

113TH CONGRESS
2D SESSION

S. 2839

To authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 17 (legislative day, SEPTEMBER 16), 2014

Mr. WHITEHOUSE (for himself, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, and Mr. LEAHY) introduced the following bill; which was read twice and referred to the Committee on the Judiciary

A BILL

To authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

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 and Recovery Act of 2014”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

Sec. 3. Definitions.

TITLE I—PREVENTION AND EDUCATION

- Sec. 101. Development of best prescribing practices.
- Sec. 102. National education campaign.
- Sec. 103. Community-based coalition enhancement grants to address local drug crises.

TITLE II—LAW ENFORCEMENT AND TREATMENT

- Sec. 201. Treatment alternative to incarceration programs.
- Sec. 202. Law enforcement naloxone training and implementation pilot.
- Sec. 203. Prescription drug take back expansion.

TITLE III—TREATMENT AND RECOVERY

- Sec. 301. Evidence-based opioid and heroin treatment and interventions demonstration.
- Sec. 302. Criminal justice medication assisted treatment and interventions demonstration.
- Sec. 303. National youth recovery initiative.
- Sec. 304. Building communities of recovery.

TITLE IV—ADDRESSING COLLATERAL CONSEQUENCES

- Sec. 401. Correctional education demonstration grant program.
- Sec. 402. Revision of FAFSA form.
- Sec. 403. National Task Force on Recovery and Collateral Consequences.

TITLE V—ADDICTION AND TREATMENT SERVICES FOR WOMEN,
FAMILIES, AND VETERANS

- Sec. 501. Authority to award competitive grants to address opioid and heroin abuse by pregnant and parenting female offenders.
- Sec. 502. Grants for family-based substance abuse treatment.
- Sec. 503. Veterans' treatment courts.

TITLE VI—INCENTIVIZING STATE COMPREHENSIVE INITIATIVES
TO ADDRESS OPIOID AND HEROIN ABUSE

- Sec. 601. State demonstration grants for comprehensive opioid abuse response.

1 SEC. 2. FINDINGS.

2 Congress finds the following:

- 3 (1) The abuse of heroin and prescription pain-
- 4 killers is having a devastating effect on public health
- 5 and safety in communities across the United States.
- 6 According to the Centers for Disease Control and
- 7 Prevention, drug overdose deaths now surpass traffic
- 8 crashes in the number of deaths caused by injury in

1 the United States. In 2011, an average of about 110
2 people in the United States died from drug overdose
3 every day.

4 (2) Law enforcement officials and treatment ex-
5 perts throughout the country report that many pre-
6 scription opioid users have turned to heroin as a
7 cheaper or more easily obtained alternative to pre-
8 scription drugs.

9 (3) Opioid pain relievers are the most widely
10 misused or abused controlled prescription drugs
11 (commonly referred to as “CPDs”) and are involved
12 in most CPD-related overdose incidents. According
13 to the Drug Abuse Warning Network (commonly
14 known as “DAWN”), the estimated number of emer-
15 gency department visits involving nonmedical use of
16 prescription opiates or opioids increased by 112 per-
17 cent, from 84,671 to 179,787, between 2006 and
18 2010.

19 (4) According to a report by the National Asso-
20 ciation of State Alcohol and Drug Abuse Directors
21 (commonly referred to as “NASADAD”), 37 States
22 reported an increase in admissions to treatment for
23 heroin use during the past 2 years, while admissions
24 to treatment for prescription opiates increased 500
25 percent from 2000 to 2012.

1 (5) Addiction is a treatable disease. Discoveries
2 in the science of addiction have led to advances in
3 the treatment of substance use disorders that help
4 people stop abusing drugs and prescription medica-
5 tions and resume their productive lives.

6 (6) According to the Office of National Drug
7 Control Policy (commonly referred to as
8 “ONDCP”), approximately 22,700,000 people in the
9 United States needed substance use disorder treat-
10 ment in 2013, but only 2,500,000 people received it.

11 (7) Effective substance abuse prevention can
12 yield major economic dividends. Every dollar in-
13 vested in prevention can lead to savings between \$2
14 and \$20.

15 (8) According to the National Institute on Drug
16 Abuse, when schools and communities properly im-
17 plement science-validated substance abuse prevention
18 programs, alcohol, tobacco, and illicit drug abuse are
19 reduced. Such programs help teachers, parents, and
20 healthcare professionals shape the perceptions of
21 youths about the risks of drug abuse.

22 (9) Diverting individuals with substance use
23 disorders from criminal justice systems into commu-
24 nity-based treatment can save billions of dollars and
25 prevent sizeable numbers of crimes, arrests, and re-

1 incarcerations over the course of those individuals’
2 lives.

3 (10) According to the Drug Enforcement Agen-
4 cy, more than 1,700 tons of expired, unwanted pre-
5 scription medications have been collected over the
6 past 3½ years, following the enactment of the Se-
7 cure and Responsible Drug Disposal Act of 2010
8 (Public Law 111–273; 124 Stat. 2858).

9 (11) Research shows that combining treatment
10 medications with behavioral therapy is the best way
11 to ensure success for most patients. Treatment ap-
12 proaches must be tailored to address the drug abuse
13 patterns and drug-related medical, psychiatric, and
14 social problems of each individual. Different types of
15 medications may be useful at different stages of
16 treatment to help a patient stop abusing drugs, stay
17 in treatment, and avoid relapse.

18 (12) Research indicates that combating the epi-
19 demic of opioid abuse, including abuse of prescrip-
20 tion painkillers and, increasingly, heroin, requires a
21 multi-pronged approach that involves reducing drug
22 diversion, expanding delivery of existing treatments
23 (including medication assisted treatments), expand-
24 ing access to overdose medications and interventions,

1 and the development of new medications for pain
2 that can augment the existing treatment arsenal.

3 **SEC. 3. DEFINITIONS.**

4 In this Act—

5 (1) the term “Indian tribe” has the meaning
6 given the term in section 4 of the Indian Self-Deter-
7 mination and Education Assistance Act (25 U.S.C.
8 450b);

9 (2) the term “medication assisted treatment”
10 means the use, for problems relating to heroin and
11 other opioids, of medications approved by the Food
12 and Drug Administration in combination with coun-
13 seling and behavioral therapies.;

14 (3) the term “ONDCP Recovery Branch”
15 means the Recovery Branch of the Office of Na-
16 tional Drug Control Policy;

17 (4) the term “opioid” means any drug having
18 an addiction-forming or addiction-sustaining liability
19 similar to morphine or being capable of conversion
20 into a drug having such addiction-forming or addic-
21 tion-sustaining liability;

22 (5) the term “Single State Authority for Sub-
23 stance Abuse” has the meaning given the term in
24 section 201(e) of the Second Chance Act of 2007
25 (42 U.S.C. 17521(e)); and

1 (6) the term “State” means any State of the
2 United States, the District of Columbia, the Com-
3 monwealth of Puerto Rico, and any territory or pos-
4 session of the United States.

5 **TITLE I—PREVENTION AND**
6 **EDUCATION**

7 **SEC. 101. DEVELOPMENT OF BEST PRESCRIBING PRAC-**
8 **TICES.**

9 (a) INTER-AGENCY TASK FORCE.—Not later than
10 120 days after the date of enactment of this Act, the Sec-
11 retary of Health and Human Services (referred to in this
12 section as the “Secretary”), in cooperation with the Sec-
13 retary of Veterans Affairs, the Secretary of Defense, and
14 the Administrator of the Drug Enforcement Administra-
15 tion, shall convene a Pain Management Best Practices
16 Inter-Agency Task Force (referred to in this section as
17 the “task force”).

18 (b) MEMBERSHIP.—The task force shall be com-
19 prised of—

20 (1) representatives of—

21 (A) the Department of Health and Human
22 Services;

23 (B) the Department of Veterans Affairs;

24 (C) the Department of Defense;

25 (D) the Drug Enforcement Administration;

1 (E) the Centers for Disease Control and
2 Prevention;

3 (F) the Institute of Medicine; and

4 (G) the Office of National Drug Control
5 Policy;

6 (2) the Director of the National Institutes of
7 Health;

8 (3) physicians, dentists, and non-physician pre-
9 scribers;

10 (4) pharmacists;

11 (5) experts in the fields of pain research and
12 addiction research;

13 (6) representatives of—

14 (A) pain management professional organi-
15 zations;

16 (B) the mental health treatment commu-
17 nity;

18 (C) the addiction treatment community;

19 and

20 (D) pain advocacy groups; and

21 (7) other stakeholders, as the Secretary deter-
22 mines appropriate.

23 (c) DUTIES.—The task force shall—

24 (1) not later than 180 days after the date on
25 which the task force is convened under subsection

1 (a), develop best practices for pain management and
2 prescribing pain medication, taking into consider-
3 ation—

4 (A) existing pain management research;

5 (B) recommendations from relevant con-
6 ferences; and

7 (C) ongoing efforts at the State and local
8 levels and by medical professional organizations
9 to develop improved pain management strate-
10 gies;

11 (2) solicit and take into consideration public
12 comment on the practices developed under para-
13 graph (1), amending such best practices if appro-
14 priate; and

15 (3) develop a strategy for disseminating infor-
16 mation about the best practices developed under
17 paragraphs (1) and (2) to prescribers, pharmacists,
18 State medical boards, and other parties, as the Sec-
19 retary determines appropriate.

20 (d) LIMITATION.—The task force shall not have rule-
21 making authority.

22 (e) REPORT.—Not later than 270 days after the date
23 on which the task force is convened under subsection (a),
24 the task force shall submit to Congress a report that in-
25 cludes—

1 (1) the strategy for disseminating best practices
2 developed under subsection (c);

3 (2) the results of a feasibility study on linking
4 best practices developed under subsection (c) to re-
5 ceiving and renewing registrations under section
6 303(f) of the Controlled Substances Act (21 U.S.C.
7 823(f)); and

8 (3) recommendations on how to apply best
9 practices developed under subsection (c) to improve
10 prescribing practices at medical facilities, including
11 medical facilities of the Veterans Health Administra-
12 tion.

13 **SEC. 102. NATIONAL EDUCATION CAMPAIGN.**

14 (a) DEFINITION.—In this section, the term “eligible
15 entity” means a State, unit of local government, or non-
16 profit organization.

17 (b) PROGRAM AUTHORIZED.—The Attorney General,
18 in coordination with the Secretary of Health and Human
19 Services, the Director of the Office of National Drug Con-
20 trol Policy, the Secretary of Education, the Administrator
21 of the Substance Abuse and Mental Health Services Ad-
22 ministration, and the Director of the Centers for Disease
23 Control and Prevention, may make grants to eligible enti-
24 ties to expand educational efforts to prevent abuse of
25 opioids, heroin, and other substances of abuse, understand

1 addiction as a chronic disease, and promote treatment and
2 recovery, including—

3 (1) parent and caretaker-focused prevention ef-
4 forts, including—

5 (A) the development of research-based
6 community education online and social media
7 materials with an accompanying toolkit that
8 can be disseminated to communities to educate
9 parents and other caretakers of teens on—

10 (i) how to educate teens about opioid
11 and heroin abuse;

12 (ii) how to intervene if a parent thinks
13 or knows their teen is abusing opioids or
14 heroin;

15 (iii) signs of opioid or heroin overdose;
16 and

17 (iv) the use of naloxone to prevent
18 death from opioid or heroin overdose;

19 (B) the development of detailed digital and
20 print educational materials to accompany the
21 online and social media materials and toolkit
22 described in subparagraph (A);

23 (C) the development and dissemination of
24 public service announcements to—

1 (i) raise awareness of heroin and
2 opioid abuse among parents and other
3 caretakers; and

4 (ii) motivate parents and other care-
5 takers to visit online educational materials
6 on heroin and opioid abuse; and

7 (D) the dissemination of educational mate-
8 rials to the media through—

9 (i) a town hall or panel discussion
10 with experts;

11 (ii) a press release;

12 (iii) an online news release;

13 (iv) a media tour; and

14 (v) sharable infographics;

15 (2) prevention efforts focused on teenagers, col-
16 lege students, and college-age individuals, includ-
17 ing—

18 (A) the development of a national digital
19 campaign; and

20 (B) the development of a community edu-
21 cation toolkit for use by community coalitions;

22 (3) campaigns to inform individuals about avail-
23 able resources to aid in recovery from substance use
24 disorder;

1 (4) encouragement of individuals in or seeking
2 recovery from substance use disorder to enter the
3 health care system; or

4 (5) adult-focused awareness efforts, including
5 efforts focused on older adults, relating to prescrip-
6 tion medication disposal, opioid and heroin abuse,
7 signs of overdose, and the use of naloxone for rever-
8 sal.

9 (c) APPLICATION.—

10 (1) IN GENERAL.—An eligible entity desiring a
11 grant under this section shall submit an application
12 to the Attorney General—

13 (A) that meets the criteria under para-
14 graph (2); and

15 (B) at such time, in such manner, and ac-
16 companied by such information as the Attorney
17 General may require.

18 (2) CRITERIA.—An eligible entity, in submitting
19 an application under paragraph (1), shall—

20 (A) describe the evidence-based method-
21 ology and outcome measurements that will be
22 used to evaluate the program funded with a
23 grant under this section;

24 (B) specifically explain how the measure-
25 ments described in subparagraph (A) will pro-

1 vide valid measures of the impact of the pro-
2 gram described in subparagraph (A);

3 (C) describe how the program described in
4 subparagraph (A) could be broadly replicated if
5 demonstrated to be effective;

6 (D) demonstrate that all planned services
7 will be research-informed, which may include
8 evidence-based practices documented in—

9 (i) the report of the Institute of Medi-
10 cine entitled “Preventing Mental, Emo-
11 tional, and Behavioral Disorders Among
12 Young People”; or

13 (ii) the National Registry of Effective
14 Programs and Practices (commonly re-
15 ferred to as “NREPP” of the Substance
16 Abuse and Mental Health Administration);
17 and

18 (E) demonstrate that the eligible entity
19 will effectively integrate and sustain the pro-
20 gram described in subparagraph (A) into cur-
21 riculum or community outreach efforts.

22 (d) USE OF FUNDS.—A grantee shall use a grant re-
23 ceived under this section for expenses of educational ef-
24 forts to—

1 (1) prevent abuse of opioids, heroin, alcohol,
2 and other drugs; or

3 (2) promote treatment and recovery.

4 (e) DURATION.—The Attorney General shall award
5 grants under this section for a period not to exceed 2
6 years.

7 (f) INFORMATION SHARING.—The Office of the At-
8 torney General, in coordination with the Substance Abuse
9 and Mental Health Services Administration and the De-
10 partment of Education, shall review existing evidence-
11 based programs and emerging practices and programs and
12 provide information to schools and communities about
13 such programs and practices.

14 (g) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this section
16 \$2,500,000 for each of fiscal years 2016 through 2020.

17 **SEC. 103. COMMUNITY-BASED COALITION ENHANCEMENT**
18 **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

19 (a) DEFINITIONS.—In this section—

20 (1) the term “Drug-Free Communities Act of
21 1997” means chapter 2 of subtitle A of title I of the
22 Anti-Drug Abuse Act of 1988 (21 U.S.C. 1521 et
23 seq.);

24 (2) the term “eligible entity” means an organi-
25 zation that—

1 (A) on or before the date of submitting an
2 application for a grant under this section, re-
3 ceives or has received a grant under the Drug-
4 Free Communities Act of 1997; and

5 (B) has documented, using local data,
6 rates of abuse of opioids at levels that are—

7 (i) significantly higher than the na-
8 tional average as determined by the Attor-
9 ney General (including appropriate consid-
10 eration of the Monitoring the Future Sur-
11 vey published by the National Institute on
12 Drug Abuse and the National Survey on
13 Drug Use and Health by the Substance
14 Abuse and Mental Health Service Adminis-
15 tration); or

16 (ii) higher than the national average,
17 as determined by the Attorney General (in-
18 cluding appropriate consideration of the
19 surveys described in clause (i)), over a sus-
20 tained period of time; and

21 (3) the term “local drug crisis” means, with re-
22 spect to the area served by an eligible entity—

23 (A) a sudden increase in the abuse of pre-
24 scription medications, specifically opioids, as
25 documented by local data; or

1 (B) the abuse of prescription medications,
2 specifically opioids, that is significantly higher
3 than the national average, over a sustained pe-
4 riod of time, as documented by local data.

5 (b) PROGRAM AUTHORIZED.—The Attorney General,
6 in coordination with the Director of the Office of National
7 Drug Control Policy, may make grants to eligible entities
8 to implement comprehensive community-wide strategies
9 that address local drug crises within the area served by
10 the eligible entity.

11 (c) APPLICATION.—

12 (1) IN GENERAL.—An eligible entity desiring a
13 grant under this section shall submit an application
14 to the Attorney General at such time, in such man-
15 ner, and accompanied by such information as the
16 Attorney General may require.

17 (2) CRITERIA.—As part of an application for a
18 grant under this section, the Attorney General shall
19 require an eligible entity to submit a detailed, com-
20 prehensive, multi-sector plan for addressing the local
21 drug crisis within the area served by the eligible en-
22 tity.

23 (d) USE OF FUNDS.—An eligible entity shall use a
24 grant received under this section—

1 (1) for programs designed to implement com-
2 prehensive community-wide prevention strategies to
3 address local drug crisis in the area served by the
4 eligible entity, in accordance with the plan submitted
5 under subsection (c)(2); and

6 (2) to obtain specialized training and technical
7 assistance from the organization funded under sec-
8 tion 4 of Public Law 107–82 (21 U.S.C. 1521 note).

9 (e) GRANT AMOUNTS AND DURATION.—

10 (1) AMOUNTS.—The Attorney General may not
11 award a grant under this section for a fiscal year in
12 an amount that exceeds—

13 (A) the amount of non-Federal funds
14 raised by the eligible entity, including in-kind
15 contributions, for that fiscal year; or

16 (B) \$75,000.

17 (2) DURATION.—The Attorney General shall
18 award grants under this section for a period not to
19 exceed 4 years.

20 (f) SUPPLEMENT NOT SUPPLANT.—An eligible entity
21 shall use Federal funds received under this section only
22 to supplement the funds that would, in the absence of
23 those Federal funds, be made available from other Federal
24 and non-Federal sources for the activities described in this
25 section, and not to supplant those funds.

1 (g) EVALUATION.—A grant under this section shall
 2 be subject to the same evaluation requirements and proce-
 3 dures as the evaluation requirements and procedures im-
 4 posed on the recipient of a grant under the Drug-Free
 5 Communities Act of 1997.

6 (h) LIMITATION ON ADMINISTRATIVE EXPENSES.—
 7 Not more than 8 percent of the amounts made available
 8 pursuant to subsection (i) for a fiscal year may be used
 9 by the Attorney General to pay for administrative ex-
 10 penses.

11 (i) AUTHORIZATION OF APPROPRIATIONS.—There
 12 are authorized to be appropriated to carry out this section
 13 \$5,000,000 for each of fiscal years 2016 through 2020.

14 **TITLE II—LAW ENFORCEMENT**
 15 **AND TREATMENT**

16 **SEC. 201. TREATMENT ALTERNATIVE TO INCARCERATION**
 17 **PROGRAMS.**

18 (a) DEFINITIONS.—In this section—

19 (1) the term “eligible entity” means a State,
 20 unit of local government, Indian tribe, or nonprofit
 21 organization; and

22 (2) the term “eligible participant” means an in-
 23 dividual who—

24 (A) comes into contact with the criminal
 25 justice system or is charged with an offense;

1 (B) has a history of or a current—
2 (i) substance use disorder;
3 (ii) mental illness; or
4 (iii) co-occurring mental illness and
5 substance use disorders; and

6 (C) has been unanimously approved for
7 participation in a program funded under this
8 section by, as applicable depending on the stage
9 of the criminal justice process, the relevant
10 prosecuting attorney, defense attorney, proba-
11 tion or corrections official, judge, or representa-
12 tive from the relevant mental health or sub-
13 stance abuse agency.

14 (b) PROGRAM AUTHORIZED.—The Attorney General
15 may make grants to eligible entities to develop, implement,
16 or expand a treatment alternative to incarceration pro-
17 gram for eligible participants, including—

18 (1) pre-booking treatment alternative to incar-
19 ceration programs, including—

20 (A) law enforcement training on substance
21 use disorders, mental illness, and co-occurring
22 mental illness and substance use disorders;

23 (B) receiving centers as alternatives to in-
24 carceration of eligible participants;

1 (C) specialized response units for calls re-
 2 lated to substance use disorders, mental illness,
 3 and co-occurring mental illness and substance
 4 use disorders; and

5 (D) other arrest and pre-booking treat-
 6 ment alternative to incarceration models; and

7 (2) post-booking treatment alternative to incar-
 8 ceration programs, including—

9 (A) specialized clinical case management;

10 (B) pre-trial services related to substances
 11 use disorders, mental illness, and co-occurring
 12 mental illness and substance use disorders;

13 (C) prosecutor and defender based pro-
 14 grams;

15 (D) specialized probation;

16 (E) treatment and rehabilitation programs;

17 and

18 (F) drug courts, DWI courts, and veterans
 19 treatment courts.

20 (c) APPLICATION.—

21 (1) IN GENERAL.—An eligible entity desiring a
 22 grant under this section shall submit an application
 23 to the Attorney General—

24 (A) that meets the criteria under para-
 25 graph (2); and

1 (B) at such time, in such manner, and ac-
2 companied by such information as the Attorney
3 General may require.

4 (2) CRITERIA.—An eligible entity, in submitting
5 an application under paragraph (1), shall—

6 (A) provide extensive evidence of collabora-
7 tion with State and local government agencies
8 overseeing health, community corrections,
9 courts, prosecution, substance abuse, mental
10 health, victims services, and employment serv-
11 ices, and with local law enforcement agencies;

12 (B) demonstrate consultation with the Sin-
13 gle State Authority for Substance Abuse;

14 (C) demonstrate that evidence-based treat-
15 ment practices will be utilized; and

16 (D) demonstrate that evidenced-based
17 screening and assessment tools will be utilized
18 to place participants in the treatment alter-
19 native to incarceration program.

20 (d) REQUIREMENTS.—Each eligible entity awarded a
21 grant for a treatment alternative to incarceration program
22 under this section shall—

23 (1) determine the terms and conditions of par-
24 ticipation in the program by eligible participants,

1 taking into consideration the collateral consequences
2 of criminal conviction;

3 (2) ensure that each substance abuse and men-
4 tal health treatment component is licensed and
5 qualified by the relevant jurisdiction;

6 (3) for programs described in subsection (b)(2),
7 organize an enforcement unit comprised of appro-
8 priately trained law enforcement professionals under
9 the supervision of the State, Tribal, or local criminal
10 justice agency involved, the duties of which shall in-
11 clude—

12 (A) the verification of addresses and other
13 contacts of each eligible participant who partici-
14 pates or desires to participate in the program;
15 and

16 (B) if necessary, the location, apprehen-
17 sion, arrest, and return to court of an eligible
18 participant in the program who has absconded
19 from the facility of a treatment provider or has
20 otherwise violated the terms and conditions of
21 the program, consistent with Federal and State
22 confidentiality requirements;

23 (4) notify the relevant criminal justice entity if
24 any eligible participant in the program absconds
25 from the facility of the treatment provider or other-

1 wise violates the terms and conditions of the pro-
2 gram, consistent with Federal and State confiden-
3 tiality requirements;

4 (5) submit periodic reports on the progress of
5 treatment of each eligible offender participating in
6 the program to the relevant State, Tribal, or local
7 criminal justice agency;

8 (6) describe the evidence-based methodology
9 and outcome measurements that will be used to
10 evaluate the program, and specifically explain how
11 such measurements will provide valid measures of
12 the impact of the program; and

13 (7) describe how the program could be broadly
14 replicated if demonstrated to be effective.

15 (e) USE OF FUNDS.—An eligible entity shall use a
16 grant received under this section for expenses of a treat-
17 ment alternative to incarceration program, including—

18 (1) salaries, personnel costs, equipment costs,
19 and other costs directly related to the operation of
20 the program, including the enforcement unit;

21 (2) payments for treatment providers that are
22 approved by the relevant State or Tribal jurisdiction
23 and licensed, if necessary, to provide needed treat-
24 ment to eligible offenders participating in the pro-

1 gram, including aftercare supervision, vocational
2 training, education, and job placement; and

3 (3) payments to public and nonprofit private
4 entities that are approved by the State or Tribal ju-
5 risdiction and licensed, if necessary, to provide alco-
6 hol and drug addiction treatment to eligible offend-
7 ers participating in the program.

8 (f) SUPPLEMENT NOT SUPPLANT.—An eligible entity
9 shall use Federal funds received under this section only
10 to supplement the funds that would, in the absence of
11 those Federal funds, be made available from other Federal
12 and non-Federal sources for the activities described in this
13 section, and not to supplant those funds.

14 (g) GEOGRAPHIC DISTRIBUTION.—The Attorney
15 General shall ensure that, to the extent practicable, the
16 geographical distribution of grants under this section is
17 equitable and includes a grant to an eligible entity in—

18 (1) each State;

19 (2) rural, suburban, and urban areas; and

20 (3) Tribal jurisdictions.

21 (h) REPORTS AND EVALUATIONS.—Each fiscal year,
22 each recipient of a grant under this section during that
23 fiscal year shall submit to the Attorney General a report
24 on the outcomes of activities carried out using that grant

1 in such form, containing such information, and on such
2 dates as the Attorney General shall specify.

3 (i) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 \$5,000,000 for each of fiscal years 2016 through 2020.

6 **SEC. 202. LAW ENFORCEMENT NALOXONE TRAINING AND**
7 **IMPLEMENTATION PILOT.**

8 (a) DEFINITION.—In this section, the term “eligible
9 entity” means a State, local, or tribal law enforcement
10 agency.

11 (b) PROGRAM AUTHORIZED.—The Attorney General,
12 in coordination with the Secretary of Health and Human
13 Services and the Director of the Office of National Drug
14 Control Policy, may make grants to eligible entities to cre-
15 ate a pilot law enforcement program to prevent opioid and
16 heroin overdose death.

17 (c) APPLICATION.—

18 (1) IN GENERAL.—An eligible entity desiring a
19 grant under this section shall submit an application
20 to the Attorney General—

21 (A) that meets the criteria under para-
22 graph (2); and

23 (B) at such time, in such manner, and ac-
24 companied by such information as the Attorney
25 General may require.

1 (2) CRITERIA.—An eligible entity, in submitting
2 an application under paragraph (1), shall—

3 (A) describe the evidence-based method-
4 ology and outcome measurements that will be
5 used to evaluate the program funded with a
6 grant under this section, and specifically ex-
7 plain how such measurements will provide valid
8 measures of the impact of the program;

9 (B) describe how the program could be
10 broadly replicated if demonstrated to be effec-
11 tive;

12 (C) identify the governmental and commu-
13 nity agencies that the program will coordinate;
14 and

15 (D) describe how law enforcement agencies
16 will coordinate with their corresponding State
17 substance abuse agency to identify protocols
18 and resources that are available to victims and
19 families, including information on treatment
20 and recovery resources.

21 (d) USE OF FUNDS.—An eligible entity shall use a
22 grant received under this section to—

23 (1) make naloxone available to be carried and
24 administered by law enforcement officers;

1 (2) train and provide resources for law enforce-
2 ment officers on carrying and administering
3 naloxone for the prevention of opioid and heroin
4 overdose death; and

5 (3) establish processes, protocols, and mecha-
6 nisms for referral to treatment.

7 (e) GRANT AMOUNTS AND DURATION.—

8 (1) MAXIMUM AMOUNT.—The Attorney General
9 may not award a grant under this section in an
10 amount that exceeds \$500,000.

11 (2) DURATION.—The Attorney General shall
12 award grants under this section for a period not to
13 exceed 2 years.

14 (f) TECHNICAL ASSISTANCE GRANTS.—The Attorney
15 General shall make a grant for the purpose of providing
16 technical assistance and training on the use of naloxone
17 to reverse overdose deaths and mechanisms for referral to
18 treatment for an eligible entity receiving a grant under
19 this section.

20 (g) EVALUATION.—The Attorney General shall con-
21 duct an evaluation of grants made under this section to
22 determine—

23 (1) the number of officers equipped with
24 naloxone for the prevention of fatal opioid and her-
25 oin overdose;

1 (2) the number of opioid and heroin overdoses
2 reversed by officers receiving training and supplies
3 of naloxone through a grant received under this sec-
4 tion;

5 (3) the number of calls for service related to
6 opioid and heroin overdose;

7 (4) the extent to which overdose victims and
8 families receive information about treatment services
9 and available data describing treatment admissions;
10 and

11 (5) the research, training, and naloxone supply
12 needs of law enforcement and first responder agen-
13 cies, including those agencies that are not receiving
14 grants under this section.

15 (h) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section
17 \$5,000,000 for each of fiscal years 2016 through 2020.

18 **SEC. 203. PRESCRIPTION DRUG TAKE BACK EXPANSION.**

19 (a) DEFINITION.—In this section, the term “eligible
20 entity” means a State, local, or tribal law enforcement
21 agency.

22 (b) PROGRAM AUTHORIZED.—The Attorney General,
23 in coordination with the Administrator of the Drug En-
24 forcement Administration, the Secretary of Health and
25 Human Services, and the Director of the Office of Na-

1 tional Drug Control Policy, may make grants to eligible
2 entities to expand or make available disposal sites for un-
3 wanted prescription medications.

4 (c) APPLICATION.—

5 (1) IN GENERAL.—An eligible entity desiring a
6 grant under this section shall submit an application
7 to the Attorney General—

8 (A) that meets the criteria under para-
9 graph (2); and

10 (B) at such time, in such manner, and ac-
11 companied by such information as the Attorney
12 General may require.

13 (2) CRITERIA.—An eligible entity, in submitting
14 an application under paragraph (1), shall—

15 (A) describe the evidence-based method-
16 ology and outcome measurements that will be
17 used to evaluate the program funded with a
18 grant under this section, and specifically ex-
19 plain how such measurements will provide valid
20 measures of the impact of the program;

21 (B) describe how the program could be
22 broadly replicated if demonstrated to be effec-
23 tive; and

24 (C) identify the governmental and commu-
25 nity agencies that the project will be coordinate.

1 (d) USE OF FUNDS.—An eligible entity shall use a
2 grant received under this section for—

3 (1) expenses of a prescription drug disposal
4 site, including materials and resources;

5 (2) implementing disposal procedures and proc-
6 esses;

7 (3) implementing community education strate-
8 gies, including community education materials and
9 resources;

10 (4) replicating a prescription drug take back
11 initiative throughout multiple jurisdictions; and

12 (5) training of law enforcement officers and
13 other community participants.

14 (e) GRANT AMOUNTS AND DURATION.—

15 (1) MAXIMUM AMOUNT.—The Attorney General
16 may not award a grant under this section in an
17 amount that exceeds \$250,000.

18 (2) DURATION.—The Attorney General shall
19 award grants under this section for a period not to
20 exceed 2 years.

21 (f) TECHNICAL ASSISTANCE GRANT.—The Attorney
22 General shall make a grant to a national nonprofit organi-
23 zation to provide technical assistance and training for an
24 eligible entity receiving a grant under this section.

25 (g) EVALUATION.—

1 (1) IN GENERAL.—The Attorney General shall
 2 make a grant for evaluation of the performance of
 3 each eligible entity receiving a grant under this sec-
 4 tion.

5 (2) REPORTS.—Each fiscal year, the recipient
 6 of a grant under this subsection shall submit to the
 7 Attorney General a report on the effectiveness of the
 8 prescription drug take back program of each eligible
 9 entity receiving a grant under this section.

10 (h) AUTHORIZATION OF APPROPRIATIONS.—There
 11 are authorized to be appropriated to carry out this section
 12 \$2,500,000 for each of fiscal years 2016 through 2020.

13 **TITLE III—TREATMENT AND** 14 **RECOVERY**

15 **SEC. 301. EVIDENCE-BASED OPIOID AND HEROIN TREAT-** 16 **MENT AND INTERVENTIONS DEMONSTRA-** 17 **TION.**

18 Subpart 1 of part B of title V of the Public Health
 19 Service Act (42 U.S.C. 290bb et seq.) is amended—

20 (1) by redesignating section 514 (42 U.S.C.
 21 290bb–9), as added by section 3632 of the Meth-
 22 amphetamine Anti-Proliferation Act of 2000 (Public
 23 Law 106–310; 114 Stat. 1236), as section 514B;
 24 and

25 (2) by adding at the end the following:

1 **“SEC. 514C. EVIDENCE-BASED OPIOID AND HEROIN TREAT-**
2 **MENT AND INTERVENTIONS DEMONSTRA-**
3 **TION.**

4 “(a) GRANTS.—

5 “(1) AUTHORITY TO MAKE GRANTS.—The Di-
6 rector of the Center for Substance Abuse Treatment
7 (referred to in this section as the ‘Director’) may
8 award grants to State substance abuse agencies,
9 units of local government, nonprofit organizations,
10 and Indian tribes or tribal organizations (as defined
11 in section 4 of the Indian Health Care Improvement
12 Act (25 U.S.C. 1603)) that have a high rate, or
13 have had a rapid increase, in the use of heroin or
14 other opioids, in order to permit such entities to ex-
15 pand activities, including an expansion in the avail-
16 ability of medication assisted treatment, with respect
17 to the treatment of addiction in the specific geo-
18 graphical areas of such entities where there is a rate
19 or rapid increase in the use of heroin or other
20 opioids.

21 “(2) RECIPIENTS.—The entities receiving
22 grants under paragraph (1) shall be selected by the
23 Director.

24 “(3) NATURE OF ACTIVITIES.—The grant funds
25 awarded under paragraph (1) shall be used for ac-
26 tivities that are based on reliable scientific evidence

1 of efficacy in the treatment of problems related to
2 heroin or other opioids.

3 “(b) GEOGRAPHIC DISTRIBUTION.—The Director
4 shall ensure that grants awarded under subsection (a) are
5 distributed equitably among the various regions of the Na-
6 tion and among rural, urban, and suburban areas that are
7 affected by the use of heroin or other opioids.

8 “(c) ADDITIONAL ACTIVITIES.—The Director shall—

9 “(1) evaluate the activities supported by grants
10 awarded under subsection (a);

11 “(2) disseminate widely such significant infor-
12 mation derived from the evaluation as the Director
13 considers appropriate;

14 “(3) provide States, Indian tribes and tribal or-
15 ganizations, and providers with technical assistance
16 in connection with the provision of treatment of
17 problems related to heroin and other opioids; and

18 “(4) fund only those applications that specifi-
19 cally support recovery services as a critical compo-
20 nent of the grant program.

21 “(d) DEFINITION.—The term ‘medication assisted
22 treatment’ means the use, for problems relating to heroin
23 and other opioids, of medications approved by the Food
24 and Drug Administration in combination with counseling
25 and behavioral therapies.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—

2 “(1) IN GENERAL.—There are authorized to be
3 appropriated to carry out this section \$10,000,000
4 for fiscal year 2016 and such sums as may be nec-
5 essary for each of fiscal years 2016 through 2020.

6 “(2) USE OF CERTAIN FUNDS.—Of the funds
7 appropriated to carry out this section in any fiscal
8 year, the lesser of 5 percent of such funds or
9 \$1,000,000 shall be available to the Director for
10 purposes of carrying out subsection (c).”.

11 **SEC. 302. CRIMINAL JUSTICE MEDICATION ASSISTED**
12 **TREATMENT AND INTERVENTIONS DEM-**
13 **ONSTRATION.**

14 (a) DEFINITIONS.—In this section—

15 (1) the term “criminal justice agency” means a
16 State, local, or tribal—

17 (A) court;

18 (B) prison;

19 (C) jail; or

20 (D) other agency that performs the admin-
21 istration of criminal justice, including prosecu-
22 tion, pretrial services, and community super-
23 vision; and

24 (2) the term “eligible entity” means a State,
25 unit of local government, or Indian tribe.

1 (b) PROGRAM AUTHORIZED.—The Attorney General,
2 in coordination with the Secretary of Health and Human
3 Services and the Director of the Office of National Drug
4 Control Policy, may make grants to eligible entities to im-
5 plement medication assisted treatment programs through
6 criminal justice agencies.

7 (c) APPLICATION.—

8 (1) IN GENERAL.—An eligible entity desiring a
9 grant under this section shall submit an application
10 to the Attorney General—

11 (A) that meets the criteria under para-
12 graph (2); and

13 (B) at such time, in such manner, and ac-
14 companied by such information as the Attorney
15 General may require.

16 (2) CRITERIA.—An eligible entity, in submitting
17 an application under paragraph (1), shall—

18 (A) certify that each medication assisted
19 treatment program funded with a grant under
20 this section has been developed in consultation
21 with the Single State Authority for Substance
22 Abuse; and

23 (B) describe how data will be collected and
24 analyzed to determine the effectiveness of the
25 program described in subparagraph (A).

1 (d) USE OF FUNDS.—An eligible entity shall use a
2 grant received under this section for expenses of—

3 (1) a medication assisted treatment program,
4 including the expenses of prescribing medications
5 recognized by the Food and Drug Administration for
6 opioid treatment in conjunction with psychological
7 and behavioral therapy;

8 (2) training criminal justice agency personnel
9 and treatment providers on medication assisted
10 treatment;

11 (3) cross-training personnel providing behav-
12 ioral health and health services, administration of
13 medicines, and other administrative expenses, includ-
14 ing required reports; and

15 (4) the provision of recovery coaches who are
16 responsible for providing mentorship and transition
17 plans to individuals reentering society following in-
18 carceration or alternatives to incarceration.

19 (e) GRANT AMOUNTS AND DURATION.—

20 (1) MAXIMUM AMOUNT.—The Attorney General
21 may not award a grant under this section in an
22 amount that exceeds \$750,000.

23 (2) DURATION.—The Attorney General shall
24 award grants under this section for a period not to
25 exceed 2 years.

1 (f) TECHNICAL ASSISTANCE.—The Attorney General,
2 in coordination with the Director of the National Institute
3 on Drug Abuse and the Secretary of Health and Human
4 Services, shall provide technical assistance and training
5 for an eligible entity receiving a grant under this section.

6 (g) REPORTS.—

7 (1) IN GENERAL.—An eligible entity receiving a
8 grant under this subsection shall submit a report to
9 the Attorney General on the outcomes of each grant
10 received under this section for individuals receiving
11 medication assisted treatment, based on—

12 (A) the recidivism of the individuals;

13 (B) the treatment outcomes of the individ-
14 uals, including maintaining abstinence from ille-
15 gal, unauthorized, and unprescribed opioids and
16 heroin;

17 (C) the housing status of the individuals;

18 and

19 (D) the employment status of the individ-
20 uals.

21 (2) CONTENTS AND TIMING.—Each report de-
22 scribed in paragraph (1) shall be submitted annually
23 in such form, containing such information, and on
24 such dates as the Attorney General shall specify.

1 (h) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$5,000,000 for each of fiscal years 2016 through 2020.

4 **SEC. 303. NATIONAL YOUTH RECOVERY INITIATIVE.**

5 (a) DEFINITIONS.—In this section:

6 (1) ELIGIBLE ENTITY.—The term “eligible enti-
7 ty” means—

8 (A) a high school that has been accredited
9 as a recovery high school by the Association of
10 Recovery High Schools;

11 (B) an accredited high school that is seek-
12 ing to establish or expand recovery support
13 services;

14 (C) an institution of higher education;

15 (D) a recovery program at a nonprofit col-
16 legiate institution; or

17 (E) a nonprofit organization.

18 (2) INSTITUTION OF HIGHER EDUCATION.—The
19 term “institution of higher education” has the
20 meaning given the term in section 101 of the Higher
21 Education Act of 1965 (20 U.S.C. 1001).

22 (3) RECOVERY PROGRAM.—The term “recovery
23 program”—

24 (A) means a program to help individuals
25 who are recovering from substance use dis-

1 orders to initiate, stabilize, and maintain
2 healthy and productive lives in the community;
3 and

4 (B) includes peer-to-peer support and com-
5 munal activities to build recovery skills and
6 supportive social networks.

7 (b) GRANTS AUTHORIZED.—The ONDCP Recovery
8 Branch, in consultation with the Secretary of Education,
9 may award grants to eligible entities to enable the entities
10 to—

11 (1) provide substance use recovery support serv-
12 ices to young people in high school and enrolled in
13 institutions of higher education;

14 (2) help build communities of support for young
15 people in recovery through a spectrum of activities
16 such as counseling and healthy and wellness-oriented
17 social activities; and

18 (3) encourage initiatives designed to help young
19 people achieve and sustain recovery from substance
20 use disorders.

21 (c) USE OF FUNDS.—Grants awarded under sub-
22 section (b) may be used for activities to develop, support,
23 and maintain youth recovery support services, including—

24 (1) the development and maintenance of a dedi-
25 cated physical space for recovery programs;

- 1 (2) dedicated staff for the provision of recovery
- 2 programs;
- 3 (3) healthy and wellness-oriented social activi-
- 4 ties and community engagement;
- 5 (4) establishment of recovery high schools;
- 6 (5) coordination of recovery programs with—
- 7 (A) substance use disorder treatment pro-
- 8 grams and systems;
- 9 (B) primary care providers;
- 10 (C) the criminal justice system, including
- 11 the juvenile justice system;
- 12 (D) employers;
- 13 (E) housing services;
- 14 (F) child welfare services;
- 15 (G) institutions of secondary higher edu-
- 16 cation and institutions of higher education; and
- 17 (H) other programs or services related to
- 18 the welfare of an individual in recovery from a
- 19 substance use disorder;
- 20 (6) the development of peer-to-peer support
- 21 programs or services; and
- 22 (7) additional activities that help youths and
- 23 young adults to achieve recovery from substance use
- 24 disorders.

1 (d) RESOURCE CENTER.—The ONDCP Recovery
2 Branch shall establish a resource center to provide tech-
3 nical support to recipients of grants under this section.

4 (e) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated to carry out this section
6 \$3,000,000 for fiscal year 2016 and each of the 5 suc-
7 ceeding fiscal years.

8 **SEC. 304. BUILDING COMMUNITIES OF RECOVERY.**

9 (a) DEFINITION.—In this section, the term “recovery
10 community organization” means an independent nonprofit
11 organization that—

12 (1) mobilizes resources within and outside of
13 the recovery community to increase the prevalence
14 and quality of long-term recovery from substance
15 use disorders; and

16 (2) is wholly or principally governed by people
17 in recovery for substance use disorders who reflect
18 the community served.

19 (b) GRANTS AUTHORIZED.—The ONDCP Recovery
20 Branch, in consultation with the Substance Abuse and
21 Mental Health Services Administration, may award grants
22 to recovery community organizations to enable such orga-
23 nizations to develop, expand, and enhance recovery serv-
24 ices.

1 (c) MAXIMUM GRANT AMOUNT.—The ONDCP Re-
2 covery Branch may not award a grant under this section
3 in an amount that exceeds \$200,000.

4 (d) FEDERAL SHARE.—The Federal share of the
5 costs of a program funded by a grant under this section
6 may not exceed 50 percent.

7 (e) USE OF FUNDS.—Grants awarded under sub-
8 section (b)—

9 (1) shall be used to develop, expand, and en-
10 hance community and statewide recovery support
11 services; and

12 (2) may be used to—

13 (A) advocate for individuals in recovery
14 from substance use disorders;

15 (B) build connections between recovery
16 networks, between recovery community organi-
17 zations, and with other recovery support serv-
18 ices, including—

19 (i) substance use disorder treatment
20 programs and systems;

21 (ii) primary care providers;

22 (iii) the criminal justice system;

23 (iv) employers;

24 (v) housing services;

25 (vi) child welfare agencies; and

1 (vii) other recovery support services
2 that facilitate recovery from substance use
3 disorders;

4 (C) reduce the stigma associated with sub-
5 stance use disorders;

6 (D) conduct public education and outreach
7 on issues relating to substance use disorders
8 and recovery, including—

9 (i) how to identify the signs of addic-
10 tion;

11 (ii) the resources that are available
12 for individuals struggling with addiction;

13 (iii) the resources that are available to
14 help support individuals in recovery; and

15 (iv) information on the medical con-
16 sequences of substance use disorders, in-
17 cluding neonatal abstinence syndrome and
18 potential infection with human immuno-
19 deficiency virus and viral hepatitis; and

20 (E) carry out other activities that
21 strengthen the network of community support
22 for individuals in recovery.

23 (f) RESOURCE CENTER.—The ONDCP Recovery
24 Branch shall establish a resource center to provide tech-
25 nical assistance to recipients of grants under this section

1 and to provide information to individuals seeking to sup-
 2 port people in recovery from substance use disorders.

3 (g) AUTHORIZATION OF APPROPRIATIONS.—There
 4 are authorized to be appropriated to carry out this section
 5 \$50,700,000 in fiscal year 2016 and each of the 3 suc-
 6 ceeding fiscal years.

7 **TITLE IV—ADDRESSING**
 8 **COLLATERAL CONSEQUENCES**

9 **SEC. 401. CORRECTIONAL EDUCATION DEMONSTRATION**
 10 **GRANT PROGRAM.**

11 Title I of the Omnibus Crime Control and Safe
 12 Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amend-
 13 ed—

14 (1) by redesignating part KK as part LL; and

15 (2) by inserting before part LL, as redesi-
 16 gnated, the following:

17 **“PART KK—CORRECTIONAL EDUCATION**
 18 **DEMONSTRATION GRANT PROGRAM**

19 **“SEC. 3001. CORRECTIONAL EDUCATION DEMONSTRATION**
 20 **GRANT PROGRAM.**

21 “(a) DEFINITION.—In this section, the term ‘eligible
 22 entity’ means a State, unit of local government, nonprofit
 23 organization, or Indian Tribe.

24 “(b) GRANT PROGRAM AUTHORIZED.—The Attorney
 25 General may make grants of not more than \$750,000 to

1 eligible entities to design, implement, and expand edu-
2 cational programs for offenders in prisons, jails, and juve-
3 nile facilities, including to pay for—

4 “(1) basic education, secondary level academic
5 education, high school equivalency examination prep-
6 aration, career technical education, and English as
7 a second language instruction at the basic, sec-
8 ondary, or post-secondary levels, for adult and juve-
9 nile populations;

10 “(2) screening and assessment of inmates to as-
11 sess education level, needs, occupational interest or
12 aptitude, risk level, and other needs, and case man-
13 agement services;

14 “(3) hiring and training of instructors and
15 aides, reimbursement of non-corrections staff and
16 experts, reimbursement of stipends paid to inmate
17 tutors or aides, and the costs of training inmate tu-
18 tors and aides;

19 “(4) instructional supplies and equipment, in-
20 cluding occupational program supplies and equip-
21 ment to the extent that the supplies and equipment
22 are used for instructional purposes;

23 “(5) partnerships and agreements with commu-
24 nity colleges, universities, and career technology edu-

1 cation program providers, including tuition pay-
2 ments;

3 “(6) certification programs providing recognized
4 high school equivalency certificates and industry rec-
5 ognized credentials; and

6 “(7) technology solutions to—

7 “(A) meet the instructional, assessment,
8 and information needs of correctional popu-
9 lations; and

10 “(B) facilitate the continued participation
11 of incarcerated students in community-based
12 education programs after the students are re-
13 leased from incarceration.

14 “(c) APPLICATION.—An eligible entity desiring a
15 grant under this section shall submit to the Attorney Gen-
16 eral an application in such form and manner, at such time,
17 and accompanied by such information as the Attorney
18 General specifies.

19 “(d) PRIORITY CONSIDERATIONS.—In awarding
20 grants under this section, the Attorney General shall give
21 priority to applicants that—

22 “(1) assess the level of risk and need of in-
23 mates, including by—

24 “(A) assessing the need for English as a
25 second language instruction;

1 “(B) conducting educational assessments;

2 and

3 “(C) assessing occupational interests and

4 aptitudes;

5 “(2) target educational services to assessed

6 needs, including academic and occupational at the

7 basic, secondary, or post-secondary level;

8 “(3) target career technology education pro-

9 grams to—

10 “(A) areas of identified occupational de-

11 mand; and

12 “(B) employment opportunities in the com-

13 munities in which students are reasonably ex-

14 pected to reside post-release;

15 “(4) include a range of appropriate educational

16 opportunities at the basic, secondary, and post-sec-

17 ondary levels;

18 “(5) include opportunities for students to attain

19 industry recognized credentials;

20 “(6) include partnership or articulation agree-

21 ments linking institutional education programs with

22 community sited programs provided by adult edu-

23 cation program providers and accredited institutions

24 of higher education, community colleges, and voca-

25 tional training institutions; and

1 “(7) explicitly include career pathways models
2 offering opportunities for incarcerated students to
3 develop academic skills, in-demand occupational
4 skills and credentials, occupational experience in in-
5 stitutional work programs or work release programs,
6 and linkages with employers in the community, so
7 that incarcerated students have opportunities to em-
8 bark on careers with strong prospects for both post-
9 release employment and advancement in a career
10 ladder over time.

11 “(e) REQUIREMENTS.—An eligible entity desiring a
12 grant under this section shall—

13 “(1) describe the evidence-based methodology
14 and outcome measurements that will be used to
15 evaluate each program funded with a grant under
16 this section, and specifically explain how such meas-
17 urements will provide valid measures of the impact
18 of the program; and

19 “(2) describe how the program described in
20 paragraph (1) could be broadly replicated if dem-
21 onstrated to be effective.

22 “(f) CONTROL OF INTERNET ACCESS.—An entity
23 that receives a grant under this section shall restrict ac-
24 cess to the Internet by prisoners, as appropriate, to ensure
25 public safety.

1 **“SEC. 3002. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are authorized to be appropriated \$5,000,000
3 to carry out this part for fiscal years 2016 through
4 2020.”.

5 **SEC. 402. REVISION OF FAFSA FORM.**

6 Section 483 of the Higher Education Act of 1965 (20
7 U.S.C. 1090) is amended by adding at the end the fol-
8 lowing:

9 “(i) **CONVICTIONS.**—The Secretary shall not include
10 any question about the conviction of an applicant for the
11 possession or sale of illegal drugs on the FAFSA (or any
12 other form developed under subsection (a)).”.

13 **SEC. 403. NATIONAL TASK FORCE ON RECOVERY AND COL-**
14 **LATERAL CONSEQUENCES.**

15 (a) **DEFINITION.**—In this section, the term “collat-
16 eral consequence” means a penalty, disability, or dis-
17 advantage—

18 (1) imposed on an individual as a result of a
19 criminal conviction but not as part of the judgment
20 of the court that imposes the conviction; or

21 (2) that an administrative agency, official, or
22 civil court is authorized, but not required, to impose
23 on an individual convicted of a felony, misdemeanor,
24 or other criminal offense.

25 (b) **ESTABLISHMENT.**—

1 (1) IN GENERAL.—Not later than 30 days after
2 the date of enactment of this Act, the Secretary of
3 Health and Human Services (in this section referred
4 to as the “Secretary”) shall establish a bipartisan
5 task force to be known as the Task Force on Recov-
6 ery and Collateral Consequences (in this section re-
7 ferred to as the “Task Force”).

8 (2) MEMBERSHIP.—

9 (A) TOTAL NUMBER OF MEMBERS.—The
10 Task Force shall include 9 members, who shall
11 be appointed by the Secretary in accordance
12 with subparagraphs (B) and (C).

13 (B) MEMBERS OF THE TASK FORCE.—The
14 Task Force shall include—

15 (i) members who have national rec-
16 ognition and significant expertise in areas
17 such as health care, housing, employment,
18 substance use disorder, law enforcement,
19 and law;

20 (ii) not less than 1 member who has
21 personally experienced addiction and is in
22 recovery; and

23 (iii) to the extent practicable, mem-
24 bers who formerly served as elected offi-
25 cials at the State and Federal levels.

1 (C) TIMING.—The Secretary shall appoint
2 the members of the Task Force not later than
3 60 days after date on which the Task Force is
4 established under paragraph (1).

5 (3) CHAIRPERSON.—The Task Force shall se-
6 lect a chairperson or co-chairpersons from among
7 the members of the Task Force.

8 (c) DUTIES OF THE TASK FORCE.—

9 (1) IN GENERAL.—The Task Force shall—

10 (A) identify collateral consequences for in-
11 dividuals with Federal or State drug convictions
12 who are in recovery for substance use disorder;
13 and

14 (B) determine whether the collateral con-
15 sequences identified under subparagraph (A)
16 unnecessarily delay individuals in recovery from
17 resuming their personal and professional activi-
18 ties.

19 (2) RECOMMENDATIONS.—Not later than 180
20 days after the date of the first meeting of the Task
21 Force, the Task Force shall develop recommenda-
22 tions for proposed legislative and regulatory changes
23 to reduce and, to the extent practicable, eliminate
24 the collateral consequences identified by the Task
25 Force under paragraph (1).

1 (3) COLLECTION OF INFORMATION.—The Task
 2 Force shall hold hearings, require the testimony and
 3 attendance of witnesses, and secure information
 4 from any department or agency of the United States
 5 in performing the duties under paragraphs (1) and
 6 (2).

7 (4) REPORT.—Not later than 1 year after the
 8 date of the first meeting of the Task Force, the
 9 Task Force shall submit a report detailing the find-
 10 ings and recommendations of the Task Force to—

11 (A) each relevant committee of Congress;

12 (B) the head of each relevant department
 13 or agency of the United States;

14 (C) the President; and

15 (D) the Vice President.

16 **TITLE V—ADDICTION AND**
 17 **TREATMENT SERVICES FOR**
 18 **WOMEN, FAMILIES, AND VET-**
 19 **ERANS**

20 **SEC. 501. AUTHORITY TO AWARD COMPETITIVE GRANTS TO**
 21 **ADDRESS OPIOID AND HEROIN ABUSE BY**
 22 **PREGNANT AND PARENTING FEMALE OF-**
 23 **FENDERS.**

24 (a) DEFINITIONS.—In this section—

1 (1) the term “State criminal justice agency”
2 means the agency of the State responsible for ad-
3 ministering criminal justice funds, including the Ed-
4 ward Byrne Memorial Justice Assistance Grant Pro-
5 gram under subpart 1 of part E of title I of the Om-
6 nibus Crime Control and Safe Streets Act of 1968
7 (42 U.S.C. 3750 et seq.); and

8 (2) the term “State substance abuse agency”
9 means the agency of the State responsible for the
10 State prevention, treatment, and recovery system,
11 including management of the Substance Abuse Pre-
12 vention and Treatment Block Grant under subpart
13 II of part B of title XIX of the Public Health Serv-
14 ice Act (42 U.S.C. 300x–21 et seq.).

15 (b) PURPOSE AND PROGRAM AUTHORITY.—

16 (1) GRANT AUTHORIZATION.—The Attorney
17 General may award competitive grants jointly to a
18 State substance abuse agency and a State criminal
19 justice agency to address the use of opioids and her-
20 oin among pregnant and parenting female offenders
21 in the State to promote public safety, public health,
22 family permanence, and well-being.

23 (2) PURPOSES AND PROGRAM AUTHORITY.—A
24 grant under this section shall be used to facilitate or
25 enhance collaboration between the State criminal

1 justice and State substance abuse systems in order
2 to carry out programs to address the use of opioid
3 and heroin abuse by pregnant and parenting female
4 offenders.

5 (c) APPLICATIONS.—

6 (1) IN GENERAL.—A State substance abuse
7 agency and State criminal justice agency desiring a
8 grant under this section shall jointly submit to the
9 Attorney General an application in such form, and
10 containing such information, as the Attorney Gen-
11 eral may prescribe by regulation or guidelines.

12 (2) CONTENTS.—

13 (A) IN GENERAL.—Each application for a
14 grant under this section shall contain a plan to
15 expand the services of the State for pregnant
16 and parenting female offenders for the use of
17 opioids, heroin, and other drugs, which shall be
18 in accordance with regulations or guidelines es-
19 tablished by the Attorney General, in consulta-
20 tion with the Secretary of Health and Human
21 Services.

22 (B) PLAN.—A plan submitted under sub-
23 paragraph (A) shall, at a minimum, include—

24 (i) a description of how the applicants
25 will work jointly to address the needs asso-

1 ciated with the use of opioids or heroin by
2 pregnant and parenting female offenders
3 to promote family stability and perma-
4 nence;

5 (ii) a description of the nature and
6 the extent of the problem of opioid and
7 heroin use by pregnant and parenting fe-
8 male offenders in the State;

9 (iii) a certification that the State has
10 involved counties and other units of local
11 government, when appropriate, in the de-
12 velopment, expansion, modification, oper-
13 ation, or improvement of proposed pro-
14 grams to address the problems associated
15 with opioid and heroin use;

16 (iv) a certification that funds received
17 under this section will be used to supple-
18 ment, not supplant, other Federal, State,
19 and local funds; and

20 (v) a description of clinically appro-
21 priate practices and procedures to—

22 (I) screen and assess pregnant
23 and parenting female offenders for
24 problems associated with opioids and
25 heroin;

1 (II) provide clinically appropriate
2 services, including medication assisted
3 treatment, for female offenders and
4 their children in the same location to
5 promote family permanence and self-
6 sufficiency; and

7 (III) provide for a process to en-
8 hance or ensure the abilities of the
9 State criminal justice agency and
10 State substance abuse agency to work
11 together to reunite families when ap-
12 propriate in the case where family
13 treatment is not provided.

14 (d) PERIOD OF GRANT; RENEWAL.—

15 (1) PERIOD.—A grant under this section shall
16 be for a period of 3 years.

17 (2) RENEWAL.—A State substance abuse agen-
18 cy and a State criminal justice agency receiving a
19 grant under this section may apply for and, after the
20 end of the period of the first grant under this sec-
21 tion, receive 1 additional grant under this section.

22 (e) PERFORMANCE ACCOUNTABILITY; REPORTS.—

23 (1) REPORTS.—A State substance abuse agency
24 and a State criminal justice agency receiving a grant
25 under this section shall jointly submit to the Attor-

1 ney General a report on the activities carried out
2 under the grant at the end of each fiscal year during
3 the period of the grant.

4 (2) EVALUATION.—Not later than 1 year after
5 the end of the period of a grant under this section,
6 the Attorney General shall submit a report to each
7 committee of Congress with jurisdiction of the pro-
8 gram under this section that summarizes the reports
9 of the recipients of the grant and provides rec-
10 ommendations, if any, for further legislative action.

11 (f) TRAINING AND TECHNICAL ASSISTANCE.—The
12 Attorney General shall support State substance abuse and
13 State criminal justice agencies by developing, in consulta-
14 tion with State substance abuse and State criminal justice
15 agencies, and offering a program of training and technical
16 assistance to assist the agencies in developing programs
17 and protocols—

18 (1) to implement this section; and

19 (2) for effectively working across the Federal
20 and State criminal and substance abuse systems.

21 (g) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 \$5,000,000 for each of fiscal years 2016 through 2020.

1 **SEC. 502. GRANTS FOR FAMILY-BASED SUBSTANCE ABUSE**
 2 **TREATMENT.**

3 Section 2925 of the Omnibus Crime Control and Safe
 4 Streets Act of 1968 (42 U.S.C. 3797s-4) is amended—

5 (1) by striking “An entity” and inserting “(a)
 6 ENTITY REPORTS.—An entity”; and

7 (2) by adding at the end the following:

8 “(b) ATTORNEY GENERAL REPORT ON FAMILY-
 9 BASED SUBSTANCE ABUSE TREATMENT.—The Attorney
 10 General shall submit to Congress an annual report that
 11 describes the number of grants awarded under section
 12 2921(1) and how such grants are used by the recipients
 13 for family-based substance abuse treatment programs that
 14 serve as alternatives to incarceration for custodial parents
 15 to receive treatment and services as a family.”.

16 **SEC. 503. VETERANS’ TREATMENT COURTS.**

17 Section 2991 of the Omnibus Crime Control and Safe
 18 Streets Act of 1968 (42 U.S.C. 3797aa) is amended—

19 (1) by redesignating subsection (i) as subsection
 20 (j);

21 (2) by inserting after subsection (h) the fol-
 22 lowing:

23 “(i) ASSISTING VETERANS.—

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

25 “(A) PEER TO PEER SERVICES OR PRO-
 26 GRAMS.—The term ‘peer to peer services or

1 programs’ means services or programs that con-
2 nect qualified veterans with other veterans for
3 the purpose of providing support and
4 mentorship to assist qualified veterans in ob-
5 taining treatment, recovery, stabilization, or re-
6 habilitation.

7 “(B) QUALIFIED VETERAN.—The term
8 ‘qualified veteran’ means a preliminarily quali-
9 fied offender who—

10 “(i) has served on active duty in any
11 branch of the Armed Forces, including the
12 National Guard and reserve components;
13 and

14 “(ii) was discharged or released from
15 such service under conditions other than
16 dishonorable.

17 “(C) VETERANS TREATMENT COURT PRO-
18 GRAM.—The term ‘veterans treatment court
19 program’ means a court program involving col-
20 laboration among criminal justice, veterans, and
21 mental health and substance abuse agencies
22 that provides qualified veterans with—

23 “(i) intensive judicial supervision and
24 case management, which may include ran-

1 dom and frequent drug testing where ap-
2 propriate;

3 “(ii) a full continuum of treatment
4 services, including mental health services,
5 substance abuse services, medical services,
6 and services to address trauma;

7 “(iii) alternatives to incarceration;
8 and

9 “(iv) other appropriate services, in-
10 cluding housing, transportation, mentoring,
11 employment, job training, education, and
12 assistance in applying for and obtaining
13 available benefits.

14 “(2) VETERANS ASSISTANCE PROGRAM.—

15 “(A) IN GENERAL.—The Attorney General,
16 in consultation with the Secretary of Veterans
17 Affairs, may award grants under this sub-
18 section to applicants to establish or expand—

19 “(i) veterans treatment court pro-
20 grams;

21 “(ii) peer to peer services or programs
22 for qualified veterans;

23 “(iii) practices that identify and pro-
24 vide treatment, rehabilitation, legal, transi-
25 tional, and other appropriate services to

1 qualified veterans who have been incarcerated;
2 ated; and

3 “(iv) training programs to teach
4 criminal justice, law enforcement, correc-
5 tions, mental health, and substance abuse
6 personnel how to identify and appro-
7 priately respond to incidents involving
8 qualified veterans.

9 “(B) PRIORITY.—In awarding grants
10 under this subsection, the Attorney General
11 shall give priority to applications that—

12 “(i) demonstrate collaboration be-
13 tween and joint investments by criminal
14 justice, mental health, substance abuse,
15 and veterans service agencies;

16 “(ii) promote effective strategies to
17 identify and reduce the risk of harm to
18 qualified veterans and public safety; and

19 “(iii) propose interventions with em-
20 pirical support to improve outcomes for
21 qualified veterans.”; and

22 (3) in subsection (j), as so redesignated—

23 (A) by redesignating paragraph (2) as
24 paragraph (3); and

1 (B) by inserting after paragraph (1) the
 2 following:

3 “(2) VETERANS TREATMENT COURTS.—In addi-
 4 tion to the amounts authorized under paragraph (1),
 5 there are authorized to be appropriated to the Attor-
 6 ney General \$5,000,000 for each of fiscal years
 7 2016 through 2020 to carry out subsection (i).”.

8 **TITLE VI—INCENTIVIZING STATE**
 9 **COMPREHENSIVE INITIA-**
 10 **TIVES TO ADDRESS OPIOID**
 11 **AND HEROIN ABUSE**

12 **SEC. 601. STATE DEMONSTRATION GRANTS FOR COM-**
 13 **PREHENSIVE OPIOID ABUSE RESPONSE.**

14 (a) DEFINITIONS.—In this section—

15 (1) the term “civil liability protection law”
 16 means a State law that protects from civil liability
 17 individuals who give aid on a voluntary basis in an
 18 emergency to individuals who are ill, in peril, or oth-
 19 erwise incapacitated;

20 (2) the term “dispenser” has the meaning given
 21 the term in section 102 of the Controlled Substances
 22 Act (21 U.S.C. 802);

23 (3) the term “prescriber of a schedule II, III,
 24 or IV controlled substance” does not include a pre-

1 scriber of a schedule II, III, or IV controlled sub-
2 stance that dispenses the substance—

3 (A) for use on the premises on which the
4 substance is dispensed;

5 (B) in a hospital emergency room, when
6 the substance is in short supply;

7 (C) for a certified opioid treatment pro-
8 gram; or

9 (D) in other situations as the Attorney
10 General may reasonably determine;

11 (4) the term “prescriber” means a dispenser
12 who prescribes a controlled substance, or the agent
13 of such a dispenser; and

14 (5) the term “schedule II, III, or IV controlled
15 substance” means a controlled substance that is list-
16 ed on schedule II, schedule III, or schedule IV of
17 section 202(c) of the Controlled Substances Act (21
18 U.S.C. 812(c)).

19 (b) PLANNING AND IMPLEMENTATION GRANTS.—

20 (1) IN GENERAL.—The Attorney General, in co-
21 ordination with the Secretary of Health and Human
22 Services and the Director of the Office of National
23 Drug Control Policy, may award grants to States,
24 and combinations thereof, to prepare a comprehen-

1 sive plan for and implement an integrated opioid
2 abuse response initiative.

3 (2) PURPOSES.—A State receiving a grant
4 under this section shall establish a comprehensive
5 response to opioid abuse, which shall include—

6 (A) prevention and education efforts
7 around heroin and opioid use, treatment, and
8 recovery;

9 (B) a comprehensive prescription drug
10 monitoring program to track dispensing of
11 schedule II, III, or IV controlled substances,
12 which shall include—

13 (i) data sharing with other States by
14 statute, regulation, or interstate agree-
15 ment;

16 (ii) educating physicians, residents,
17 medical students, and other prescribers of
18 Schedule II, III, or IV controlled sub-
19 stances on the prescription drug moni-
20 toring program of the State;

21 (C) developing, implementing, or expand-
22 ing the prescription drug and opioid addiction
23 treatment program of the State by—

24 (i) expanding programs for medication
25 assisted treatment of prescription drug and

1 opioid addiction, including training for
2 treatment and recovery support providers;

3 (ii) developing, implementing, or ex-
4 panding programs for behavioral health
5 therapy for individuals who are in treat-
6 ment for prescription drug and opioid ad-
7 diction, including contingency manage-
8 ment, cognitive behavioral therapy, and
9 motivational enhancements; or

10 (iii) developing, implementing, or ex-
11 panding programs to screen individuals
12 who are in treatment for prescription drug
13 and opioid addiction for hepatitis C and
14 HIV, and provide treatment for those indi-
15 viduals if clinically appropriate; and

16 (D) developing, implementing, and expand-
17 ing programs to prevent overdose death of pre-
18 scription medications and opioids.

19 (3) PLANNING GRANT APPLICATIONS.—

20 (A) APPLICATION.—

21 (i) IN GENERAL.—A State desiring a
22 planning grant under this section to pre-
23 pare a comprehensive plan for an inte-
24 grated opioid abuse response initiative
25 shall submit to the Attorney General an

1 application in such form, and containing
2 such information, as the Attorney General
3 may prescribe by regulation or guidelines.

4 (ii) REQUIREMENTS.—An application
5 for a planning grant under this section
6 shall, at a minimum, include—

7 (I) a budget and a budget jus-
8 tification for the activities to be car-
9 ried out using the grant;

10 (II) a description of the activities
11 proposed to be carried out using the
12 grant, including a schedule for com-
13 pletion of such activities;

14 (III) outcome measures that will
15 be used to measure the effectiveness
16 of the programs and initiatives to ad-
17 dress opioids; and

18 (IV) a description of the per-
19 sonnel necessary to complete such ac-
20 tivities.

21 (B) PERIOD; NONRENEWABILITY.—A plan-
22 ning grant under this section shall be for a pe-
23 riod of 1 year. A State may not receive more
24 than 1 planning grant under this section.

1 (C) AMOUNT.—A planning grant under
2 this section may not exceed \$100,000, except
3 that the Attorney General may, for good cause,
4 approve a grant in a higher amount.

5 (D) STRATEGIC PLAN AND PROGRAM IM-
6 PLEMENTATION PLAN.—A State receiving a
7 planning grant under this section shall develop
8 a strategic plan and a program implementation
9 plan.

10 (4) IMPLEMENTATION GRANTS.—

11 (A) APPLICATION.—A State desiring an
12 implementation grant under this section to im-
13 plement a comprehensive strategy for address-
14 ing opioid abuse shall submit to the Attorney
15 General an application in such form, and con-
16 taining such information, as the Attorney Gen-
17 eral may prescribe by regulation or guidelines.

18 (B) USE OF FUNDS.—A State that receives
19 an implementation grant under this section
20 shall use the grant for the cost of carrying out
21 an integrated opioid abuse response program in
22 accordance with this section, including for tech-
23 nical assistance, training, and administrative
24 expenses.

1 (C) REQUIREMENTS.—An integrated
2 opioid abuse response program carried out
3 using an implementation grant under this sec-
4 tion shall—

5 (i) ensure that each prescriber of a
6 schedule II, III, or IV controlled substance
7 in the State—

8 (I) registers with the prescription
9 drug monitoring program of the
10 State; and

11 (II) consults the prescription
12 drug monitoring program database of
13 the State before prescribing a sched-
14 ule II, III, or IV controlled substance;

15 (ii) ensure that each dispenser of a
16 schedule II, III, or IV controlled substance
17 in the State—

18 (I) registers with the prescription
19 drug monitoring program of the
20 State;

21 (II) consults the prescription
22 drug monitoring program database of
23 the State before dispensing a schedule
24 II, III, or IV controlled substance;
25 and

1 (III) reports to the prescription
2 drug monitoring program of the
3 State, at a minimum, each instance in
4 which a schedule II, III, or IV con-
5 trolled substance is dispensed, with
6 limited exceptions, as defined by the
7 State, which shall indicate the pre-
8 scriber by name and National Pro-
9 vider Identifier;

10 (iii) require that, not fewer than 4
11 times each year, the State agency or agen-
12 cies that administer the prescription drug
13 monitoring program of the State prepare
14 and provide to each prescriber of a sched-
15 ule II, III, or IV controlled substance an
16 informational report that shows how the
17 prescribing patterns of the prescriber com-
18 pare to prescribing practices of the peers
19 of the prescriber and expected norms;

20 (iv) if informational reports provided
21 to a prescriber under clause (iii) indicate
22 that the prescriber is repeatedly falling
23 outside of expected norms, direct the pre-
24 scriber to educational resources on appro-
25 priate prescribing of controlled substances;

1 (v) ensure that the prescriber licens-
2 ing board of the State receives a report de-
3 scribing any prescribers that repeatedly
4 fall outside of expected norms, as described
5 in clause (iii);

6 (vi) require consultation with the Sin-
7 gle State Authority for Substance Abuse;
8 and

9 (vii) establish requirements for how
10 data will be collected and analyzed to de-
11 termine the effectiveness of the program.

12 (D) PERIOD.—An implementation grant
13 under this section shall be for a period of 2
14 years.

15 (E) AMOUNT.—The amount of an imple-
16 mentation grant under this section may not ex-
17 ceed \$5,000,000 except that the Attorney Gen-
18 eral may, for good cause, approve a grant in a
19 higher amount.

20 (5) PRIORITY CONSIDERATIONS.—In awarding
21 planning and implementation grants under this sec-
22 tion, the Attorney General shall give priority to a
23 State that—

24 (A) provides civil liability protection for
25 first responders, health professionals, and fam-

1 ily members administering naloxone to counter-
2 act opioid overdoses by—

3 (i) enacting legislation that provides
4 such civil liability protection; or

5 (ii) providing a certification by the at-
6 torney general of the State that the attor-
7 ney general has—

8 (I) reviewed any applicable civil
9 liability protection law to determine
10 the applicability of the law with re-
11 spect to first responders, health care
12 professionals, family members, and
13 other individuals who may administer
14 naloxone to individuals reasonably be-
15 lieved to be suffering from opioid
16 overdose; and

17 (II) concluded that the law de-
18 scribed in subclause (I) provides ade-
19 quate civil liability protection applica-
20 ble to such persons;

21 (B) have in effect legislation or implement
22 a policy under which the State shall not termi-
23 nate, but may suspend, enrollment under the
24 State plan for medical assistance under title
25 XIX of the Social Security Act (42 U.S.C. 1396

1 et seq.) for an individual who is incarcerated for
2 a period of fewer than 2 years;

3 (C) have a process for enrollment in serv-
4 ices and benefits necessary by criminal justice
5 agencies to initiate or continue treatment in the
6 community, under which an individual who is
7 incarcerated may, while incarcerated, enroll in
8 services and benefits that are necessary for the
9 individual to continue treatment upon release
10 from incarceration;

11 (D) ensures the capability of data sharing
12 with other States, such as by making data
13 available to a prescription monitoring hub;

14 (E) ensures that data recorded in the pre-
15 scription drug monitoring program database of
16 the State is available within 24 hours, to the
17 extent possible; and

18 (F) ensures that the prescription drug
19 monitoring program of the State notifies pre-
20 scribers and dispensers of schedule II, III, or
21 IV controlled substances when overuse or mis-
22 use of such controlled substances by patients is
23 suspected.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$15,000,000 for each of fiscal years 2016 through 2020.

○