

114TH CONGRESS
1ST SESSION

S. 524

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

FEBRUARY 12, 2015

Mr. WHITEHOUSE (for himself, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. COONS, and Mr. KIRK) 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 2015”.

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 demonstration.
- 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.

TITLE VII—OFFSET; GAO REPORT

- Sec. 701. Offset.
- Sec. 702. GAO report on IMD exclusion.

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.

1 According to the Centers for Disease Control and
2 Prevention, drug overdose deaths now surpass traffic
3 crashes in the number of deaths caused by injury in
4 the United States. In 2011, an average of about 110
5 people in the United States died from drug overdose
6 every day.

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

12 (3) Opioid pain relievers are the most widely
13 misused or abused controlled prescription drugs
14 (commonly referred to as “CPDs”) and are involved
15 in most CPD-related overdose incidents. According
16 to the Drug Abuse Warning Network (commonly
17 known as “DAWN”), the estimated number of emer-
18 gency department visits involving nonmedical use of
19 prescription opiates or opioids increased by 112 per-
20 cent between 2006 and 2010, from 84,671 to
21 179,787.

22 (4) According to a report by the National Asso-
23 ciation of State Alcohol and Drug Abuse Directors
24 (commonly referred to as “NASADAD”), 37 States
25 reported an increase in admissions to treatment for

1 heroin use during the past 2 years, while admissions
2 to treatment for prescription opiates increased 500
3 percent from 2000 to 2012.

4 (5) Substance use disorders are a treatable dis-
5 ease. Discoveries in the science of addiction have led
6 to advances in the treatment of substance use dis-
7 orders that help people stop abusing drugs and pre-
8 scription medications and resume their productive
9 lives.

10 (6) According to the National Survey on Drug
11 Use and Health, approximately 22,700,000 people in
12 the United States needed substance use disorder
13 treatment in 2013, but only 2,500,000 people re-
14 ceived it. Furthermore, current treatment services
15 are not adequate to meet demand. According to a re-
16 port commissioned by SAMHSA, there are approxi-
17 mately 32 providers for every 1,000 individuals
18 needing substance use disorder treatment. In some
19 States, the ratio is much lower.

20 (7) Effective substance abuse prevention can
21 yield major economic dividends.

22 (8) According to the National Institute on Drug
23 Abuse, when schools and communities properly im-
24 plement science-validated substance abuse prevention
25 programs, abuse of alcohol, tobacco, and illicit drugs

1 is reduced. Such programs help teachers, parents,
2 and healthcare professionals shape the perceptions
3 of youths about the risks of drug abuse.

4 (9) Diverting individuals with substance use
5 disorders from criminal justice systems into commu-
6 nity-based treatment can save billions of dollars and
7 prevent sizeable numbers of crimes, arrests, and re-
8 incarcerations over the course of those individuals'
9 lives.

10 (10) According to the Drug Enforcement Agen-
11 cy, more than 1,700 tons of expired, unwanted pre-
12 scription medications have been collected during the
13 past 3½ years, following the enactment of the Se-
14 cure and Responsible Drug Disposal Act of 2010
15 (Public Law 111–273; 124 Stat. 2858).

16 (11) Research shows that combining treatment
17 medications with behavioral therapy is the best way
18 to facilitate success for most patients. Treatment ap-
19 proaches must be tailored to address the drug abuse
20 patterns and drug-related medical, psychiatric, and
21 social problems of each individual. Different types of
22 medications may be useful at different stages of
23 treatment or recovery to help a patient stop using
24 drugs, stay in treatment, and avoid relapse.

1 (12) Research indicates that combating the
2 opioid crisis, including abuse of prescription pain-
3 killers and, increasingly, heroin, requires a multi-
4 pronged approach that involves reducing drug diver-
5 sion, expanding delivery of existing treatments (in-
6 cluding medication assisted treatments), expanding
7 access to overdose medications and interventions,
8 and the development of new medications for pain
9 that can augment the existing treatment arsenal.

10 (13) Individuals with mental illness, especially
11 severe mental illness, are at considerably higher risk
12 for substance abuse than the general population, and
13 the presence of a mental illness complicates recovery
14 from substance abuse.

15 **SEC. 3. DEFINITIONS.**

16 In this Act—

17 (1) the term “medication assisted treatment”
18 means the use, for problems relating to heroin and
19 other opioids, of medications approved by the Food
20 and Drug Administration in combination with coun-
21 seling and behavioral therapies;

22 (2) the term “ONDCP Recovery Branch”
23 means the Recovery Branch of the Office of Na-
24 tional Drug Control Policy;

1 (3) the term “opioid” means any drug having
2 an addiction-forming or addiction-sustaining liability
3 similar to morphine or being capable of conversion
4 into a drug having such addiction-forming or addic-
5 tion-sustaining liability; and

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

10 **TITLE I—PREVENTION AND
11 EDUCATION**

12 **SEC. 101. DEVELOPMENT OF BEST PRESCRIBING PRAC-
13 TICES.**

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

23 (b) MEMBERSHIP.—The task force shall be com-
24 prised of—

25 (1) representatives of—

- 1 (A) the Department of Health and Human
2 Services;
3 (B) the Department of Veterans Affairs;
4 (C) the Department of Defense;
5 (D) the Drug Enforcement Administration;
6 (E) the Centers for Disease Control and
7 Prevention;
8 (F) the Institute of Medicine; and
9 (G) the Office of National Drug Control
10 Policy;
- 11 (2) the Director of the National Institutes of
12 Health;
- 13 (3) physicians, dentists, and non-physician pre-
14 scribers;
- 15 (4) pharmacists;
- 16 (5) experts in the fields of pain research and
17 addiction research;
- 18 (6) representatives of—
- 19 (A) pain management professional organi-
20 zations;
- 21 (B) the mental health treatment commu-
22 nity;
- 23 (C) the addiction treatment community;
- 24 (D) pain advocacy groups; and

1 (E) groups with expertise around overdose
2 reversal; and

3 (7) other stakeholders, as the Secretary deter-
4 mines appropriate.

5 (c) DUTIES.—The task force shall—

6 (1) not later than 180 days after the date on
7 which the task force is convened under subsection
8 (a), develop best practices for pain management (in-
9 cluding chronic and acute pain) and prescribing pain
10 medication, taking into consideration—

11 (A) existing pain management research;

12 (B) recommendations from relevant con-
13 ferences;

14 (C) ongoing efforts at the State and local
15 levels and by medical professional organizations
16 to develop improved pain management strate-
17 gies; and

18 (D) the management of high-risk popu-
19 lations, other than populations who suffer pain,
20 who—

21 (i) may use or be prescribed
22 benzodiazepines, alcohol, and diverted
23 opioids; or

24 (ii) receive opioids in the course of
25 medical care;

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

5 (3) develop a strategy for disseminating infor-
6 mation about the best practices developed under
7 paragraphs (1) and (2) to prescribers, health profes-
8 sionals, pharmacists, State medical boards, and
9 other parties, as the Secretary determines appro-
10 priate.

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

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

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

19 (2) the results of a feasibility study on linking
20 best practices developed under subsection (c) to re-
21 ceiving and renewing registrations under section
22 303(f) of the Controlled Substances Act (21 U.S.C.
23 823(f)); and

24 (3) recommendations on how to apply best
25 practices developed under subsection (c) to improve

1 prescribing practices at medical facilities, including
2 medical facilities of the Veterans Health Administra-
3 tion.

4 **SEC. 102. NATIONAL EDUCATION CAMPAIGN.**

5 Title I of the Omnibus Crime Control and Safe
6 Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended
7 by adding at the end the following:

8 **“PART MM—DRUG TREATMENT GRANTS**

9 **“SEC. 3031. DEFINITIONS.**

10 “In this part—

11 “(1) the term ‘civil liability protection law’
12 means a State law that protects from civil liability
13 individuals who give aid on a voluntary basis in an
14 emergency to individuals who are ill, in peril, or oth-
15 erwise incapacitated;

16 “(2) the term ‘medication assisted treatment’
17 means the use, for problems relating to heroin and
18 other opioids, of medications approved by the Food
19 and Drug Administration in combination with coun-
20 seling and behavioral therapies;

21 “(3) the term ‘opioid’ means any drug having
22 an addiction-forming or addiction-sustaining liability
23 similar to morphine or being capable of conversion
24 into a drug having such addiction-forming or addic-
25 tion-sustaining liability; and

1 “(4) the term ‘Single State Authority for Sub-
2 stance Abuse’ has the meaning given the term in
3 section 201(e) of the Second Chance Act of 2007
4 (42 U.S.C. 17521(e)).

5 **“SEC. 3032. NATIONAL EDUCATION CAMPAIGN.**

6 “(a) DEFINITIONS.—In this section—

7 “(1) the term ‘eligible entity’ means a State,
8 unit of local government, or nonprofit organization;
9 and

10 “(2) the terms ‘elementary school’ and ‘sec-
11 ondary school’ have the meaning given those terms
12 in section 9101 of the Elementary and Secondary
13 Education Act of 1965 (20 U.S.C. 7801).

14 “(b) PROGRAM AUTHORIZED.—The Attorney Gen-
15 eral, in coordination with the Secretary of Health and
16 Human Services, the Director of the Office of National
17 Drug Control Policy, the Secretary of Education, the Ad-
18 ministrator of the Substance Abuse and Mental Health
19 Services Administration, and the Director of the Centers
20 for Disease Control and Prevention, may make grants to
21 eligible entities to expand educational efforts to prevent
22 abuse of opioids, heroin, and other substances of abuse,
23 understand addiction as a chronic disease, and promote
24 treatment and recovery, including—

1 “(1) parent and caretaker-focused prevention
2 efforts, including—

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

8 “(i) how to educate teens about opioid
9 and heroin abuse;

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

13 “(iii) signs of opioid or heroin over-
14 dose; and

15 “(iv) the use of naloxone to prevent
16 death from opioid or heroin overdose;

17 “(B) the development of detailed digital
18 and print educational materials to accompany
19 the online and social media materials and tool-
20 kit described in subparagraph (A);

21 “(C) the development and dissemination of
22 public service announcements to—

23 “(i) raise awareness of heroin and
24 opioid abuse among parents and other
25 caretakers;

1 “(ii) motivate parents and other care-
2 takers to visit online educational materials
3 on heroin and opioid abuse; and

4 “(iii) provide information for public
5 health agencies and nonprofit organiza-
6 tions that provide overdose reversal and
7 prevention services and community refer-
8 rals; and

9 “(D) the dissemination of educational ma-
10 terials to the media through—

11 “(i) a town hall or panel discussion
12 with experts;

13 “(ii) a press release;

14 “(iii) an online news release;

15 “(iv) a media tour; and

16 “(v) sharable infographics;

17 “(2) prevention efforts focused on teenagers,
18 young adults, and college students, including the de-
19 velopment of—

20 “(A) a national digital campaign;

21 “(B) a community education toolkit for use
22 by community coalitions;

23 “(C) evidence-based resources for preven-
24 tion and treatment professionals targeting indi-

1 viduals who are between 18 and 24 years of
2 age, including college students; and

3 “(D) technical support centers for preven-
4 tion and treatment professionals, elementary
5 and secondary school-based professionals, and
6 college-based professionals, including recovery
7 staff, to implement and sustain evidence-based
8 educational and prevention programs;

9 “(3) campaigns to inform individuals about
10 available resources to aid in recovery from substance
11 use disorder;

12 “(4) encouragement of individuals in or seeking
13 recovery from substance use disorder to enter the
14 health care system; or

15 “(5) adult-focused awareness efforts, including
16 efforts focused on older adults, relating to prescrip-
17 tion medication disposal, opioid and heroin abuse,
18 signs of overdose, and the use of naloxone for rever-
19 sal.

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
2 accompanied by such information as the Attorney
3 General may require.

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

6 “(A) describe the evidence-based methodology and outcome measurements that will be used to evaluate the program funded with a grant under this section;

10 “(B) specifically explain how the measurements described in subparagraph (A) will provide valid measures of the impact of the program described in subparagraph (A);

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

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

20 “(i) the report of the Institute of Medicine entitled ‘Preventing Mental, Emotional, and Behavioral Disorders Among Young People’; or

24 “(ii) the National Registry of Effective Programs and Practices (commonly re-

1 ferred to as ‘NREPP’) of the Substance
2 Abuse and Mental Health Administration;
3 and

4 “(E) demonstrate that the eligible entity
5 will effectively integrate and sustain the pro-
6 gram described in subparagraph (A) into cur-
7 riculum or community outreach efforts.

8 “(d) USE OF FUNDS.—A grantee shall use a grant
9 received under this section for expenses of educational ef-
10 forts to—

11 “(1) prevent abuse of opioids, heroin, alcohol,
12 and other drugs; or

13 “(2) promote treatment and recovery.

14 “(e) DURATION.—The Attorney General shall award
15 grants under this section for a period not to exceed 2
16 years.

17 “(f) PRIORITY CONSIDERATION WITH RESPECT TO
18 STATES.—In awarding grants to States under this sec-
19 tion, the Attorney General shall give priority to a State
20 that provides civil liability protection for first responders,
21 health professionals, and family members administering
22 naloxone to counteract opioid overdoses by—

23 “(1) enacting legislation that provides such civil
24 liability protection; or

1 “(2) providing a certification by the attorney
2 general of the State that the attorney general has—

3 “(A) reviewed any applicable civil liability
4 protection law to determine the applicability of
5 the law with respect to first responders, health
6 care professionals, family members, and other
7 individuals who may administer naloxone to in-
8 dividuals reasonably believed to be suffering
9 from opioid overdose; and

10 “(B) concluded that the law described in
11 subparagraph (A) provides adequate civil liabil-
12 ity protection applicable to such persons.

13 “(g) INFORMATION SHARING.—The Office of the At-
14 torney General, in coordination with the Substance Abuse
15 and Mental Health Services Administration and the De-
16 partment of Education, shall review existing evidence-
17 based programs and emerging practices and programs and
18 provide information to schools and communities about
19 such programs and practices.

20 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated to carry out this section
22 \$2,500,000 for each of fiscal years 2016 through 2020.”.

1 **SEC. 103. COMMUNITY-BASED COALITION ENHANCEMENT**2 **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

3 Part MM of title I of the Omnibus Crime Control
4 and Safe Streets Act of 1968, as added by section 102,
5 is amended by adding at the end the following:

6 **“SEC. 3033. COMMUNITY-BASED COALITION ENHANCEMENT**7 **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

8 “(a) DEFINITIONS.—In this section—

9 “(1) the term ‘Drug-Free Communities Act of
10 1997’ means chapter 2 of the National Narcotics
11 Leadership Act of 1988 (21 U.S.C. 1521 et seq.);

12 “(2) the term ‘eligible entity’ means an organi-
13 zation that—

14 “(A) on or before the date of submitting
15 an application for a grant under this section,
16 receives or has received a grant under the
17 Drug-Free Communities Act of 1997; and

18 “(B) has documented, using local data,
19 rates of abuse of opioids at levels that are—

20 “(i) significantly higher than the na-
21 tional average as determined by the Attor-
22 ney General (including appropriate consid-
23 eration of the Monitoring the Future Sur-
24 vey published by the National Institute on
25 Drug Abuse and the National Survey on
26 Drug Use and Health by the Substance

1 Abuse and Mental Health Service Adminis-
2 stration); or

3 “(ii) higher than the national average,
4 as determined by the Attorney General (in-
5 cluding appropriate consideration of the
6 surveys described in clause (i)), over a sus-
7 tained period of time; and

8 “(3) the term ‘local drug crisis’ means, with re-
9 spect to the area served by an eligible entity—

10 “(A) a sudden increase in the abuse of
11 opioids, as documented by local data; or

12 “(B) the abuse of prescription medications,
13 specifically opioids, that is significantly higher
14 than the national average, over a sustained pe-
15 riod of time, as documented by local data.

16 “(b) PROGRAM AUTHORIZED.—The Attorney Gen-
17 eral, in coordination with the Director, may make grants
18 to eligible entities to implement comprehensive commu-
19 nity-wide strategies that address local drug crises within
20 the area served by the eligible entity.

21 “(c) APPLICATION.—

22 “(1) IN GENERAL.—An eligible entity desiring a
23 grant under this section shall submit an application
24 to the Attorney General at such time, in such man-

1 ner, and accompanied by such information as the
2 Attorney General may require.

3 “(2) CRITERIA.—As part of an application for
4 a grant under this section, the Attorney General
5 shall require an eligible entity to submit a detailed,
6 comprehensive, multi-sector plan for addressing the
7 local drug crisis within the area served by the eligi-
8 ble entity.

9 “(d) USE OF FUNDS.—An eligible entity shall use a
10 grant received under this section—

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

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

19 “(e) GRANT AMOUNTS AND DURATION.—

20 “(1) AMOUNTS.—The Attorney General may
21 not award a grant under this section for a fiscal
22 year in an amount that exceeds—

23 “(A) the amount of non-Federal funds
24 raised by the eligible entity, including in-kind
25 contributions, for that fiscal year; or

1 “(B) \$75,000.

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

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

11 “(g) EVALUATION.—A grant under this section shall
12 be subject to the same evaluation requirements and proce-
13 dures as the evaluation requirements and procedures im-
14 posed on the recipient of a grant under the Drug-Free
15 Communities Act of 1997.

16 “(h) LIMITATION ON ADMINISTRATIVE EXPENSES.—
17 Not more than 8 percent of the amounts made available
18 pursuant to subsection (i) for a fiscal year may be used
19 by the Attorney General to pay for administrative ex-
20 penses.

21 “(i) 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 **TITLE II—LAW ENFORCEMENT**
2 **AND TREATMENT**

3 **SEC. 201. TREATMENT ALTERNATIVE TO INCARCERATION**
4 **PROGRAMS.**

5 Part MM of the Omnibus Crime Control and Safe
6 Streets Act of 1968, as amended by section 103, is amend-
7 ed by adding at the end the following:

8 **“SEC. 3034. TREATMENT ALTERNATIVE TO INCARCERATION**
9 **PROGRAMS.**

10 “(a) DEFINITIONS.—In this section—

11 “(1) the term ‘eligible entity’ means a State,
12 unit of local government, Indian tribe, or nonprofit
13 organization; and

14 “(2) the term ‘eligible participant’ means an in-
15 dividual who—

16 “(A) comes into contact with the juvenile
17 justice system or criminal justice system or is
18 arrested or charged with an offense;

19 “(B) has a history of or a current—

20 “(i) substance use disorder;

21 “(ii) mental illness; or

22 “(iii) co-occurring mental illness and
23 substance use disorders; and

24 “(C) has been approved for participation in
25 a program funded under this section by, as ap-

1 plicable depending on the stage of the criminal
2 justice process, the relevant law enforcement
3 agency or prosecuting attorney, defense attor-
4 ney, probation or corrections official, judge, or
5 representative from the relevant mental health
6 or substance abuse agency.

7 “(b) PROGRAM AUTHORIZED.—The Attorney General
8 may make grants to eligible entities to develop, implement,
9 or expand a treatment alternative to incarceration pro-
10 gram for eligible participants, including—

11 “(1) pre-booking treatment alternative to incar-
12 ceration programs, including—

13 “(A) law enforcement training on sub-
14 stance use disorders, mental illness, and co-oc-
15 curring mental illness and substance use dis-
16 orders;

17 “(B) receiving centers as alternatives to in-
18 carceration of eligible participants;

19 “(C) specialized response units for calls re-
20 lated to substance use disorders, mental illness,
21 and co-occurring mental illness and substance
22 use disorders; and

23 “(D) other arrest and pre-booking treat-
24 ment alternative to incarceration models; and

1 “(2) post-booking treatment alternative to in-
2 carceration programs, including—

3 “(A) specialized clinical case management;

4 “(B) pre-trial services related to sub-
5 stances use disorders, mental illness, and co-oc-
6 curring mental illness and substance use dis-
7 orders;

8 “(C) prosecutor and defender based pro-
9 grams;

10 “(D) specialized probation;

11 “(E) programs utilizing the American So-
12 ciety of Addiction Medicine patient placement
13 criteria;

14 “(F) treatment and rehabilitation pro-
15 grams and recovery support services; and

16 “(G) drug courts, DWI courts, and vet-
17 erns treatment courts.

18 “(c) APPLICATION.—

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

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

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

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

6 “(A) provide extensive evidence of collaboration with State and local government agencies
7 overseeing health, community corrections,
8 courts, prosecution, substance abuse, mental
9 health, victims services, and employment services, and with local law enforcement agencies;

12 “(B) demonstrate consultation with the Single State Authority for Substance Abuse;

14 “(C) demonstrate that evidence-based treatment practices will be utilized; and

16 “(D) demonstrate that evidenced-based screening and assessment tools will be utilized to place participants in the treatment alternative to incarceration program.

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

23 “(1) determine the terms and conditions of participation in the program by eligible participants,

1 taking into consideration the collateral consequences
2 of an arrest, prosecution, or criminal conviction;

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

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

12 “(A) the verification of addresses and
13 other contacts of each eligible participant who
14 participates or desires to participate in the pro-
15 gram; 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 or other measured outcomes from partici-
6 pation in the program of each eligible offender par-
7 ticipating in the program to the relevant State, trib-
8 al, or local criminal justice agency;

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

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

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

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

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

1 gram, including medication assisted treatment,
2 aftercare supervision, vocational training, education,
3 and job placement; and

4 “(3) payments to public and nonprofit private
5 entities that are approved by the State or tribal ju-
6 risdiction and licensed, if necessary, to provide alco-
7 hol and drug addiction treatment and mental health
8 treatment to eligible offenders participating in the
9 program.

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

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

20 “(1) each State;

21 “(2) rural, suburban, and urban areas; and

22 “(3) tribal jurisdictions.

23 “(h) PRIORITY CONSIDERATION WITH RESPECT TO
24 STATES.—In awarding grants to States under this sec-
25 tion, the Attorney General shall give priority to a State

1 that provides civil liability protection for first responders,
2 health professionals, and family members administering
3 naloxone to counteract opioid overdoses by—

4 “(1) enacting legislation that provides such civil
5 liability protection; or

6 “(2) providing a certification by the attorney
7 general of the State that the attorney general has—

8 “(A) reviewed any applicable civil liability
9 protection law to determine the applicability of
10 the law with respect to first responders, health
11 care professionals, family members, and other
12 individuals who may administer naloxone to in-
13 dividuals reasonably believed to be suffering
14 from opioid overdose; and

15 “(B) concluded that the law described in
16 subparagraph (A) provides adequate civil liabil-
17 ity protection applicable to such persons.

18 “(i) REPORTS AND EVALUATIONS.—

19 “(1) IN GENERAL.—Each fiscal year, each re-
20 cipient of a grant under this section during that fis-
21 cal year shall submit to the Attorney General a re-
22 port on the outcomes of activities carried out using
23 that grant in such form, containing such informa-
24 tion, and on such dates as the Attorney General
25 shall specify.

1 “(2) CONTENTS.—A report submitted under
2 paragraph (1) shall—

3 “(A) describe best practices for treatment
4 alternatives; and
5 “(B) identify training requirements for law
6 enforcement officers who participate in treat-
7 ment alternative to incarceration programs.

8 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to carry out this section
10 \$5,000,000 for each of fiscal years 2016 through 2020.”.

11 **SEC. 202. LAW ENFORCEMENT NALOXONE TRAINING AND**
12 **IMPLEMENTATION DEMONSTRATION.**

13 Part MM of the Omnibus Crime Control and Safe
14 Streets Act of 1968, as amended by section 201, is amend-
15 ed by adding at the end the following:

16 **“SEC. 3035. LAW ENFORCEMENT NALOXONE TRAINING AND**
17 **IMPLEMENTATION DEMONSTRATION.**

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

21 “(b) PROGRAM AUTHORIZED.—The Attorney Gen-
22 eral, in coordination with the Secretary of Health and
23 Human Services and the Director of the Office of National
24 Drug Control Policy, may make grants to eligible entities

1 to create a demonstration law enforcement program to
2 prevent opioid and heroin overdose death.

3 “(c) APPLICATION.—

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

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

9 “(B) at such time, in such manner, and
10 accompanied by such information as the Atto-
11 ney General may require.

12 “(2) CRITERIA.—An eligible entity, in submit-
13 ting an application under paragraph (1), shall—

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

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

23 “(C) identify the governmental and com-
24 munity agencies that the program will coordi-
25 nate; and

1 “(D) describe how law enforcement agen-
2 cies will coordinate with their corresponding
3 State substance abuse and mental health agen-
4 cies to identify protocols and resources that are
5 available to victims and families, including in-
6 formation on treatment and recovery resources.

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

9 “(1) make naloxone available to be carried and
10 administered by law enforcement officers;

11 “(2) train and provide resources for law en-
12 forcement officers on carrying and administering
13 naloxone for the prevention of opioid and heroin
14 overdose death; and

15 “(3) establish processes, protocols, and mecha-
16 nisms for referral to treatment.

17 “(e) GRANT AMOUNTS AND DURATION.—

18 “(1) MAXIMUM AMOUNT.—The Attorney Gen-
19 eral may not award a grant under this section in an
20 amount that exceeds \$500,000.

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

24 “(f) TECHNICAL ASSISTANCE GRANTS.—The Attor-
25 ney General shall make a grant for the purpose of pro-

1 viding technical assistance and training on the use of
2 naloxone to reverse overdose deaths and mechanisms for
3 referral to treatment for an eligible entity receiving a
4 grant under this section.

5 “(g) EVALUATION.—The Attorney General shall con-
6 duct an evaluation of grants made under this section to
7 determine—

8 “(1) the number of officers equipped with
9 naloxone for the prevention of fatal opioid and her-
10 oin overdose;

11 “(2) the number of opioid and heroin overdoses
12 reversed by officers receiving training and supplies
13 of naloxone through a grant received under this sec-
14 tion;

15 “(3) the number of calls for service related to
16 opioid and heroin overdose;

17 “(4) the extent to which overdose victims and
18 families receive information about treatment services
19 and available data describing treatment admissions;
20 and

21 “(5) the research, training, and naloxone supply
22 needs of law enforcement and first responder agen-
23 cies, including those agencies that are not receiving
24 grants under this section.

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. 203. PRESCRIPTION DRUG TAKE BACK EXPANSION.**

5 Part MM of the Omnibus Crime Control and Safe
6 Streets Act of 1968, as amended by section 202, is amend-
7 ed by adding at the end the following:

8 **“SEC. 3036. PRESCRIPTION DRUG TAKE BACK EXPANSION.**

9 “(a) DEFINITION.—In this section, the term ‘eligible
10 entity’ means—

11 “(1) a State, local, or tribal law enforcement
12 agency;

13 “(2) a manufacturer, distributor, or reverse dis-
14 tributor of prescription medications;

15 “(3) a retail pharmacy;

16 “(4) a registered narcotic treatment program;

17 “(5) a hospital or clinic with an on-site phar-
18 macy;

19 “(6) an eligible long-term care facility; or

20 “(7) any other entity authorized by the Drug
21 Enforcement Administration to dispose of prescrip-
22 tion medications.

23 “(b) PROGRAM AUTHORIZED.—The Attorney Gen-
24 eral, in coordination with the Administrator of the Drug
25 Enforcement Administration, the Secretary of Health and

1 Human Services, and the Director of the Office of Na-
2 tional Drug Control Policy, may make grants to eligible
3 entities to expand or make available disposal sites for un-
4 wanted prescription medications.

5 “(c) APPLICATION.—

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

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

11 “(B) at such time, in such manner, and
12 accompanied by such information as the Attor-
13 ney General may require.

14 “(2) CRITERIA.—An eligible entity, in submit-
15 ting an application under paragraph (1), shall—

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

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

1 “(C) identify the governmental and com-
2 munity agencies that will coordinate the pro-
3 gram.

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

6 “(1) expenses of a prescription drug disposal
7 site, including materials and resources;

8 “(2) implementing disposal procedures and
9 processes;

10 “(3) implementing community education strate-
11 gies, including community education materials and
12 resources;

13 “(4) replicating a prescription drug take back
14 initiative throughout multiple jurisdictions; and

15 “(5) training of law enforcement officers and
16 other community participants.

17 “(e) GRANT AMOUNTS AND DURATION.—

18 “(1) MAXIMUM AMOUNT.—The Attorney Gen-
19 eral may not award a grant under this section in an
20 amount that exceeds \$250,000.

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

24 “(f) TECHNICAL ASSISTANCE GRANT.—The Attorney
25 General shall make a grant to a national nonprofit organi-

1 zation to provide technical assistance and training for an
2 eligible entity receiving a grant under this section.

3 **“(g) EVALUATION.—**

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

8 “(2) REPORTS.—Each fiscal year, the recipient
9 of a grant under this subsection shall submit to the
10 Attorney General a report that evaluates—

11 “(A) the effectiveness of the prescription
12 drug take back program of each eligible entity
13 receiving a grant under this section; and

14 “(B) the effect of disposal efforts on drug
15 circulation.

16 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section
18 \$2,500,000 for each of fiscal years 2016 through 2020.”.

19 **TITLE III—TREATMENT AND
20 RECOVERY**

21 **SEC. 301. EVIDENCE-BASED OPIOID AND HEROIN TREAT-
22 MENT AND INTERVENTIONS DEMONSTRA-
23 TION.**

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

1 (1) by redesignating section 514 (42 U.S.C.
2 290bb-9), as added by section 3632 of the Meth-
3 amphetamine Anti-Proliferation Act of 2000 (Public
4 Law 106-310; 114 Stat. 1236), as section 514B;
5 and

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

7 **“SEC. 514C. EVIDENCE-BASED OPIOID AND HEROIN TREAT-
8 MENT AND INTERVENTIONS DEMONSTRA-
9 TION.**

10 “(a) GRANTS.—

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

1 or rapid increase in the use of heroin or other
2 opioids.

3 “(2) RECIPIENTS.—The entities receiving
4 grants under paragraph (1) shall be selected by the
5 Director.

6 “(3) NATURE OF ACTIVITIES.—The grant funds
7 awarded under paragraph (1) shall be used for ac-
8 tivities that are based on reliable scientific evidence
9 of efficacy in the treatment of problems related to
10 heroin or other opioids.

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

16 “(c) ADDITIONAL ACTIVITIES.—The Director shall—
17 “(1) evaluate the activities supported by grants
18 awarded under subsection (a);

19 “(2) disseminate widely such significant infor-
20 mation derived from the evaluation as the Director
21 considers appropriate;

22 “(3) provide States, Indian tribes and tribal or-
23 ganizations, and providers with technical assistance
24 in connection with the provision of treatment of
25 problems related to heroin and other opioids; and

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

4 “(d) DEFINITION.—The term ‘medication assisted
5 treatment’ means the use, for problems relating to heroin
6 and other opioids, of medications approved by the Food
7 and Drug Administration in combination with counseling
8 and behavioral therapies.

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—

10 “(1) IN GENERAL.—There are authorized to be
11 appropriated to carry out this section \$12,000,000
12 for fiscal year 2016 and such sums as may be nec-
13 essary for each of fiscal years 2016 through 2020.

14 “(2) USE OF CERTAIN FUNDS.—Of the funds
15 appropriated to carry out this section in any fiscal
16 year, the lesser of 5 percent of such funds or
17 \$1,000,000 shall be available to the Director for
18 purposes of carrying out subsection (c).”.

19 **SEC. 302. CRIMINAL JUSTICE MEDICATION ASSISTED**
20 **TREATMENT AND INTERVENTIONS DEM-**
21 **ONSTRATION.**

22 Part MM of the Omnibus Crime Control and Safe
23 Streets Act of 1968, as amended by section 203, is amend-
24 ed by adding at the end the following:

1 **“SEC. 3037. CRIMINAL JUSTICE MEDICATION ASSISTED**
2 **TREATMENT AND INTERVENTIONS DEM-**
3 **ONSTRATION.**

4 “(a) DEFINITIONS.—In this section—

5 “(1) the term ‘criminal justice agency’ means a
6 State, local, or tribal—

7 “(A) court;

8 “(B) prison;

9 “(C) jail; or

10 “(D) other agency that performs the ad-
11 ministration of criminal justice, including pros-
12 ecution, pretrial services, and community super-
13 vision; and

14 “(2) the term ‘eligible entity’ means a State,
15 unit of local government, or Indian tribe.

16 “(b) PROGRAM AUTHORIZED.—The Attorney Gen-
17 eral, in coordination with the Secretary of Health and
18 Human Services and the Director of the Office of National
19 Drug Control Policy, may make grants to eligible entities
20 to implement medication assisted treatment programs
21 through criminal justice agencies.

22 “(c) APPLICATION.—

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

1 “(A) that meets the criteria under para-
2 graph (2); and

3 “(B) at such time, in such manner, and
4 accompanied by such information as the Attor-
5 ney General may require.

6 “(2) CRITERIA.—An eligible entity, in submit-
7 ting an application under paragraph (1), shall—

8 “(A) certify that each medication assisted
9 treatment program funded with a grant under
10 this section has been developed in consultation
11 with the Single State Authority for Substance
12 Abuse; and

13 “(B) describe how data will be collected
14 and analyzed to determine the effectiveness of
15 the program described in subparagraph (A).

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

18 “(1) a medication assisted treatment program,
19 including the expenses of prescribing medications
20 recognized by the Food and Drug Administration for
21 opioid treatment in conjunction with psychological
22 and behavioral therapy;

23 “(2) training criminal justice agency personnel
24 and treatment providers on medication assisted
25 treatment;

1 “(3) cross-training personnel providing behavioral health and health services, administration of medicines, and other administrative expenses, including required reports; and

5 “(4) the provision of recovery coaches who are responsible for providing mentorship and transition plans to individuals reentering society following incarceration or alternatives to incarceration.

9 “(e) GRANT AMOUNTS AND DURATION.—

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

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

16 “(f) PRIORITY CONSIDERATION WITH RESPECT TO STATES.—In awarding grants to States under this section, the Attorney General shall give priority to a State that provides civil liability protection for first responders, health professionals, and family members administering naloxone to counteract opioid overdoses by—

22 “(1) enacting legislation that provides such civil liability protection; or

24 “(2) providing a certification by the attorney general of the State that the attorney general has—

1 “(A) reviewed any applicable civil liability
2 protection law to determine the applicability of
3 the law with respect to first responders, health
4 care professionals, family members, and other
5 individuals who may administer naloxone to in-
6 dividuals reasonably believed to be suffering
7 from opioid overdose; and

8 “(B) concluded that the law described in
9 subparagraph (A) provides adequate civil liabil-
10 ity protection applicable to such persons.

11 “(g) TECHNICAL ASSISTANCE.—The Attorney Gen-
12 eral, in coordination with the Director of the National In-
13 stitute on Drug Abuse and the Secretary of Health and
14 Human Services, shall provide technical assistance and
15 training for an eligible entity receiving a grant under this
16 section.

17 “(h) REPORTS.—

18 “(1) IN GENERAL.—An eligible entity receiving
19 a grant under this subsection shall submit a report
20 to the Attorney General on the outcomes of each
21 grant received under this section for individuals re-
22 ceiving medication assisted treatment, based on—

23 “(A) the recidivism of the individuals;

24 “(B) the treatment outcomes of the indi-
25 viduals, including maintaining abstinence from

1 illegal, unauthorized, and unprescribed or
2 undispensed opioids and heroin;

3 “(C) a comparison of the cost of providing
4 medication assisted treatment to the cost of in-
5 carceration or other participation in the crimi-
6 nal justice system;

7 “(D) the housing status of the individuals;
8 and

9 “(E) the employment status of the individ-
10 uals.

11 “(2) CONTENTS AND TIMING.—Each report de-
12 scribed in paragraph (1) shall be submitted annually
13 in such form, containing such information, and on
14 such dates as the Attorney General shall specify.

15 “(i) 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. 303. NATIONAL YOUTH RECOVERY INITIATIVE.**

19 (a) DEFINITIONS.—In this section:

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

22 (A) a high school that has been accredited
23 as a recovery high school by the Association of
24 Recovery Schools;

4 (C) an institution of higher education;

7 (E) a nonprofit organization.

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

14 (A) means a program to help individuals
15 who are recovering from substance use dis-
16 orders to initiate, stabilize, and maintain
17 healthy and productive lives in the community;
18 and

(B) includes peer-to-peer support and communal activities to build recovery skills and supportive social networks.

22 (b) GRANTS AUTHORIZED.—The ONDCP Recovery
23 Branch, in consultation with the Secretary of Education,
24 may award grants to eligible entities to enable the entities
25 to—

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

4 (2) help build communities of support for young
5 people in recovery through a spectrum of activities
6 such as counseling and healthy and wellness-oriented
7 social activities; and

8 (3) encourage initiatives designed to help young
9 people achieve and sustain recovery from substance
10 use disorders.

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

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

16 (2) dedicated staff for the provision of recovery
17 programs;

18 (3) healthy and wellness-oriented social activi-
19 ties and community engagement;

20 (4) establishment of recovery high schools;

21 (5) coordination of recovery programs with—

22 (A) substance use disorder treatment pro-
23 grams and systems;

24 (B) providers of mental health services;

25 (C) primary care providers;

1 (D) the criminal justice system, including
2 the juvenile justice system;
3 (E) employers;
4 (F) housing services;
5 (G) child welfare services;
6 (H) institutions of secondary higher edu-
7 cation and institutions of higher education; and
8 (I) other programs or services related to
9 the welfare of an individual in recovery from a
10 substance use disorder;

11 (6) the development of peer-to-peer support
12 programs or services; and
13 (7) additional activities that help youths and
14 young adults to achieve recovery from substance use
15 disorders.

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

19 (e) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section
21 \$3,000,000 for fiscal year 2016 and each of the 5 suc-
22 ceeding fiscal years.

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

2 (a) DEFINITION.—In this section, the term “recovery
3 community organization” means an independent nonprofit
4 organization that—

5 (1) mobilizes resources within and outside of
6 the recovery community to increase the prevalence
7 and quality of long-term recovery from substance
8 use disorders; and

9 (2) is wholly or principally governed by people
10 in recovery for substance use disorders who reflect
11 the community served.

12 (b) GRANTS AUTHORIZED.—The ONDCP Recovery
13 Branch, in consultation with the Substance Abuse and
14 Mental Health Services Administration, may award grants
15 to recovery community organizations to enable such orga-
16 nizations to develop, expand, and enhance recovery serv-
17 ices.

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

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

24 (e) USE OF FUNDS.—Grants awarded under sub-
25 section (b)—

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

4 (2) may be used to—

5 (A) advocate for individuals in recovery
6 from substance use disorders;

7 (B) build connections between recovery
8 networks, between recovery community organi-
9 zations, and with other recovery support serv-
10 ices, including—

11 (i) substance use disorder treatment
12 programs and systems;

13 (ii) providers of mental health serv-
14 ices;

15 (iii) primary care providers;

16 (iv) the criminal justice system;

17 (v) employers;

18 (vi) housing services;

19 (vii) child welfare agencies; and

20 (viii) other recovery support services
21 that facilitate recovery from substance use
22 disorders;

23 (C) reduce the stigma associated with sub-
24 stance use disorders;

1 (D) conduct public education and outreach
2 on issues relating to substance use disorders
3 and recovery, including—

4 (i) how to identify the signs of addiction;
5

6 (ii) the resources that are available
7 for individuals struggling with addiction;

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

10 (iv) information on the medical consequences of substance use disorders, including neonatal abstinence syndrome and potential infection with human immunodeficiency virus and viral hepatitis; and

11 (E) carry out other activities that
12 strengthen the network of community support
13 for individuals in recovery.

14 (f) RESOURCE CENTER.—The ONDCP Recovery
15 Branch shall establish a resource center to provide technical assistance to recipients of grants under this section
16 and to provide information to individuals seeking to support people in recovery from substance use disorders.

17 (g) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section

1 \$5,700,000 in fiscal year 2016 and each of the 3 suc-
2 ceeding fiscal years.

3 **TITLE IV—ADDRESSING**
4 **COLLATERAL CONSEQUENCES**

5 **SEC. 401. CORRECTIONAL EDUCATION DEMONSTRATION**
6 **GRANT PROGRAM.**

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

- 10 (1) by redesignating part KK as part LL;
11 (2) by redesignating sections 3011 and 3012 as
12 sections 3021 and 3022, respectively; and
13 (3) by inserting before part LL, as redesi-
14 nated, the following:

15 **“PART KK—CORRECTIONAL EDUCATION**
16 **DEMONSTRATION GRANT PROGRAM**

17 **“SEC. 3011. CORRECTIONAL EDUCATION DEMONSTRATION**
18 **GRANT PROGRAM.**

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

22 “(b) GRANT PROGRAM AUTHORIZED.—The Attorney
23 General may make grants of not more than \$750,000 to
24 eligible entities to design, implement, and expand edu-

1 cational programs for offenders in prisons, jails, and juve-
2 nile facilities, including to pay for—

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

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

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

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

22 “(5) partnerships and agreements with commu-
23 nity colleges, universities, and career technology edu-
24 cation program providers, including tuition pay-
25 ments;

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

4 “(7) technology solutions to—

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

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

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

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

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

22 “(A) assessing the need for English as a
23 second language instruction;

24 “(B) conducting educational assessments;
25 and

1 “(C) assessing occupational interests and
2 aptitudes;

3 “(2) target educational services to assessed
4 needs, including academic and occupational at the
5 basic, secondary, or post-secondary level;

6 “(3) target career technology education pro-
7 grams to—

8 “(A) areas of identified occupational de-
9 mand; and

10 “(B) employment opportunities in the com-
11 munities in which students are reasonably ex-
12 pected to reside post-release;

13 “(4) include a range of appropriate educational
14 opportunities at the basic, secondary, and post-sec-
15 ondary levels;

16 “(5) include opportunities for students to attain
17 industry recognized credentials;

18 “(6) include partnership or articulation agree-
19 ments linking institutional education programs with
20 community sited programs provided by adult edu-
21 cation program providers and accredited institutions
22 of higher education, community colleges, and voca-
23 tional training institutions; and

24 “(7) explicitly include career pathways models
25 offering opportunities for incarcerated students to

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

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

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

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

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

1 **“SEC. 3012. 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 10 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, mental health, law
19 enforcement, and law;

20 (ii) not fewer than 2 members—

21 (I) who have personally experi-
22 enced substance abuse or addiction
23 and are in recovery; and

(II) not fewer than 1 one of whom has benefited from medication assisted treatment; and

(iii) to the extent practicable, members who formerly served as elected officials at the State and Federal levels.

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

(c) DUTIES OF THE TASK FORCE.—

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

20 (B) determine whether the collateral con-
21 sequences identified under subparagraph (A)
22 unnecessarily delay individuals in recovery from
23 resuming their personal and professional activi-
24 ties.

1 (2) RECOMMENDATIONS.—Not later than 180
2 days after the date of the first meeting of the Task
3 Force, the Task Force shall develop recommenda-
4 tions for proposed legislative and regulatory changes
5 to reduce and, to the extent practicable, eliminate
6 the collateral consequences identified by the Task
7 Force under paragraph (1).

8 (3) COLLECTION OF INFORMATION.—The Task
9 Force shall hold hearings, require the testimony and
10 attendance of witnesses, and secure information
11 from any department or agency of the United States
12 in performing the duties under paragraphs (1) and
13 (2).

14 (4) REPORT.—Not later than 1 year after the
15 date of the first meeting of the Task Force, the
16 Task Force shall submit a report detailing the find-
17 ings and recommendations of the Task Force to—

- 18 (A) each relevant committee of Congress;
- 19 (B) the head of each relevant department
- 20 or agency of the United States;
- 21 (C) the President; and
- 22 (D) the Vice President.

1 **TITLE V—ADDICTION AND
2 TREATMENT SERVICES FOR
3 WOMEN, FAMILIES, AND VET-
4 ERANS**

5 **SEC. 501. AUTHORITY TO AWARD COMPETITIVE GRANTS TO
6 ADDRESS OPIOID AND HEROIN ABUSE BY
7 PREGNANT AND PARENTING FEMALE OF-
8 FENDERS.**

9 Part MM of the Omnibus Crime Control and Safe
10 Streets Act of 1968, as amended by section 302, is amend-
11 ed by adding at the end the following:

12 **“SEC. 3038. AUTHORITY TO AWARD COMPETITIVE GRANTS
13 TO ADDRESS OPIOID AND HEROIN ABUSE BY
14 PREGNANT AND PARENTING FEMALE OF-
15 FENDERS.**

16 “(a) DEFINITIONS.—In this section—

17 “(1) the term ‘State criminal justice agency’
18 means the agency of the State responsible for ad-
19 ministering criminal justice funds, including the Ed-
20 ward Byrne Memorial Justice Assistance Grant Pro-
21 gram under subpart 1 of part E; and

22 “(2) the term ‘State substance abuse agency’
23 means the agency of the State responsible for the
24 State prevention, treatment, and recovery system,
25 including management of the Substance Abuse Pre-

1 vention and Treatment Block Grant under subpart
2 II of part B of title XIX of the Public Health Serv-
3 ice Act (42 U.S.C. 300x–21 et seq.).

4 “(b) PURPOSE AND PROGRAM AUTHORITY.—

5 “(1) GRANT AUTHORIZATION.—The Attorney
6 General, in coordination with the Secretary of
7 Health and Human Services, may award competitive
8 grants jointly to a State substance abuse agency and
9 a State criminal justice agency to address the use of
10 opioids and heroin among pregnant and parenting
11 female offenders in the State to promote public safe-
12 ty, public health, family permanence, and well-being.

13 “(2) PURPOSES AND PROGRAM AUTHORITY.—A
14 grant under this section shall be used to facilitate or
15 enhance collaboration between the State criminal
16 justice and State substance abuse systems in order
17 to carry out programs to address the use of opioid
18 and heroin abuse by pregnant and parenting female
19 offenders.

20 “(c) APPLICATIONS.—

21 “(1) IN GENERAL.—A State substance abuse
22 agency and State criminal justice agency desiring a
23 grant under this section shall jointly submit to the
24 Attorney General an application in such form, and

1 containing such information, as the Attorney Gen-
2 eral may prescribe by regulation or guidelines.

3 “(2) CONTENTS.—

4 “(A) IN GENERAL.—Each application for a
5 grant under this section shall contain a plan to
6 expand the services of the State for pregnant
7 and parenting female offenders for the use of
8 opioids, heroin, and other drugs, which shall be
9 in accordance with regulations or guidelines es-
10 tablished by the Attorney General, in consulta-
11 tion with the Secretary of Health and Human
12 Services.

13 “(B) PLAN.—A plan submitted under sub-
14 paragraph (A) shall, at a minimum, include—

15 “(i) a description of how the appli-
16 cants will work jointly to address the needs
17 associated with the use of opioids or heroin
18 by pregnant and parenting female offend-
19 ers to promote family stability and perma-
20 nence;

21 “(ii) a description of the nature and
22 the extent of the problem of opioid and
23 heroin use by pregnant and parenting fe-
24 male offenders in the State;

1 “(iii) a certification that the State has
2 involved counties and other units of local
3 government, when appropriate, in the de-
4 velopment, expansion, modification, oper-
5 ation, or improvement of proposed pro-
6 grams to address the problems associated
7 with opioid and heroin use;

8 “(iv) a certification that funds re-
9 ceived under this section will be used to
10 supplement, not supplant, other Federal,
11 State, and local funds; and

12 “(v) a description of clinically appro-
13 priate practices and procedures to—

14 “(I) screen and assess pregnant
15 and parenting female offenders for
16 problems associated with opioids and
17 heroin;

18 “(II) screen and assess pregnant
19 and parenting female offenders dem-
20 onstrating problems associated with
21 opioids and heroin for co-occurring
22 mental disorders;

23 “(III) provide clinically appro-
24 priate services, including medication
25 assisted treatment, for female offend-

1 ers and their children in the same lo-
2 cation to promote family permanence
3 and self-sufficiency; and

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

11 “(d) PERIOD OF GRANT; RENEWAL.—

12 “(1) PERIOD.—A grant under this section shall
13 be for a period of 3 years.

14 “(2) RENEWAL.—A State substance abuse
15 agency and a State criminal justice agency receiving
16 a grant under this section may apply for and, after
17 the end of the period of the first grant under this
18 section, receive 1 additional grant under this section.

19 “(e) PERFORMANCE ACCOUNTABILITY; REPORTS.—

20 “(1) REPORTS.—A State substance abuse agen-
21 cy and a State criminal justice agency receiving a
22 grant under this section shall jointly submit to the
23 Attorney General a report on the activities carried
24 out under the grant at the end of each fiscal year
25 during the period of the grant.

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

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

15 “(1) to implement this section; and
16 “(2) for effectively working across the Federal
17 and State criminal and substance abuse systems.

18 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section
20 \$5,000,000 for each of fiscal years 2016 through 2020.”.

21 **SEC. 502. GRANTS FOR FAMILY-BASED SUBSTANCE ABUSE**
22 **TREATMENT.**

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

1 (1) by striking “An entity” and inserting “(a)
2 ENTITY REPORTS.—An entity”; and
3 (2) by adding at the end the following:
4 “(b) ATTORNEY GENERAL REPORT ON FAMILY-
5 BASED SUBSTANCE ABUSE TREATMENT.—The Attorney
6 General shall submit to Congress an annual report that
7 describes the number of grants awarded under section
8 2921(1) and how such grants are used by the recipients
9 for family-based substance abuse treatment programs that
10 serve as alternatives to incarceration for custodial parents
11 to receive treatment and services as a family.”.

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

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

15 (1) by redesignating subsection (i) as subsection
16 (j);
17 (2) by inserting after subsection (h) the fol-
18 lowing:

19 “(i) ASSISTING VETERANS.—

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

21 “(A) PEER TO PEER SERVICES OR PRO-
22 GRAMS.—The term ‘peer to peer services or
23 programs’ means services or programs that con-
24 nect qualified veterans with other veterans for
25 the purpose of providing support and

1 mentorship to assist qualified veterans in ob-
2 taining treatment, recovery, stabilization, or re-
3 habilitation.

4 “(B) QUALIFIED VETERAN.—The term
5 ‘qualified veteran’ means a preliminarily qualifi-
6 fied offender who—

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

11 “(ii)(I) was discharged or released
12 from such service under conditions other
13 than dishonorable; or

14 “(II) was discharged or released from
15 such service under dishonorable conditions,
16 if the reason for that discharge or release,
17 if known, is attributable to drug use.

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

24 “(i) intensive judicial supervision and
25 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, corrections,
5 mental health, and substance abuse
6 personnel how to identify and appropriately respond to incidents involving
7 qualified veterans.

8
9 “(B) PRIORITY.—In awarding grants
10 under this subsection, the Attorney General
11 shall give priority to applications that—

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

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

18 “(iii) propose interventions with empirical support to improve outcomes for
19 qualified veterans.”; and

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

21 (A) by redesignating paragraph (2) as
22 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 Part MM of the Omnibus Crime Control and Safe
15 Streets Act of 1968, as amended by section 501, is amend-
16 ed by adding at the end the following:

17 **“SEC. 3039. STATE DEMONSTRATION GRANTS FOR COM-
18 PREHENSIVE OPIOID ABUSE RESPONSE.**

19 “(a) DEFINITIONS.—In this section—

20 “(1) 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 “(2) the term ‘prescriber of a schedule II, III,
24 or IV controlled substance’ does not include a pre-

1 scribe 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 “(3) the term ‘prescriber’ means a dispenser
12 who prescribes a controlled substance, or the agent
13 of such a dispenser; and

14 “(4) 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
21 coordination with the Secretary of Health and
22 Human Services and the Director of the Office of
23 National Drug Control Policy, may award grants to
24 States, and combinations thereof, to prepare a com-

1 prehensive plan for and implement an integrated
2 opioid 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; and

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 medica-
25 tion assisted treatment of prescription

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

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

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

17 “(iv) developing, implementing, or ex-
18 panding programs that provide screening,
19 early intervention, and referral to treat-
20 ment (commonly referred to as ‘SBIRT’)
21 to teenagers and young adults in primary
22 care, middle schools, high schools, univer-
23 sities, school-based health centers, and
24 other community-based health care settings

1 frequently accessed by teenagers or young
2 adults; and

3 “(D) developing, implementing, and ex-
4 panding programs to prevent overdose death of
5 prescription medications and opioids.

6 “(3) PLANNING GRANT APPLICATIONS.—

7 “(A) APPLICATION.—

8 “(i) IN GENERAL.—A State desiring a
9 planning grant under this section to pre-
10 pare a comprehensive plan for an inte-
11 grated opioid abuse response initiative
12 shall submit to the Attorney General an
13 application in such form, and containing
14 such information, as the Attorney General
15 may prescribe by regulation or guidelines.

16 “(ii) REQUIREMENTS.—An application
17 for a planning grant under this section
18 shall, at a minimum, include—

19 “(I) a budget and a budget jus-
20 tification for the activities to be car-
21 ried out using the grant;

22 “(II) a description of the activi-
23 ties proposed to be carried out using
24 the grant, including a schedule for
25 completion of such activities;

1 “(III) outcome measures that will
2 be used to measure the effectiveness
3 of the programs and initiatives to ad-
4 dress opioids; and

5 “(IV) a description of the per-
6 sonnel necessary to complete such ac-
7 tivities.

8 “(B) PERIOD; NONRENEWABILITY.—A
9 planning grant under this section shall be for a
10 period of 1 year. A State may not receive more
11 than 1 planning grant under this section.

12 “(C) AMOUNT.—A planning grant under
13 this section may not exceed \$100,000, except
14 that the Attorney General may, for good cause,
15 approve a grant in a higher amount.

16 “(D) STRATEGIC PLAN AND PROGRAM IM-
17 PLEMENTATION PLAN.—A State receiving a
18 planning grant under this section shall develop
19 a strategic plan and a program implementation
20 plan.

21 “(4) IMPLEMENTATION GRANTS.—

22 “(A) APPLICATION.—A State desiring an
23 implementation grant under this section to im-
24 plement a comprehensive strategy for address-
25 ing opioid abuse shall submit to the Attorney

1 General an application in such form, and con-
2 taining such information, as the Attorney Gen-
3 eral may prescribe by regulation or guidelines.

4 “(B) USE OF FUNDS.—A State that re-
5 ceives an implementation grant under this sec-
6 tion shall use the grant for the cost of carrying
7 out an integrated opioid abuse response pro-
8 gram in accordance with this section, including
9 for technical assistance, training, and adminis-
10 trative expenses.

11 “(C) REQUIREMENTS.—An integrated
12 opioid abuse response program carried out
13 using an implementation grant under this sec-
14 tion shall—

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

18 “(I) registers with the prescrip-
19 tion drug monitoring program of the
20 State; and

21 “(II) consults the prescription
22 drug monitoring program database of
23 the State before prescribing a sched-
24 ule II, III, or IV controlled substance;

1 “(ii) ensure that each dispenser of a
2 schedule II, III, or IV controlled substance
3 in the State—

4 “(I) registers with the prescrip-
5 tion drug monitoring program of the
6 State;

7 “(II) consults the prescription
8 drug monitoring program database of
9 the State before dispensing a schedule
10 II, III, or IV controlled substance;
11 and

12 “(III) reports to the prescription
13 drug monitoring program of the
14 State, at a minimum, each instance in
15 which a schedule II, III, or IV con-
16 trolled substance is dispensed, with
17 limited exceptions, as defined by the
18 State, which shall indicate the pre-
19 scriber by name and National Pro-
20 vider Identifier;

21 “(iii) require that, not fewer than 4
22 times each year, the State agency or agen-
23 cies that administer the prescription drug
24 monitoring program of the State prepare
25 and provide to each prescriber of a sched-

1 ule II, III, or IV controlled substance an
2 informational report that shows how the
3 prescribing patterns of the prescriber com-
4 pare to prescribing practices of the peers
5 of the prescriber and expected norms;

6 “(iv) if informational reports provided
7 to a prescriber under clause (iii) indicate
8 that the prescriber is repeatedly falling
9 outside of expected norms or standard
10 practices for the prescriber’s field, direct
11 the prescriber to educational resources on
12 appropriate prescribing of controlled sub-
13 stances;

14 “(v) ensure that the prescriber licens-
15 ing board of the State receives a report de-
16 scribing any prescribers that repeatedly
17 fall outside of expected norms or standard
18 practices for the prescriber’s field, as de-
19 scribed in clause (iii);

20 “(vi) require consultation with the
21 Single State Authority for Substance
22 Abuse; and

23 “(vii) establish requirements for how
24 data will be collected and analyzed to de-
25 termine the effectiveness of the program.

1 “(D) PERIOD.—An implementation grant
2 under this section shall be for a period of 2
3 years.

4 “(E) AMOUNT.—The amount of an imple-
5 mentation grant under this section may not ex-
6 ceed \$5,000,000 except that the Attorney Gen-
7 eral may, for good cause, approve a grant in a
8 higher amount.

9 “(5) PRIORITY CONSIDERATIONS.—In awarding
10 planning and implementation grants under this sec-
11 tion, the Attorney General shall give priority to a
12 State that—

13 “(A) provides civil liability protection for
14 first responders, health professionals, and fam-
15 ily members administering naloxone to counter-
16 act opioid overdoses by—

17 “(i) enacting legislation that provides
18 such civil liability protection; or

19 “(ii) providing a certification by the
20 attorney general of the State that the at-
21 torney general has—

22 “(I) reviewed any applicable civil
23 liability protection law to determine
24 the applicability of the law with re-
25 spect to first responders, health care

1 professionals, family members, and
2 other individuals who may administer
3 naloxone to individuals reasonably be-
4 lieved to be suffering from opioid
5 overdose; and

6 “(II) concluded that the law de-
7 scribed in subclause (I) provides ade-
8 quate civil liability protection applica-
9 ble to such persons;

10 “(B) have in effect legislation or imple-
11 ment a policy under which the State shall not
12 terminate, but may suspend, enrollment under
13 the State plan for medical assistance under title
14 XIX of the Social Security Act (42 U.S.C. 1396
15 et seq.) for an individual who is incarcerated for
16 a period of fewer than 2 years;

17 “(C) have a process for enrollment in serv-
18 ices and benefits necessary by criminal justice
19 agencies to initiate or continue treatment in the
20 community, under which an individual who is
21 incarcerated may, while incarcerated, enroll in
22 services and benefits that are necessary for the
23 individual to continue treatment upon release
24 from incarceration;

1 “(D) ensures the capability of data sharing
2 with other States, such as by making data
3 available to a prescription monitoring hub;

4 “(E) ensures that data recorded in the
5 prescription drug monitoring program database
6 of the State is available within 24 hours, to the
7 extent possible; and

8 “(F) ensures that the prescription drug
9 monitoring program of the State notifies pre-
10 scribers and dispensers of schedule II, III, or
11 IV controlled substances when overuse or mis-
12 use of such controlled substances by patients is
13 suspected.

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

17 **TITLE VII—OFFSET; GAO**
18 **REPORT**

19 **SEC. 701. OFFSET.**

20 It is the sense of Congress that the amounts ex-
21 pended to carry out this Act and the amendments made
22 by this Act should be offset by a corresponding reduction
23 in Federal non-defense discretionary spending.

1 **SEC. 702. GAO REPORT ON IMD EXCLUSION.**

2 (a) **DEFINITION.**—In this section, the term “Med-
3 icaid Institutions for Mental Disease exclusion” means the
4 prohibition on Federal matching payments under Medicaid
5 for patients who have attained age 22, but have not at-
6 tained age 65, in an institution for mental diseases under
7 subparagraph (B) of the matter following subsection (a)
8 of section 1905 of the Social Security Act and subsection
9 (i) of such section (42 U.S.C. 1396d).

10 (b) **REPORT REQUIRED.**—Not later than 180 days
11 after the date of enactment of this Act, the Comptroller
12 General of the United States shall submit to Congress a
13 report on the impact that the Medicaid Institutions for
14 Mental Disease exclusion has on access to treatment for
15 individuals with a substance use disorder.

16 (c) **ELEMENTS.**—The report required under sub-
17 section (b) shall include the following:

18 (1) An analysis of whether the following policy
19 changes to the Medicaid Institutions for Mental Dis-
20 ease exclusion would enhance access to treatment for
21 individuals with a substance use disorder:

22 (A) Removing substance use disorder
23 treatment and facilities from the Medicaid In-
24 stitutions for Mental Disease exclusion.

25 (B) Amending section 1905(i) of the Social
26 Security Act (42 U.S.C. 1396d(i)) to modestly

1 raise the 16-bed limit in the definition of an in-
2 stitution for mental diseases under that section.

3 (C) Repealing the Medicaid Institutions for
4 Mental Disease exclusion.

5 (2) An analysis of whether and to what extent
6 the quality of care for substance use disorder treat-
7 ment is impacted by the Medicaid Institutions for
8 Mental Disease exclusion.

9 (3) An analysis of barriers in accessing State-
10 specific information related to the impact of the
11 Medicaid Institutions for Mental Disease exclusion
12 on access to treatment.

13 (4) An analysis of the difference in cost be-
14 tween treatment for a substance use disorder in a
15 hospital setting compared to a community-based
16 care setting.

17 (5) An analysis of the characteristics of institu-
18 tions for mental diseases (as defined in section
19 1905(i) of the Social Security Act (42 U.S.C.
20 1396d(i))), including the patient capacity of such in-
21 stitutions as well as the type of care setting, among
22 other characteristics.

