, 3,4-methylenedioxy-metham-
18 phetamine, or phencyclidine abuse or addiction
19 from an intensive outpatient treatment facility;
20 and

21 “(B) after successful completion of such
22 treatment reenters the community.

23 “(2) INTENSIVE OUTPATIENT TREATMENT FA-
24 CILITY.—The term ‘intensive outpatient treatment
25 facility’ means a facility that provides treatment for

1 substance abuse and that, with respect to an indi-
2 vidual receiving such treatment—

3 “(A) provides a minimum of seven hours of
4 treatment for substance abuse during a week;

5 “(B) provides regularly scheduled treat-
6 ment sessions within a structured program; and

7 “(C) ensures that the treatment sessions
8 are led by health professionals or clinicians.

9 “(3) RESIDENTIAL INPATIENT TREATMENT FA-
10 CILITY.—The term ‘residential inpatient treatment
11 facility’ means a facility that provides treatment for
12 substance abuse in which health professionals and
13 clinicians provide a planned regimen of 24-hour pro-
14 fessionally directed evaluation, care, and treatment
15 for such substance abuse in an inpatient setting, in-
16 cluding 24-hour observation and monitoring.

17 “(4) WRAP-AROUND SERVICES.—The term
18 ‘wrap-around services’ means, with respect to a her-
19 oin, cocaine, methamphetamine, 3,4-methylenedioxy-
20 methamphetamine, or phencyclidine-affected indi-
21 vidual, the following services:

22 “(A) Medical services.

23 “(B) Dental services.

24 “(C) Mental health services.

25 “(D) Child care services.

1 (A) in the matter preceding paragraph

2 (1)—

3 (i) by inserting “, Indian tribes, and
4 tribal organizations” after “nonprofit pri-
5 vate entities”; and

6 (ii) by striking “pregnant and
7 postpartum women treatment for sub-
8 stance abuse” and inserting “caregiver
9 parents, including pregnant women, treat-
10 ment for substance abuse (including treat-
11 ment for addiction to heroin, cocaine,
12 methamphetamine, 3,4-methylenedioxy-
13 methamphetamine (ecstasy), or phencycli-
14 dine (PCP))”;

15 (B) in each of paragraphs (1), (2), and
16 (3), by striking “the women” and inserting
17 “such parents” each place it appears; and

18 (C) in paragraph (3), by inserting “supple-
19 mental” before “services”;

20 (3) in subsection (b)—

21 (A) in paragraph (1), by inserting “, In-
22 dian tribes, or tribal organizations” after “non-
23 profit private entities”; and

24 (B) in paragraph (2)—

1 (i) by striking “the services” and in-
2 serting “such services”; and

3 (ii) by striking “woman” and insert-
4 ing “caregiver parent”;

5 (4) in subsection (c)—

6 (A) in paragraph (1) by striking “eligible
7 woman” and inserting “eligible caregiver par-
8 ent”; and

9 (B) by striking “the women” and “the
10 woman” each place either term appears and in-
11 serting “such parent”;

12 (5) in subsection (d)—

13 (A) in the matter preceding paragraph
14 (1), by striking “woman” and inserting “care-
15 giver parent”;

16 (B) in paragraphs (3) and (4), by striking
17 “the woman” and inserting “such parent” each
18 place it appears;

19 (C) in paragraph (9)—

20 (i) by striking “the women” and in-
21 serting “such parent” each place it ap-
22 pears;

23 (ii) by striking “units” and inserting
24 “unit”; and

1 (iii) by striking “of parents” and in-
2 serting “of the parents of such parent”;

3 (D) in paragraph (10), by inserting “, In-
4 dian tribes, or tribal organizations” after “enti-
5 ties”; and

6 (E) in paragraph (11)—

7 (i) by striking “the women” and in-
8 serting “such parent”; and

9 (ii) by striking “their children” and
10 inserting “the children of such parent”;

11 (6) in subsection (f)(1), in the matter pro-
12 ceeding subparagraph (A) by inserting “, Indian
13 tribes, or tribal organizations” after “public or pri-
14 vate entities”;

15 (7) in subsection (g)—

16 (A) by striking “identify women” and in-
17 serting “identify caregiver parents”; and

18 (B) by striking “the women” and inserting
19 “such parents”;

20 (8) in subsection (h)(1) by striking “pregnant
21 and postpartum women” and inserting “caregiver
22 parents”;

23 (9) in subsection (j)—

24 (A) in the matter proceeding paragraph
25 (1)—

1 (i) by striking “to on behalf” and in-
2 serting “to or on behalf”; and

3 (ii) by striking “woman” and insert-
4 ing “caregiver parent”;

5 (B) in paragraph (2), by striking “the
6 woman” and inserting “such parent”; and

7 (C) in paragraph (3), by striking “woman”
8 and inserting “parent”;

9 (10) in subsection (k)(2) by striking “women”
10 and inserting “caregiver parents”—

11 (11) in subsection (l), by striking “such agree-
12 ments” and inserting “the funding agreements
13 under this section”;

14 (12) by amending subsection (m) to read as fol-
15 lows:

16 “(m) USE OF FUNDS; PRIORITY FOR CERTAIN
17 AREAS SERVED.—

18 “(1) USE OF FUNDS.—A funding agreement for
19 an award under subsection (a) for an applicant is
20 that funds awarded under subsection (a) to such ap-
21 plicant shall be used for programs according to the
22 following order of priority:

23 “(A) For a program that provides services
24 to caregiver parents who are pregnant and
25 postpartum women.

1 “(B) For a program that provides services
2 to caregiver parents who are single parents and
3 the sole caregivers with respect to their chil-
4 dren.

5 “(C) For a program that provides services
6 to any caregiver parents.

7 “(2) PRIORITY FOR CERTAIN AREAS SERVED.—
8 In making awards under subsection (a), the Director
9 shall give priority to any entity, tribe, or organiza-
10 tion that agrees to use the award for a program
11 serving an area that—

12 “(A) is an area determined by the Director
13 to have a shortage of family-based substance
14 abuse treatment options; or

15 “(B) is determined by the Director to have
16 high rates of addiction to heroin, cocaine, meth-
17 amphetamine, 3,4-methylenedioxymethamphet-
18 amine, or phencyclidine.”;

19 (13) in subsection (p)—

20 (A) by striking “October 1, 1994” and in-
21 serting “January 1, 2013”;

22 (B) by striking “Committee on Labor and
23 Human Resources” and inserting “Committee
24 on Health, Education, Labor, and Pensions”;
25 and

1 (C) by striking the third sentence;

2 (14) in subsection (q)—

3 (A) by redesignating paragraphs (2), (3),
4 (4), and (5) as paragraphs (3), (4), (5), and
5 (6), respectively;

6 (B) by inserting after paragraph (1) the
7 following new paragraph:

8 “(2) The term ‘caregiver parent’ means, with
9 respect to a child, a parent or legal guardian with
10 whom the child resides, and includes a pregnant
11 woman.”; and

12 (C) by amending paragraph (3), as reded-
13 igned by subparagraph (A) of this paragraph,
14 to read as follows:

15 “(3) The term ‘eligible caregiver parent’ means
16 a caregiver parent who has been admitted to a pro-
17 gram operated pursuant to subsection (a).”; and

18 (15) in subsection (r), by striking “to fiscal
19 years 2001 through 2003” and inserting “for fiscal
20 years 2013 through 2017”.

21 **SEC. 5. EFFECTIVENESS OF STIMULANT TREATMENT**

22 **METHODS.**

23 (a) RESEARCH.—The Director of the National Insti-
24 tute on Drug Abuse shall conduct research, directly or
25 through contract with another entity, on the effectiveness

1 of the use of agonist and antagonist drugs to reduce the
2 problems associated with stimulant abuse, including co-
3 caine and methamphetamine abuse.

4 (b) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated such sums as may be
6 necessary to carry out this section for fiscal years 2013
7 through 2017.

8 **SEC. 6. IOM STUDY ON DRUG TREATMENTS FOR STIMU-**
9 **LANT ABUSE.**

10 (a) REPORT.—The Secretary of Health and Human
11 Services shall seek to enter into a contract with the Insti-
12 tute of Medicine of the National Academies to complete
13 a literature review and submit a report to Congress on
14 the effectiveness of agonist and antagonist drugs for the
15 treatment of stimulant abuse, including cocaine and meth-
16 amphetamine abuse.

17 (b) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated such sums as may be
19 necessary to carry out this section for fiscal years 2013
20 through 2017.

21 **SEC. 7. GAO EVALUATION OF THE IMPACT OF THIS LEGIS-**
22 **LATION.**

23 (a) STUDY ON THE LEVEL OF FUNDING FOR TREAT-
24 MENT.—The Comptroller General of the United States
25 shall conduct a study on—

1 (1) the impact of the programs authorized by
2 this Act (including the amendments made by this
3 Act) on the effectiveness and availability of treat-
4 ment for heroin, cocaine, methamphetamine, 3,4-
5 methylenedioxymethamphetamine, and phencyclidine
6 abuse;

7 (2) whether the level of Federal funding avail-
8 able for the treatment of heroin, cocaine, meth-
9 amphetamine, 3,4-methylenedioxymethamphetamine,
10 and phencyclidine abuse meets, exceeds, or is less
11 than the amount necessary to provide adequate
12 treatment for such abuse; and

13 (3) the impact of effective treatment of heroin,
14 cocaine, methamphetamine, 3,4-methylenedioxymeth-
15 amphetamine, and phencyclidine abuse on cost sav-
16 ings due to the reduced need for criminal justice and
17 other services.

18 (b) REPORTS.—

19 (1) INTERIM REPORT.—Not later than the last
20 day of the two-year period beginning on the date of
21 enactment of this Act, the Comptroller General shall
22 submit to Congress a report on the interim findings
23 of the study under subsection (a).

24 (2) FINAL REPORT.—Not later than 3 years
25 after the date on which the report under paragraph

1 (1) is submitted to Congress, the Comptroller Gen-
2 eral shall submit to Congress a report on the find-
3 ings of the study under subsection (a).

4 **SEC. 8. FUNDING.**

5 (a) **OFFSET.**—Prior to being appropriated, additional
6 amounts authorized by this Act shall be fully offset by a
7 reduction to one or more other appropriations, as the
8 House and Senate Committees on Appropriations consider
9 appropriate.

10 (b) **BUDGET CONTROL ACT.**—Nothing in this Act or
11 the amendments made by this Act shall be interpreted to
12 violate the budgetary caps enacted in the Budget Control
13 Act of 2011 (Public Law 112–25).

○