

# Calendar No. 369

114TH CONGRESS  
2D SESSION

# S. 524

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

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## IN THE SENATE OF THE UNITED STATES

FEBRUARY 12, 2015

Mr. WHITEHOUSE (for himself, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. COONS, Mr. KIRK, Mr. NELSON, Ms. WARREN, Mr. FRANKEN, Mrs. FEINSTEIN, Mr. SCHUMER, Mrs. GILLIBRAND, Ms. COLLINS, Mr. HATCH, Mr. GRAHAM, Ms. BALDWIN, Mr. MENENDEZ, Mrs. SHAHEEN, Mr. KING, Mr. MANCHIN, Mr. BLUMENTHAL, Mr. LEAHY, Mrs. CAPITO, Mr. DONNELLY, Mr. SULLIVAN, Mr. HEINRICH, Mr. TESTER, Mr. RUBIO, Mr. UDALL, Mr. DURBIN, Mr. GRASSLEY, Mr. CORYN, and Mr. BLUNT) introduced the following bill; which was read twice and referred to the Committee on the Judiciary

FEBRUARY 22, 2016

Reported by Mr. GRASSLEY, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

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## 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,*

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

2 (a) **SHORT TITLE.**—This Act may be cited as the  
3 “Comprehensive Addiction and Recovery Act of 2015”.

4 (b) **TABLE OF CONTENTS.**—The table of contents for  
5 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 demonstra-  
tion.

Sec. 203. Prescription drug take back expansion.

**TITLE III—TREATMENT AND RECOVERY**

Sec. 301. Evidence-based opioid and heroin treatment and interventions dem-  
onstration.

Sec. 302. Criminal justice medication assisted treatment and interventions dem-  
onstration.

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**

See: 701: Offset.

See: 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.  
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  
9 the United States. In 2011, an average of about 110  
10 people in the United States died from drug overdose  
11 every day.

12 (2) Law enforcement officials and treatment ex-  
13 perts throughout the country report that many pre-  
14 scription opioid users have turned to heroin as a  
15 cheaper or more easily obtained alternative to pre-  
16 scription drugs.

17 (3) Opioid pain relievers are the most widely  
18 misused or abused controlled prescription drugs  
19 (commonly referred to as “CPDs”) and are involved  
20 in most CPD-related overdose incidents. According  
21 to the Drug Abuse Warning Network (commonly  
22 known as “DAWN”), the estimated number of emer-  
23 gency department visits involving nonmedical use of  
24 prescription opiates or opioids increased by 112 per-

1 cent between 2006 and 2010, from 84,671 to  
2 179,787.

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

10 (5) Substance use disorders are a treatable dis-  
11 ease. Discoveries in the science of addiction have led  
12 to advances in the treatment of substance use dis-  
13 orders that help people stop abusing drugs and pre-  
14 scription medications and resume their productive  
15 lives.

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

1           (7) Effective substance abuse prevention can  
2 yield major economic dividends.

3           (8) According to the National Institute on Drug  
4 Abuse, when schools and communities properly im-  
5 plement science-validated substance abuse prevention  
6 programs, abuse of alcohol, tobacco, and illicit drugs  
7 is reduced. Such programs help teachers, parents,  
8 and healthcare professionals shape the perceptions  
9 of youths about the risks of drug abuse.

10          (9) Diverting individuals with substance use  
11 disorders from criminal justice systems into commu-  
12 nity-based treatment can save billions of dollars and  
13 prevent sizeable numbers of crimes, arrests, and re-  
14 incarceration over the course of those individuals'  
15 lives.

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

22          (11) Research shows that combining treatment  
23 medications with behavioral therapy is the best way  
24 to facilitate success for most patients. Treatment ap-  
25 proaches must be tailored to address the drug abuse

1 patterns and drug-related medical, psychiatric, and  
2 social problems of each individual. Different types of  
3 medications may be useful at different stages of  
4 treatment or recovery to help a patient stop using  
5 drugs, stay in treatment, and avoid relapse.

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

15 (13) Individuals with mental illness, especially  
16 severe mental illness, are at considerably higher risk  
17 for substance abuse than the general population, and  
18 the presence of a mental illness complicates recovery  
19 from substance abuse.

20 **SEC. 3. DEFINITIONS.**

21 In this Act—

22 (1) the term “medication assisted treatment”  
23 means the use, for problems relating to heroin and  
24 other opioids, of medications approved by the Food

1 and Drug Administration in combination with coun-  
 2 seling and behavioral therapies;

3 (2) the term “ONDCP Recovery Branch”  
 4 means the Recovery Branch of the Office of Na-  
 5 tional Drug Control Policy;

6 (3) the term “opioid” means any drug having  
 7 an addiction-forming or addiction-sustaining liability  
 8 similar to morphine or being capable of conversion  
 9 into a drug having such addiction-forming or addic-  
 10 tion-sustaining liability; and

11 (4) the term “State” means any State of the  
 12 United States, the District of Columbia, the Com-  
 13 monwealth of Puerto Rico, and any territory or pos-  
 14 session of the United States.

## 15 **TITLE I—PREVENTION AND** 16 **EDUCATION**

### 17 **SEC. 101. DEVELOPMENT OF BEST PRESCRIBING PRAC-** 18 **TICES.**

19 (a) ~~INTER-AGENCY TASK FORCE.~~—Not later than  
 20 120 days after the date of enactment of this Act, the Sec-  
 21 retary of Health and Human Services (referred to in this  
 22 section as the “Secretary”), in cooperation with the Sec-  
 23 retary of Veterans Affairs, the Secretary of Defense, and  
 24 the Administrator of the Drug Enforcement Administra-  
 25 tion, shall convene a Pain Management Best Practices

1 Inter-Agency Task Force (referred to in this section as  
2 the “task force”).

3 (b) MEMBERSHIP.—The task force shall be com-  
4 prised of—

5 (1) representatives of—

6 (A) the Department of Health and Human  
7 Services;

8 (B) the Department of Veterans Affairs;

9 (C) the Department of Defense;

10 (D) the Drug Enforcement Administration;

11 (E) the Centers for Disease Control and  
12 Prevention;

13 (F) the Institute of Medicine; and

14 (G) the Office of National Drug Control  
15 Policy;

16 (2) the Director of the National Institutes of  
17 Health;

18 (3) physicians, dentists, and non-physician pre-  
19 scribers;

20 (4) pharmacists;

21 (5) experts in the fields of pain research and  
22 addiction research;

23 (6) representatives of—

24 (A) pain management professional organi-  
25 zations;



1           ~~(B)~~ the mental health treatment commu-  
2           nity;

3           ~~(C)~~ the addiction treatment community;

4           ~~(D)~~ pain advocacy groups; and

5           ~~(E)~~ groups with expertise around overdose  
6           reversal; and

7           ~~(7)~~ other stakeholders, as the Secretary deter-  
8           mines appropriate.

9           ~~(c)~~ DUTIES.—The task force shall—

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

15           ~~(A)~~ existing pain management research;

16           ~~(B)~~ recommendations from relevant con-  
17           ferences;

18           ~~(C)~~ ongoing efforts at the State and local  
19           levels and by medical professional organizations  
20           to develop improved pain management strate-  
21           gies; and

22           ~~(D)~~ the management of high-risk popu-  
23           lations, other than populations who suffer pain,  
24           who—

1                   (i) may use or be prescribed  
2                   benzodiazepines, alcohol, and diverted  
3                   opioids; or

4                   (ii) receive opioids in the course of  
5                   medical care;

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

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

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

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

22                         (1) the strategy for disseminating best practices  
23                         developed under subsection (e);

24                         (2) the results of a feasibility study on linking  
25                         best practices developed under subsection (e) to re-

1 receiving and renewing registrations under section  
 2 303(f) of the Controlled Substances Act (21 U.S.C.  
 3 823(f)); and

4 (3) recommendations on how to apply best  
 5 practices developed under subsection (e) to improve  
 6 prescribing practices at medical facilities, including  
 7 medical facilities of the Veterans Health Administra-  
 8 tion.

9 **SEC. 102. NATIONAL EDUCATION CAMPAIGN.**

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

13 **“PART MM—DRUG TREATMENT GRANTS**

14 **“SEC. 3031. DEFINITIONS.**

15 “In this part—

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

21 “(2) the term ‘medication assisted treatment’  
 22 means the use, for problems relating to heroin and  
 23 other opioids, of medications approved by the Food  
 24 and Drug Administration in combination with coun-  
 25 seling and behavioral therapies;

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 ‘Single State Authority for Sub-  
7           stance Abuse’ has the meaning given the term in  
8           section 201(e) of the Second Chance Act of 2007  
9           (42 U.S.C. 17521(e)).

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

11           “(a) DEFINITIONS.—In this section—

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

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

19           “(b) PROGRAM AUTHORIZED.—The Attorney Gen-  
20           eral, in coordination with the Secretary of Health and  
21           Human Services, the Director of the Office of National  
22           Drug Control Policy, the Secretary of Education, the Ad-  
23           ministrators of the Substance Abuse and Mental Health  
24           Services Administration, and the Director of the Centers  
25           for Disease Control and Prevention, may make grants to

1 eligible entities to expand educational efforts to prevent  
2 abuse of opioids, heroin, and other substances of abuse;  
3 understand addiction as a chronic disease, and promote  
4 treatment and recovery, including—

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

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

12                       “(i) how to educate teens about opioid  
13 and heroin abuse;

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

17                       “(iii) signs of opioid or heroin over-  
18 dose; and

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

21               “(B) the development of detailed digital  
22 and print educational materials to accompany  
23 the online and social media materials and tool-  
24 kit described in subparagraph (A);

1           “(C) the development and dissemination of  
2 public service announcements to—

3           “(i) raise awareness of heroin and  
4 opioid abuse among parents and other  
5 caretakers;

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

9           “(iii) provide information for public  
10 health agencies and nonprofit organiza-  
11 tions that provide overdose reversal and  
12 prevention services and community refer-  
13 rals; and

14           “(D) the dissemination of educational ma-  
15 terials to the media through—

16           “(i) a town hall or panel discussion  
17 with experts;

18           “(ii) a press release;

19           “(iii) an online news release;

20           “(iv) a media tour; and

21           “(v) sharable infographics;

22           “(2) prevention efforts focused on teenagers,  
23 young adults, and college students, including the de-  
24 velopment of—

25           “(A) a national digital campaign;

1           “(B) a community education toolkit for use  
2           by community coalitions;

3           “(C) evidence-based resources for preven-  
4           tion and treatment professionals targeting indi-  
5           viduals who are between 18 and 24 years of  
6           age, including college students; and

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

13          “(3) campaigns to inform individuals about  
14          available resources to aid in recovery from substance  
15          use disorder;

16          “(4) encouragement of individuals in or seeking  
17          recovery from substance use disorder to enter the  
18          health care system; or

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

24          “(e) APPLICATION.—

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

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

6           “(B) at such time, in such manner, and  
7 accompanied by such information as the Attor-  
8 ney General may require.

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

11           “(A) describe the evidence-based method-  
12 ology and outcome measurements that will be  
13 used to evaluate the program funded with a  
14 grant under this section;

15           “(B) specifically explain how the measure-  
16 ments described in subparagraph (A) will pro-  
17 vide valid measures of the impact of the pro-  
18 gram described in subparagraph (A);

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

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



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

5           “(ii) the National Registry of Effective  
6           Programs and Practices (commonly referred to as ‘NREPP’) of the Substance  
7           Abuse and Mental Health Administration;  
8           and  
9           and

10          “(E) demonstrate that the eligible entity  
11          will effectively integrate and sustain the program described in subparagraph (A) into curriculum or community outreach efforts.

14          “(d) USE OF FUNDS.—A grantee shall use a grant  
15          received under this section for expenses of educational efforts to—  
16          forts to—

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

19                 “(2) promote treatment and recovery.

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

23          “(f) PRIORITY CONSIDERATION WITH RESPECT TO  
24          STATES.—In awarding grants to States under this section,  
25          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           “(g) INFORMATION SHARING.—The Office of the At-  
19 torney General, in coordination with the Substance Abuse  
20 and Mental Health Services Administration and the De-  
21 partment of Education, shall review existing evidence-  
22 based programs and emerging practices and programs and  
23 provide information to schools and communities about  
24 such programs and practices.

1       “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
 2 are authorized to be appropriated to carry out this section  
 3 \$2,500,000 for each of fiscal years 2016 through 2020.”.

4       **SEC. 103. COMMUNITY-BASED COALITION ENHANCEMENT**  
 5                               **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

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

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

11       “(a) DEFINITIONS.—In this section—

12               “(1) the term ‘Drug-Free Communities Act of  
 13 1997’ means chapter 2 of the National Narcotics  
 14 Leadership Act of 1988 (21 U.S.C. 1521 et seq.);

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

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

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

23                               “(i) significantly higher than the na-  
 24 tional average as determined by the Attor-  
 25 ney General (including appropriate consid-

1           eration of the Monitoring the Future Sur-  
 2           vey published by the National Institute on  
 3           Drug Abuse and the National Survey on  
 4           Drug Use and Health by the Substance  
 5           Abuse and Mental Health Service Adminis-  
 6           tration); or

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

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

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

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

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

25          “(c) APPLICATION.—

1           “(1) IN GENERAL.—An eligible entity desiring a  
2           grant under this section shall submit an application  
3           to the Attorney General at such time, in such man-  
4           ner, and accompanied by such information as the  
5           Attorney General may require.

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

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

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

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

22          “(e) GRANT AMOUNTS AND DURATION.—

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

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

4           “(B) \$75,000.

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

8           “(f) SUPPLEMENT NOT SUPPLANT.—An eligible enti-  
9           ty 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) EVALUATION.—A grant under this section shall  
15          be subject to the same evaluation requirements and proce-  
16          dures as the evaluation requirements and procedures im-  
17          posed on the recipient of a grant under the Drug-Free  
18          Communities Act of 1997.

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

1       “(i) 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       **TITLE II—LAW ENFORCEMENT**  
 5               **AND TREATMENT**

6       **SEC. 201. TREATMENT ALTERNATIVE TO INCARCERATION**  
 7               **PROGRAMS.**

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

11       **“SEC. 3034. TREATMENT ALTERNATIVE TO INCARCERATION**  
 12               **PROGRAMS.**

13       “(a) DEFINITIONS.—In this section—

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

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

19                       “(A) comes into contact with the juvenile  
 20 justice system or criminal justice system or is  
 21 arrested or charged with an offense;

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

23                               “(i) substance use disorder;

24                               “(ii) mental illness; or

1           “(iii) co-occurring mental illness and  
2           substance use disorders; and

3           “(C) has been approved for participation in  
4           a program funded under this section by, as ap-  
5           plicable depending on the stage of the criminal  
6           justice process, the relevant law enforcement  
7           agency or prosecuting attorney, defense attor-  
8           ney, probation or corrections official, judge, or  
9           representative from the relevant mental health  
10          or substance abuse agency.

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

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

17                       “(A) law enforcement training on sub-  
18                       stance use disorders, mental illness, and co-oc-  
19                       curring mental illness and substance use dis-  
20                       orders;

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

23                       “(C) specialized response units for calls re-  
24                       lated to substance use disorders, mental illness,



1 and co-occurring mental illness and substance  
2 use disorders; and

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

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

7 “(A) specialized clinical case management;

8 “(B) pre-trial services related to sub-  
9 stances use disorders, mental illness, and co-oc-  
10 ccurring mental illness and substance use dis-  
11 orders;

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

14 “(D) specialized probation;

15 “(E) programs utilizing the American So-  
16 ciety of Addiction Medicine patient placement  
17 criteria;

18 “(F) treatment and rehabilitation pro-  
19 grams and recovery support services; and

20 “(G) drug courts, DWI courts, and vet-  
21 erans treatment courts.

22 “(e) 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) provide extensive evidence of collabo-  
9 ration with State and local government agencies  
10 overseeing health, community corrections,  
11 courts, prosecution, substance abuse, mental  
12 health, victims services, and employment serv-  
13 ices, and with local law enforcement agencies;

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

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

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

22           “(d) REQUIREMENTS.—Each eligible entity awarded  
23 a grant for a treatment alternative to incarceration pro-  
24 gram under this section shall—

1           “(1) determine the terms and conditions of par-  
2           ticipation in the program by eligible participants;  
3           taking into consideration the collateral consequences  
4           of an arrest, prosecution, or criminal conviction;

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

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

14               “(A) the verification of addresses and  
15               other contacts of each eligible participant who  
16               participates or desires to participate in the pro-  
17               gram; and

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

1           “(4) notify the relevant criminal justice entity if  
2 any eligible participant in the program absconds  
3 from the facility of the treatment provider or other-  
4 wise violates the terms and conditions of the pro-  
5 gram, consistent with Federal and State confiden-  
6 tiality requirements;

7           “(5) submit periodic reports on the progress of  
8 treatment or other measured outcomes from partici-  
9 pation in the program of each eligible offender par-  
10 ticipating in the program to the relevant State, trib-  
11 al, or local criminal justice agency;

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

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

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

22           “(1) salaries, personnel costs, equipment costs,  
23 and other costs directly related to the operation of  
24 the program, including the enforcement unit;

1           “(2) payments for treatment providers that are  
2 approved by the relevant State or tribal jurisdiction  
3 and licensed, if necessary, to provide needed treat-  
4 ment to eligible offenders participating in the pro-  
5 gram, including medication assisted treatment,  
6 aftercare supervision, vocational training, education,  
7 and job placement; and

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

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

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

24           “(1) each State;

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

1           ~~“(3) tribal jurisdictions:~~

2           ~~“(h) PRIORITY CONSIDERATION WITH RESPECT TO~~  
 3 ~~STATES.—In awarding grants to States under this sec-~~  
 4 ~~tion, the Attorney General shall give priority to a State~~  
 5 ~~that provides civil liability protection for first responders,~~  
 6 ~~health professionals, and family members administering~~  
 7 ~~naloxone to counteract opioid overdoses by—~~

8           ~~“(1) enacting legislation that provides such civil~~  
 9 ~~liability protection; or~~

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

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

19           ~~“(B) concluded that the law described in~~  
 20 ~~subparagraph (A) provides adequate civil liabil-~~  
 21 ~~ity protection applicable to such persons.~~

22          ~~“(i) REPORTS AND EVALUATIONS.—~~

23           ~~“(1) IN GENERAL.—Each fiscal year, each re-~~  
 24 ~~ipient of a grant under this section during that fis-~~  
 25 ~~cal year shall submit to the Attorney General a re-~~

1 port on the outcomes of activities carried out using  
 2 that grant in such form, containing such informa-  
 3 tion, and on such dates as the Attorney General  
 4 shall specify.

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

7 “(A) describe best practices for treatment  
 8 alternatives; and

9 “(B) identify training requirements for law  
 10 enforcement officers who participate in treat-  
 11 ment alternative to incarceration programs.

12 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
 13 are authorized to be appropriated to carry out this section  
 14 \$5,000,000 for each of fiscal years 2016 through 2020.”.

15 **SEC. 202. LAW ENFORCEMENT NALOXONE TRAINING AND**  
 16 **IMPLEMENTATION DEMONSTRATION.**

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

20 **“SEC. 3035. LAW ENFORCEMENT NALOXONE TRAINING AND**  
 21 **IMPLEMENTATION DEMONSTRATION.**

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

1       “(b) PROGRAM AUTHORIZED.—The Attorney Gen-  
2 eral, in coordination with the Secretary of Health and  
3 Human Services and the Director of the Office of National  
4 Drug Control Policy, may make grants to eligible entities  
5 to create a demonstration law enforcement program to  
6 prevent opioid and heroin overdose death.

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  
14 accompanied by such information as the Attor-  
15 ney General may require.

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

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



1           “(B) describe how the program could be  
2 broadly replicated if demonstrated to be effec-  
3 tive;

4           “(C) identify the governmental and com-  
5 munity agencies that the program will coordi-  
6 nate; and

7           “(D) describe how law enforcement agen-  
8 cies will coordinate with their corresponding  
9 State substance abuse and mental health agen-  
10 cies to identify protocols and resources that are  
11 available to victims and families, including in-  
12 formation on treatment and recovery resources.

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

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

17           “(2) train and provide resources for law en-  
18 forcement officers on carrying and administering  
19 naloxone for the prevention of opioid and heroin  
20 overdose death; and

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

23       “(e) GRANT AMOUNTS AND DURATION.—

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

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

7           “(f) TECHNICAL ASSISTANCE GRANTS.—The Attor-  
8           ney General shall make a grant for the purpose of pro-  
9           viding technical assistance and training on the use of  
10          naloxone to reverse overdose deaths and mechanisms for  
11          referral to treatment for an eligible entity receiving a  
12          grant under this section.

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

16                 “(1) the number of officers equipped with  
17                 naloxone for the prevention of fatal opioid and her-  
18                 oin overdose;

19                 “(2) the number of opioid and heroin overdoses  
20                 reversed by officers receiving training and supplies  
21                 of naloxone through a grant received under this sec-  
22                 tion;

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

1           “(4) the extent to which overdose victims and  
2 families receive information about treatment services  
3 and available data describing treatment admissions;  
4 and

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

9           “(h) **AUTHORIZATION OF APPROPRIATIONS.**—There  
10 are authorized to be appropriated to carry out this section  
11 \$5,000,000 for each of fiscal years 2016 through 2020.”.

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

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

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

17           “(a) **DEFINITION.**—In this section, the term ‘eligible  
18 entity’ means—

19           “(1) a State, local, or tribal law enforcement  
20 agency;

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

23           “(3) a retail pharmacy;

24           “(4) a registered narcotic treatment program;

1           ~~“(5) a hospital or clinic with an on-site phar-~~  
2           ~~macy;~~

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

4           ~~“(7) any other entity authorized by the Drug~~  
5           ~~Enforcement Administration to dispose of prescrip-~~  
6           ~~tion medications.~~

7           ~~“(b) PROGRAM AUTHORIZED.—The Attorney Gen-~~  
8           ~~eral, in coordination with the Administrator of the Drug~~  
9           ~~Enforcement Administration, the Secretary of Health and~~  
10          ~~Human Services, and the Director of the Office of Na-~~  
11          ~~tional Drug Control Policy, may make grants to eligible~~  
12          ~~entities to expand or make available disposal sites for un-~~  
13          ~~wanted prescription medications.~~

14          ~~“(c) APPLICATION.—~~

15                 ~~“(1) IN GENERAL.—An eligible entity desiring a~~  
16                 ~~grant under this section shall submit an application~~  
17                 ~~to the Attorney General—~~

18                         ~~“(A) that meets the criteria under para-~~  
19                         ~~graph (2); and~~

20                         ~~“(B) at such time, in such manner, and~~  
21                         ~~accompanied by such information as the Attor-~~  
22                         ~~ney General may require.~~

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

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

7           “(B) describe how the program could be  
8           broadly replicated if demonstrated to be effec-  
9           tive; and

10           “(C) identify the governmental and com-  
11           munity agencies that will coordinate the pro-  
12           gram.

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

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

17           “(2) implementing disposal procedures and  
18           processes;

19           “(3) implementing community education strate-  
20           gies, including community education materials and  
21           resources;

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

24           “(5) training of law enforcement officers and  
25           other community participants.

1       “(e) GRANT AMOUNTS AND DURATION.—

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

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

8               “(f) TECHNICAL ASSISTANCE GRANT.—The Attorney  
9       General shall make a grant to a national nonprofit organi-  
10      zation to provide technical assistance and training for an  
11      eligible entity receiving a grant under this section.

12              “(g) EVALUATION.—

13               “(1) IN GENERAL.—The Attorney General shall  
14      make a grant for evaluation of the performance of  
15      each eligible entity receiving a grant under this sec-  
16      tion.

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

20                   “(A) the effectiveness of the prescription  
21                   drug take back program of each eligible entity  
22                   receiving a grant under this section; and

23                   “(B) the effect of disposal efforts on drug  
24                   circulation.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
 2 are authorized to be appropriated to carry out this section  
 3 \$2,500,000 for each of fiscal years 2016 through 2020.”.

4 **TITLE III—TREATMENT AND**  
 5 **RECOVERY**

6 **SEC. 301. EVIDENCE-BASED OPIOID AND HEROIN TREAT-**  
 7 **MENT AND INTERVENTIONS DEMONSTRA-**  
 8 **TION.**

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

11 (1) by redesignating section 514 (42 U.S.C.  
 12 290bb-9), as added by section 3632 of the Meth-  
 13 amphetamine Anti-Proliferation Act of 2000 (Public  
 14 Law 106-310; 114 Stat. 1236), as section 514B;  
 15 and

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

17 **“SEC. 514C. EVIDENCE-BASED OPIOID AND HEROIN TREAT-**  
 18 **MENT AND INTERVENTIONS DEMONSTRA-**  
 19 **TION.**

20 “(a) GRANTS.—

21 “(1) AUTHORITY TO MAKE GRANTS.—The Di-  
 22 rector of the Center for Substance Abuse Treatment  
 23 (referred to in this section as the ‘Director’) may  
 24 award grants to State substance abuse agencies,  
 25 units of local government, nonprofit organizations,

1 and Indian tribes or tribal organizations (as defined  
2 in section 4 of the Indian Health Care Improvement  
3 Act (25 U.S.C. 1603)) that have a high rate, or  
4 have had a rapid increase, in the use of heroin or  
5 other opioids, in order to permit such entities to ex-  
6 pand activities, including an expansion in the avail-  
7 ability of medication assisted treatment, with respect  
8 to the treatment of addiction in the specific geo-  
9 graphical areas of such entities where there is a rate  
10 or rapid increase in the use of heroin or other  
11 opioids.

12 “(2) RECIPIENTS.—The entities receiving  
13 grants under paragraph (1) shall be selected by the  
14 Director.

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

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

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



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

3           “(2) disseminate widely such significant infor-  
4 mation derived from the evaluation as the Director  
5 considers appropriate;

6           “(3) provide States, Indian tribes and tribal or-  
7 ganizations, and providers with technical assistance  
8 in connection with the provision of treatment of  
9 problems related to heroin and other opioids; and

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

13           “(d) DEFINITION.—The term ‘medication assisted  
14 treatment’ means the use, for problems relating to heroin  
15 and other opioids, of medications approved by the Food  
16 and Drug Administration in combination with counseling  
17 and behavioral therapies.

18           “(e) AUTHORIZATION OF APPROPRIATIONS.—

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

23           “(2) USE OF CERTAIN FUNDS.—Of the funds  
24 appropriated to carry out this section in any fiscal  
25 year, the lesser of 5 percent of such funds or

1       \$1,000,000 shall be available to the Director for  
2       purposes of carrying out subsection (c).”.

3   **SEC. 302. CRIMINAL JUSTICE MEDICATION ASSISTED**  
4                   **TREATMENT AND INTERVENTIONS DEM-**  
5                   **ONSTRATION.**

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

9   **“SEC. 3037. CRIMINAL JUSTICE MEDICATION ASSISTED**  
10                   **TREATMENT AND INTERVENTIONS DEM-**  
11                   **ONSTRATION.**

12       “(a) DEFINITIONS.—In this section—

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

15                   “(A) court;

16                   “(B) prison;

17                   “(C) jail; or

18                   “(D) other agency that performs the ad-  
19       ministration of criminal justice, including pros-  
20       ecution, pretrial services, and community super-  
21       vision; and

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

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

1 Human Services and the Director of the Office of National  
2 Drug Control Policy, may make grants to eligible entities  
3 to implement medication assisted treatment programs  
4 through criminal justice agencies.

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

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

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

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

6           “(2) training criminal justice agency personnel  
7 and treatment providers on medication assisted  
8 treatment;

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

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

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 \$750,000.

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

24           “(f) PRIORITY CONSIDERATION WITH RESPECT TO  
25 STATES.—In awarding grants to States under this sec-

1 tion, the Attorney General shall give priority to a State  
 2 that provides civil liability protection for first responders,  
 3 health professionals, and family members administering  
 4 naloxone to counteract opioid overdoses by—

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

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

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

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

19           “(g) TECHNICAL ASSISTANCE.—The Attorney Gen-  
 20 eral, in coordination with the Director of the National In-  
 21 stitute on Drug Abuse and the Secretary of Health and  
 22 Human Services, shall provide technical assistance and  
 23 training for an eligible entity receiving a grant under this  
 24 section.

25           “(h) REPORTS.—

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

6                   “(A) the recidivism of the individuals;

7                   “(B) the treatment outcomes of the indi-  
8 viduals, including maintaining abstinence from  
9 illegal, unauthorized, and unprescribed or  
10 undispensed opioids and heroin;

11                   “(C) a comparison of the cost of providing  
12 medication assisted treatment to the cost of in-  
13 carceration or other participation in the crimi-  
14 nal justice system;

15                   “(D) the housing status of the individuals;

16           and

17                   “(E) the employment status of the individ-  
18 uals.

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

23           “(i) AUTHORIZATION OF APPROPRIATIONS.—There  
24 are authorized to be appropriated to carry out this section  
25 \$5,000,000 for each of fiscal years 2016 through 2020.”.

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

2 (a) DEFINITIONS.—In this section:

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

5 (A) a high school that has been accredited  
6 as a recovery high school by the Association of  
7 Recovery Schools;

8 (B) an accredited high school that is seek-  
9 ing to establish or expand recovery support  
10 services;

11 (C) an institution of higher education;

12 (D) a recovery program at a nonprofit col-  
13 legiate institution; or

14 (E) a nonprofit organization.

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

19 (3) RECOVERY PROGRAM.—The term “recovery  
20 program”—

21 (A) means a program to help individuals  
22 who are recovering from substance use dis-  
23 orders to initiate, stabilize, and maintain  
24 healthy and productive lives in the community;  
25 and

1           ~~(B)~~ includes peer-to-peer support and com-  
2           munal activities to build recovery skills and  
3           supportive social networks.

4           ~~(b)~~ GRANTS AUTHORIZED.—The ONDCP Recovery  
5 Branch, in consultation with the Secretary of Education,  
6 may award grants to eligible entities to enable the entities  
7 to—

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

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

15          ~~(3)~~ encourage initiatives designed to help young  
16          people achieve and sustain recovery from substance  
17          use disorders.

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

21          ~~(1)~~ the development and maintenance of a dedi-  
22          cated physical space for recovery programs;

23          ~~(2)~~ dedicated staff for the provision of recovery  
24          programs;



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

23                   (iii) primary care providers;

24                   (iv) the criminal justice system;

25                   (v) employers;

- 1                   (vi) housing services;
- 2                   (vii) child welfare agencies; and
- 3                   (viii) other recovery support services
- 4                   that facilitate recovery from substance use
- 5                   disorders;
- 6                   (C) reduce the stigma associated with sub-
- 7                   stance use disorders;
- 8                   (D) conduct public education and outreach
- 9                   on issues relating to substance use disorders
- 10                  and recovery, including—
- 11                   (i) how to identify the signs of addic-
- 12                   tion;
- 13                   (ii) the resources that are available
- 14                   for individuals struggling with addiction;
- 15                   (iii) the resources that are available to
- 16                   help support individuals in recovery; and
- 17                   (iv) information on the medical con-
- 18                   sequences of substance use disorders, in-
- 19                   cluding neonatal abstinence syndrome and
- 20                   potential infection with human immuno-
- 21                   deficiency virus and viral hepatitis; and
- 22                   (E) carry out other activities that
- 23                   strengthen the network of community support
- 24                   for individuals in recovery.

1       (f) **RESOURCE CENTER.**—The ONDCP Recovery  
 2 Branch shall establish a resource center to provide tech-  
 3 nical assistance to recipients of grants under this section  
 4 and to provide information to individuals seeking to sup-  
 5 port people in recovery from substance use disorders.

6       (g) **AUTHORIZATION OF APPROPRIATIONS.**—There  
 7 are authorized to be appropriated to carry out this section  
 8 \$5,700,000 in fiscal year 2016 and each of the 3 suc-  
 9 ceeding fiscal years.

10                   **TITLE IV—ADDRESSING**  
 11                   **COLLATERAL CONSEQUENCES**

12       **SEC. 401. CORRECTIONAL EDUCATION DEMONSTRATION**  
 13                   **GRANT PROGRAM.**

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

17                   (1) by redesignating part KK as part LL;

18                   (2) by redesignating sections 3011 and 3012 as  
 19 sections 3021 and 3022, respectively; and

20                   (3) by inserting before part LL, as redesign-  
 21 ated, the following:

1           **“PART KK—CORRECTIONAL EDUCATION**  
2                   **DEMONSTRATION GRANT PROGRAM**  
3   **“SEC. 3011. CORRECTIONAL EDUCATION DEMONSTRATION**  
4                   **GRANT PROGRAM.**

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

8           “(b) GRANT PROGRAM AUTHORIZED.—The Attorney  
9 General may make grants of not more than \$750,000 to  
10 eligible entities to design, implement, and expand edu-  
11 cational programs for offenders in prisons, jails, and juve-  
12 nile facilities, including to pay for—

13                   “(1) basic education, secondary level academic  
14 education, high school equivalency examination prep-  
15 aration, career technical education, and English as  
16 a second language instruction at the basic, sec-  
17 ondary, or post-secondary levels, for adult and juve-  
18 nile populations;

19                   “(2) screening and assessment of inmates to as-  
20 sess education level, needs, occupational interest or  
21 aptitude, risk level, and other needs, and case man-  
22 agement services;

23                   “(3) hiring and training of instructors and  
24 aides, reimbursement of non-corrections staff and  
25 experts, reimbursement of stipends paid to inmate

1 tutors or aides, and the costs of training inmate tu-  
2 tors and aides;

3 “(4) instructional supplies and equipment, in-  
4 cluding occupational program supplies and equip-  
5 ment to the extent that the supplies and equipment  
6 are used for instructional purposes;

7 “(5) partnerships and agreements with commu-  
8 nity colleges, universities, and career technology edu-  
9 cation program providers, including tuition pay-  
10 ments;

11 “(6) certification programs providing recognized  
12 high school equivalency certificates and industry re-  
13 cognized credentials; and

14 “(7) technology solutions to—

15 “(A) meet the instructional, assessment,  
16 and information needs of correctional popu-  
17 lations; and

18 “(B) facilitate the continued participation  
19 of incarcerated students in community-based  
20 education programs after the students are re-  
21 leased from incarceration.

22 “(c) APPLICATION.—An eligible entity desiring a  
23 grant under this section shall submit to the Attorney Gen-  
24 eral an application in such form and manner, at such time,

1 and accompanied by such information as the Attorney  
2 General specifies.

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

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

8 “(A) assessing the need for English as a  
9 second language instruction;

10 “(B) conducting educational assessments;  
11 and

12 “(C) assessing occupational interests and  
13 aptitudes;

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

17 “(3) target career technology education pro-  
18 grams to—

19 “(A) areas of identified occupational de-  
20 mand; and

21 “(B) employment opportunities in the com-  
22 munities in which students are reasonably ex-  
23 pected to reside post-release;



1           “(4) include a range of appropriate educational  
2 opportunities at the basic, secondary, and post-sec-  
3 ondary levels;

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

6           “(6) include partnership or articulation agree-  
7 ments linking institutional education programs with  
8 community sited programs provided by adult edu-  
9 cation program providers and accredited institutions  
10 of higher education, community colleges, and voca-  
11 tional training institutions; and

12           “(7) explicitly include career pathways models  
13 offering opportunities for incarcerated students to  
14 develop academic skills, in-demand occupational  
15 skills and credentials, occupational experience in in-  
16 stitutional work programs or work release programs,  
17 and linkages with employers in the community, so  
18 that incarcerated students have opportunities to em-  
19 bark on careers with strong prospects for both post-  
20 release employment and advancement in a career  
21 ladder over time.

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

24           “(1) describe the evidence-based methodology  
25 and outcome measurements that will be used to

1 evaluate each program funded with a grant under  
2 this section, and specifically explain how such meas-  
3 urements will provide valid measures of the impact  
4 of the program; and

5 “(2) describe how the program described in  
6 paragraph (1) could be broadly replicated if dem-  
7 onstrated to be effective.

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

12 **“SEC. 3012. AUTHORIZATION OF APPROPRIATIONS.**

13 “There are authorized to be appropriated \$5,000,000  
14 to carry out this part for fiscal years 2016 through  
15 2020.”.

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

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

20 “(i) CONVICTIONS.—The Secretary shall not include  
21 any question about the conviction of an applicant for the  
22 possession or sale of illegal drugs on the FAFSA (or any  
23 other form developed under subsection (a)).”.

1 **SEC. 403. NATIONAL TASK FORCE ON RECOVERY AND COL-**  
2 **LATERAL CONSEQUENCES.**

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

6 (1) imposed on an individual as a result of a  
7 criminal conviction but not as part of the judgment  
8 of the court that imposes the conviction; or

9 (2) that an administrative agency, official, or  
10 civil court is authorized, but not required, to impose  
11 on an individual convicted of a felony, misdemeanor,  
12 or other criminal offense.

13 (b) **ESTABLISHMENT.**—

14 (1) **IN GENERAL.**—Not later than 30 days after  
15 the date of enactment of this Act, the Secretary of  
16 Health and Human Services (in this section referred  
17 to as the “Secretary”) shall establish a bipartisan  
18 task force to be known as the Task Force on Recov-  
19 ery and Collateral Consequences (in this section re-  
20 ferred to as the “Task Force”).

21 (2) **MEMBERSHIP.**—

22 (A) **TOTAL NUMBER OF MEMBERS.**—The  
23 Task Force shall include 10 members, who shall  
24 be appointed by the Secretary in accordance  
25 with subparagraphs (B) and (C).

1            ~~(B)~~ MEMBERS OF THE TASK FORCE.—The  
 2            Task Force shall include—

3                       ~~(i)~~ members who have national rec-  
 4                       ognition and significant expertise in areas  
 5                       such as health care, housing, employment,  
 6                       substance use disorder, mental health, law  
 7                       enforcement, and law;

8                       ~~(ii)~~ not fewer than 2 members—

9                                  ~~(I)~~ who have personally experi-  
 10                                  enced substance abuse or addiction  
 11                                  and are in recovery; and

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

15                                  ~~(iii)~~ to the extent practicable, mem-  
 16                                  bers who formerly served as elected offi-  
 17                                  cials at the State and Federal levels.

18            ~~(C)~~ TIMING.—The Secretary shall appoint  
 19            the members of the Task Force not later than  
 20            60 days after the date on which the Task Force  
 21            is established under paragraph ~~(1)~~.

22            ~~(3)~~ CHAIRPERSON.—The Task Force shall se-  
 23            lect a chairperson or co-chairpersons from among  
 24            the members of the Task Force.

25            ~~(e)~~ DUTIES OF THE TASK FORCE.—

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

2                   (A) identify collateral consequences for in-  
3           dividuals with Federal or State drug convictions  
4           who are in recovery for substance use disorder;  
5           and

6                   (B) determine whether the collateral con-  
7           sequences identified under subparagraph (A)  
8           unnecessarily delay individuals in recovery from  
9           resuming their personal and professional activi-  
10          ties.

11           (2) RECOMMENDATIONS.—Not later than 180  
12          days after the date of the first meeting of the Task  
13          Force, the Task Force shall develop recommenda-  
14          tions for proposed legislative and regulatory changes  
15          to reduce and, to the extent practicable, eliminate  
16          the collateral consequences identified by the Task  
17          Force under paragraph (1).

18           (3) COLLECTION OF INFORMATION.—The Task  
19          Force shall hold hearings, require the testimony and  
20          attendance of witnesses, and secure information  
21          from any department or agency of the United States  
22          in performing the duties under paragraphs (1) and  
23          (2).

24           (4) REPORT.—Not later than 1 year after the  
25          date of the first meeting of the Task Force, the

1 Task Force shall submit a report detailing the find-  
 2 ings and recommendations of the Task Force to—

3 (A) each relevant committee of Congress;

4 (B) the head of each relevant department  
 5 or agency of the United States;

6 (C) the President; and

7 (D) the Vice President.

8 **TITLE V—ADDICTION AND**  
 9 **TREATMENT SERVICES FOR**  
 10 **WOMEN, FAMILIES, AND VET-**  
 11 **ERANS**

12 **SEC. 501. AUTHORITY TO AWARD COMPETITIVE GRANTS TO**  
 13 **ADDRESS OPIOID AND HEROIN ABUSE BY**  
 14 **PREGNANT AND PARENTING FEMALE OF-**  
 15 **FENDERS.**

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

19 **“SEC. 3038. AUTHORITY TO AWARD COMPETITIVE GRANTS**  
 20 **TO ADDRESS OPIOID AND HEROIN ABUSE BY**  
 21 **PREGNANT AND PARENTING FEMALE OF-**  
 22 **FENDERS.**

23 “(a) DEFINITIONS.—In this section—

24 “(1) the term ‘State criminal justice agency’  
 25 means the agency of the State responsible for ad-

1 ministering criminal justice funds, including the Ed-  
2 ward Byrne Memorial Justice Assistance Grant Pro-  
3 gram under subpart 1 of part E; and

4 “(2) the term ‘State substance abuse agency’  
5 means the agency of the State responsible for the  
6 State prevention, treatment, and recovery system,  
7 including management of the Substance Abuse Pre-  
8 vention and Treatment Block Grant under subpart  
9 H of part B of title XIX of the Public Health Serv-  
10 ice Act (42 U.S.C. 300x-21 et seq.).

11 “(b) PURPOSE AND PROGRAM AUTHORITY.—

12 “(1) GRANT AUTHORIZATION.—The Attorney  
13 General, in coordination with the Secretary of  
14 Health and Human Services, may award competitive  
15 grants jointly to a State substance abuse agency and  
16 a State criminal justice agency to address the use of  
17 opioids and heroin among pregnant and parenting  
18 female offenders in the State to promote public safe-  
19 ty, public health, family permanence, and well-being.

20 “(2) PURPOSES AND PROGRAM AUTHORITY.—A  
21 grant under this section shall be used to facilitate or  
22 enhance collaboration between the State criminal  
23 justice and State substance abuse systems in order  
24 to carry out programs to address the use of opioid

1 and heroin abuse by pregnant and parenting female  
2 offenders.

3 “(c) APPLICATIONS.—

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

10 “(2) CONTENTS.—

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

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

22 “(i) a description of how the appli-  
23 cants will work jointly to address the needs  
24 associated with the use of opioids or heroin  
25 by pregnant and parenting female offend-



1 ers to promote family stability and perma-  
2 nence;

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

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

14 “(iv) a certification that funds re-  
15 ceived under this section will be used to  
16 supplement, not supplant, other Federal,  
17 State, and local funds; and

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

20 “(I) screen and assess pregnant  
21 and parenting female offenders for  
22 problems associated with opioids and  
23 heroin;

24 “(II) screen and assess pregnant  
25 and parenting female offenders dem-

1           onstrating problems associated with  
 2           opioids and heroin for co-occurring  
 3           mental disorders;

4                   “(III) provide clinically appro-  
 5           priate services, including medication  
 6           assisted treatment, for female offend-  
 7           ers and their children in the same lo-  
 8           cation to promote family permanenece  
 9           and self-sufficiency; and

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

17           “(d) PERIOD OF GRANT; RENEWAL.—

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

20                   “(2) RENEWAL.—A State substance abuse  
 21           agency and a State criminal justice agency receiving  
 22           a grant under this section may apply for and, after  
 23           the end of the period of the first grant under this  
 24           section, receive 1 additional grant under this section.

25           “(e) PERFORMANCE ACCOUNTABILITY; REPORTS.—

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

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

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

21                  “(1) to implement this section; and

22                  “(2) for effectively working across the Federal  
23          and State criminal and substance abuse systems.

1       “(g) 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. 502. GRANTS FOR FAMILY-BASED SUBSTANCE ABUSE**  
 5 **TREATMENT.**

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

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

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

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

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

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

22           (1) by redesignating subsection (i) as subsection  
 23 (j);

24           (2) by inserting after subsection (h) the fol-  
 25 lowing:

1 “(i) ASSISTING VETERANS.—

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

3 “(A) PEER TO PEER SERVICES OR PRO-  
4 GRAMS.—The term ‘peer to peer services or  
5 programs’ means services or programs that con-  
6 nect qualified veterans with other veterans for  
7 the purpose of providing support and  
8 mentorship to assist qualified veterans in ob-  
9 taining treatment, recovery, stabilization, or re-  
10 habilitation.

11 “(B) QUALIFIED VETERAN.—The term  
12 ‘qualified veteran’ means a preliminarily quali-  
13 fied offender who—

14 “(i) has served on active duty in any  
15 branch of the Armed Forces, including the  
16 National Guard and reserve components;  
17 and

18 “(ii)(I) was discharged or released  
19 from such service under conditions other  
20 than dishonorable; or

21 “(II) was discharged or released from  
22 such service under dishonorable conditions,  
23 if the reason for that discharge or release,  
24 if known, is attributable to drug use.

1           “(C) VETERANS TREATMENT COURT PRO-  
2           GRAM.—The term ‘veterans treatment court  
3           program’ means a court program involving col-  
4           laboration among criminal justice, veterans, and  
5           mental health and substance abuse agencies  
6           that provides qualified veterans with—

7                   “(i) intensive judicial supervision and  
8                   ease management, which may include ran-  
9                   dom and frequent drug testing where ap-  
10                  propriate;

11                  “(ii) a full continuum of treatment  
12                  services, including mental health services,  
13                  substance abuse services, medical services,  
14                  and services to address trauma;

15                  “(iii) alternatives to incarceration;  
16                  and

17                  “(iv) other appropriate services, in-  
18                  cluding housing, transportation, mentoring,  
19                  employment, job training, education, and  
20                  assistance in applying for and obtaining  
21                  available benefits.

22           “(2) VETERANS ASSISTANCE PROGRAM.—

23                   “(A) IN GENERAL.—The Attorney General,  
24                   in consultation with the Secretary of Veterans

1           Affairs, may award grants under this sub-  
2           section to applicants to establish or expand—

3                   “(i) veterans treatment court pro-  
4                   grams;

5                   “(ii) peer to peer services or programs  
6                   for qualified veterans;

7                   “(iii) practices that identify and pro-  
8                   vide treatment, rehabilitation, legal, transi-  
9                   tional, and other appropriate services to  
10                  qualified veterans who have been incarcerated;  
11                  and

12                  “(iv) training programs to teach  
13                  criminal justice, law enforcement, correc-  
14                  tions, mental health, and substance abuse  
15                  personnel how to identify and appro-  
16                  priately respond to incidents involving  
17                  qualified veterans.

18                  “(B) PRIORITY.—In awarding grants  
19                  under this subsection, the Attorney General  
20                  shall give priority to applications that—

21                   “(i) demonstrate collaboration be-  
22                   tween and joint investments by criminal  
23                   justice, mental health, substance abuse,  
24                   and veterans service agencies;

1 “(ii) promote effective strategies to  
2 identify and reduce the risk of harm to  
3 qualified veterans and public safety; and

4 “(iii) propose interventions with em-  
5 pirical support to improve outcomes for  
6 qualified veterans.”; and

7 ~~(3) in subsection (j), as so redesignated—~~

8 (A) by redesignating paragraph (2) as  
9 paragraph (3); and

10 (B) by inserting after paragraph (1) the  
11 following:

12 “(2) VETERANS TREATMENT COURTS.—In addi-  
13 tion to the amounts authorized under paragraph (1),  
14 there are authorized to be appropriated to the Attor-  
15 ney General \$5,000,000 for each of fiscal years  
16 2016 through 2020 to carry out subsection (i).”.

17 **TITLE VI—INCENTIVIZING STATE**  
18 **COMPREHENSIVE INITIA-**  
19 **TIVES TO ADDRESS OPIOID**  
20 **AND HEROIN ABUSE**

21 **SEC. 601. STATE DEMONSTRATION GRANTS FOR COM-**  
22 **PREHENSIVE OPIOID ABUSE RESPONSE.**

23 Part MM of the Omnibus Crime Control and Safe  
24 Streets Act of 1968, as amended by section 501, is amend-  
25 ed by adding at the end the following:



1 **“SEC. 3039. STATE DEMONSTRATION GRANTS FOR COM-**  
2 **PREHENSIVE OPIOID ABUSE RESPONSE.**

3 “(a) **DEFINITIONS.**—In this section—

4 “(1) the term ‘dispenser’ has the meaning given  
5 the term in section 102 of the Controlled Substances  
6 Act (21 U.S.C. 802);

7 “(2) the term ‘prescriber of a schedule II, III,  
8 or IV controlled substance’ does not include a pre-  
9 scriber of a schedule II, III, or IV controlled sub-  
10 stance that dispenses the substance—

11 “(A) for use on the premises on which the  
12 substance is dispensed;

13 “(B) in a hospital emergency room, when  
14 the substance is in short supply;

15 “(C) for a certified opioid treatment pro-  
16 gram; or

17 “(D) in other situations as the Attorney  
18 General may reasonably determine;

19 “(3) the term ‘prescriber’ means a dispenser  
20 who prescribes a controlled substance, or the agent  
21 of such a dispenser; and

22 “(4) the term ‘schedule II, III, or IV controlled  
23 substance’ means a controlled substance that is list-  
24 ed on schedule II, schedule III, or schedule IV of  
25 section 202(e) of the Controlled Substances Act (21  
26 U.S.C. 812(e)).

1 “(b) PLANNING AND IMPLEMENTATION GRANTS.—

2 “(1) IN GENERAL.—The Attorney General, in  
3 coordination with the Secretary of Health and  
4 Human Services and the Director of the Office of  
5 National Drug Control Policy, may award grants to  
6 States, and combinations thereof, to prepare a com-  
7 prehensive plan for and implement an integrated  
8 opioid abuse response initiative.

9 “(2) PURPOSES.—A State receiving a grant  
10 under this section shall establish a comprehensive  
11 response to opioid abuse, which shall include—

12 “(A) prevention and education efforts  
13 around heroin and opioid use, treatment, and  
14 recovery;

15 “(B) a comprehensive prescription drug  
16 monitoring program to track dispensing of  
17 schedule II, III, or IV controlled substances,  
18 which shall include—

19 “(i) data sharing with other States by  
20 statute, regulation, or interstate agree-  
21 ment; and

22 “(ii) educating physicians, residents,  
23 medical students, and other prescribers of  
24 Schedule II, III, or IV controlled sub-

1           stances on the prescription drug moni-  
2           toring program of the State;

3           “(C) developing, implementing, or expand-  
4           ing the prescription drug and opioid addiction  
5           treatment program of the State by—

6                   “(i) expanding programs for medica-  
7                   tion assisted treatment of prescription  
8                   drug and opioid addiction, including train-  
9                   ing for treatment and recovery support  
10                  providers;

11                  “(ii) developing, implementing, or ex-  
12                  panding programs for behavioral health  
13                  therapy for individuals who are in treat-  
14                  ment for prescription drug and opioid ad-  
15                  diction, including contingency manage-  
16                  ment, cognitive behavioral therapy, and  
17                  motivational enhancements;

18                  “(iii) developing, implementing, or ex-  
19                  panding programs to screen individuals  
20                  who are in treatment for prescription drug  
21                  and opioid addiction for hepatitis C and  
22                  HIV, and provide treatment for those indi-  
23                  viduals if clinically appropriate; or

24                  “(iv) developing, implementing, or ex-  
25                  panding programs that provide screening;

1 early intervention, and referral to treat-  
 2 ment (commonly referred to as ‘SBIRT’)  
 3 to teenagers and young adults in primary  
 4 care, middle schools, high schools, univer-  
 5 sities, school-based health centers, and  
 6 other community-based health care settings  
 7 frequently accessed by teenagers or young  
 8 adults; and

9 “(D) developing, implementing, and ex-  
 10 panding programs to prevent overdose death of  
 11 prescription medications and opioids.

12 “(3) PLANNING GRANT APPLICATIONS.—

13 “(A) APPLICATION.—

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

22 “(ii) REQUIREMENTS.—An application  
 23 for a planning grant under this section  
 24 shall, at a minimum, include—

1           “(I) a budget and a budget jus-  
2           tification for the activities to be ear-  
3           ried out using the grant;

4           “(II) a description of the activi-  
5           ties proposed to be carried out using  
6           the grant, including a schedule for  
7           completion of such activities;

8           “(III) outcome measures that will  
9           be used to measure the effectiveness  
10          of the programs and initiatives to ad-  
11          dress opioids; and

12          “(IV) a description of the per-  
13          sonnel necessary to complete such ac-  
14          tivities.

15          “(B) PERIOD; NONRENEWABILITY.—A  
16          planning grant under this section shall be for a  
17          period of 1 year. A State may not receive more  
18          than 1 planning grant under this section.

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

23          “(D) STRATEGIC PLAN AND PROGRAM IM-  
24          PLEMENTATION PLAN.—A State receiving a  
25          planning grant under this section shall develop

1 a strategic plan and a program implementation  
2 plan.

3 ~~“(4) IMPLEMENTATION GRANTS.—~~

4 ~~“(A) APPLICATION.—A State desiring an~~  
5 ~~implementation grant under this section to im-~~  
6 ~~plement a comprehensive strategy for address-~~  
7 ~~ing opioid abuse shall submit to the Attorney~~  
8 ~~General an application in such form, and con-~~  
9 ~~taining such information, as the Attorney Gen-~~  
10 ~~eral may prescribe by regulation or guidelines.~~

11 ~~“(B) USE OF FUNDS.—A State that re-~~  
12 ~~ceives an implementation grant under this sec-~~  
13 ~~tion shall use the grant for the cost of carrying~~  
14 ~~out an integrated opioid abuse response pro-~~  
15 ~~gram in accordance with this section, including~~  
16 ~~for technical assistance, training, and adminis-~~  
17 ~~trative expenses.~~

18 ~~“(C) REQUIREMENTS.—An integrated~~  
19 ~~opioid abuse response program carried out~~  
20 ~~using an implementation grant under this sec-~~  
21 ~~tion shall—~~

22 ~~“(i) ensure that each prescriber of a~~  
23 ~~schedule II, III, or IV controlled substance~~  
24 ~~in the State—~~

1           “(I) registers with the prescrip-  
2           tion drug monitoring program of the  
3           State; and

4           “(II) consults the prescription  
5           drug monitoring program database of  
6           the State before prescribing a sched-  
7           ule II, III, or IV controlled substance;

8           “(ii) ensure that each dispenser of a  
9           schedule II, III, or IV controlled substance  
10          in the State—

11           “(I) registers with the prescrip-  
12           tion drug monitoring program of the  
13           State;

14           “(II) consults the prescription  
15           drug monitoring program database of  
16           the State before dispensing a schedule  
17           II, III, or IV controlled substance;  
18           and

19           “(III) reports to the prescription  
20           drug monitoring program of the  
21           State, at a minimum, each instance in  
22           which a schedule II, III, or IV con-  
23           trolled substance is dispensed, with  
24           limited exceptions, as defined by the  
25           State, which shall indicate the pre-

1            scriber by name and National Pro-  
2            vider Identifier;

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

13            “(iv) if informational reports provided  
14            to a prescriber under clause (iii) indicate  
15            that the prescriber is repeatedly falling  
16            outside of expected norms or standard  
17            practices for the prescriber’s field, direct  
18            the prescriber to educational resources on  
19            appropriate prescribing of controlled sub-  
20            stances;

21            “(v) ensure that the prescriber licens-  
22            ing board of the State receives a report de-  
23            scribing any prescribers that repeatedly  
24            fall outside of expected norms or standard



1 practices for the prescriber's field, as de-  
2 scribed in clause (iii);

3 ~~“(vi) require consultation with the~~  
4 ~~Single State Authority for Substance~~  
5 ~~Abuse; and~~

6 ~~“(vii) establish requirements for how~~  
7 ~~data will be collected and analyzed to de-~~  
8 ~~termine the effectiveness of the program.~~

9 ~~“(D) PERIOD.—An implementation grant~~  
10 ~~under this section shall be for a period of 2~~  
11 ~~years.~~

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

17 ~~“(5) PRIORITY CONSIDERATIONS.—In awarding~~  
18 ~~planning and implementation grants under this sec-~~  
19 ~~tion, the Attorney General shall give priority to a~~  
20 ~~State that—~~

21 ~~“(A) provides civil liability protection for~~  
22 ~~first responders, health professionals, and fam-~~  
23 ~~ily members administering naloxone to counter-~~  
24 ~~act opioid overdoses by—~~

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

3           “(ii) providing a certification by the  
4           attorney general of the State that the at-  
5           torney general has—

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

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

19           “(B) have in effect legislation or imple-  
20           ment a policy under which the State shall not  
21           terminate, but may suspend, enrollment under  
22           the State plan for medical assistance under title  
23           XIX of the Social Security Act (42 U.S.C. 1396  
24           et seq.) for an individual who is incarcerated for  
25           a period of fewer than 2 years;

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

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

12          “(E) ensures that data recorded in the  
13          prescription drug monitoring program database  
14          of the State is available within 24 hours, to the  
15          extent possible; and

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

22          “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
23          are authorized to be appropriated to carry out this section  
24          \$15,000,000 for each of fiscal years 2016 through 2020.”.

1           **TITLE VII—OFFSET; GAO**  
2                           **REPORT**

3 **SEC. 701. OFFSET.**

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

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

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

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

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

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

5           (A) Removing substance use disorder  
6 treatment and facilities from the Medicaid In-  
7 stitutions for Mental Disease exclusion.

8           (B) Amending section 1905(i) of the Social  
9 Security Act (42 U.S.C. 1396d(i)) to modestly  
10 raise the 16-bed limit in the definition of an in-  
11 stitution for mental diseases under that section.

12           (C) Repealing the Medicaid Institutions for  
13 Mental Disease exclusion.

14           (2) An analysis of whether and to what extent  
15 the quality of care for substance use disorder treat-  
16 ment is impacted by the Medicaid Institutions for  
17 Mental Disease exclusion.

18           (3) An analysis of barriers in accessing State-  
19 specific information related to the impact of the  
20 Medicaid Institutions for Mental Disease exclusion  
21 on access to treatment.

22           (4) An analysis of the difference in cost be-  
23 tween treatment for a substance use disorder in a  
24 hospital setting compared to a community-based  
25 care setting.

1           (5) An analysis of the characteristics of institu-  
 2           tions for mental diseases (as defined in section  
 3           1905(i) of the Social Security Act (42 U.S.C.  
 4           1396d(i))), including the patient capacity of such in-  
 5           stitutions as well as the type of care setting, among  
 6           other characteristics.

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

8           (a) *SHORT TITLE.*—This Act may be cited as the  
 9           “Comprehensive Addiction and Recovery Act of 2016”.

10          (b) *TABLE OF CONTENTS.*—The table of contents for  
 11          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 practices for the use of prescription opioids.*

*Sec. 102. Awareness campaigns.*

*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. First responder training for the use of drugs and devices that rapidly reverse the effects of opioids.*

*Sec. 203. Prescription drug take back expansion.*

*Sec. 204. Heroin and methamphetamine task forces.*

**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. National Task Force on Recovery and Collateral Consequences.*

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

*Sec. 501. Improving treatment for pregnant and postpartum women.*

*Sec. 502. Report on 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—MISCELLANEOUS*

*Sec. 701. GAO report on IMD exclusion.*

*Sec. 702. Funding.*

*Sec. 703. Conforming amendments.*

*Sec. 704. Grant accountability.*

**1 SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) The abuse of heroin and prescription opioid  
4 painkillers is having a devastating effect on public  
5 health and safety in communities across the United  
6 States. According to the Centers for Disease Control  
7 and Prevention, drug overdose deaths now surpass  
8 traffic crashes in the number of deaths caused by in-  
9 jury in the United States. In 2014, an average of  
10 more than 120 people in the United States died from  
11 drug overdoses every day.

12 (2) According to the National Institute on Drug  
13 Abuse (commonly known as “NIDA”), the number of  
14 prescriptions for opioids increased from approxi-  
15 mately 76,000,000 in 1991 to nearly 207,000,000 in  
16 2013, and the United States is the biggest consumer  
17 of opioids globally, accounting for almost 100 percent

1       *of the world total for hydrocodone and 81 percent for*  
2       *oxycodone.*

3               *(3) Opioid pain relievers are the most widely*  
4       *misused or abused controlled prescription drugs (com-*  
5       *monly referred to as “CPDs”) and are involved in*  
6       *most CPD-related overdose incidents. According to the*  
7       *Drug Abuse Warning Network (commonly known as*  
8       *“DAWN”), the estimated number of emergency de-*  
9       *partment visits involving nonmedical use of prescrip-*  
10       *tion opiates or opioids increased by 112 percent be-*  
11       *tween 2006 and 2010, from 84,671 to 179,787.*

12               *(4) The use of heroin in the United States has*  
13       *also spiked sharply in recent years. According to the*  
14       *most recent National Survey on Drug Use and*  
15       *Health, more than 900,000 people in the United*  
16       *States reported using heroin in 2014, nearly a 35*  
17       *percent increase from the previous year. Heroin over-*  
18       *dose deaths more than tripled from 2010 to 2014.*

19               *(5) The supply of cheap heroin available in the*  
20       *United States has increased dramatically as well,*  
21       *largely due to the activity of Mexican drug trafficking*  
22       *organizations. The Drug Enforcement Administration*  
23       *(commonly known as the “DEA”) estimates that her-*  
24       *oin seizures at the Mexican border have more than*  
25       *doubled since 2010, and heroin production in Mexico*



1        *increased 62 percent from 2013 to 2014. While only*  
2        *8 percent of State and local law enforcement officials*  
3        *across the United States identified heroin as the*  
4        *greatest drug threat in their area in 2008, that num-*  
5        *ber rose to 38 percent in 2015.*

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

11           *(7) According to a report by the National Asso-*  
12       *ciation of State Alcohol and Drug Abuse Directors*  
13       *(commonly referred to as “NASADAD”), 37 States re-*  
14       *ported an increase in admissions to treatment for her-*  
15       *oin use during the past 2 years, while admissions to*  
16       *treatment for prescription opiates increased 500 per-*  
17       *cent from 2000 to 2012.*

18           *(8) Research indicates that combating the opioid*  
19       *crisis, including abuse of prescription painkillers and,*  
20       *increasingly, heroin, requires a multi-pronged ap-*  
21       *proach that involves prevention, education, moni-*  
22       *toring, law enforcement initiatives, reducing drug di-*  
23       *version and the supply of illicit drugs, expanding de-*  
24       *livery of existing treatments (including medication*  
25       *assisted treatments), expanding access to overdose*

1        *medications and interventions, and the development*  
2        *of new medications for pain that can augment the ex-*  
3        *isting treatment arsenal.*

4            (9) *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           (10) *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 treat-*  
13        *ment in 2013, but only 2,500,000 people received it.*  
14        *Furthermore, current treatment services are not ade-*  
15        *quate to meet demand. According to a report commis-*  
16        *sioned by the Substance Abuse and Mental Health*  
17        *Services Administration (commonly known as*  
18        *“SAMHSA”), there are approximately 32 providers*  
19        *for every 1,000 individuals needing substance use dis-*  
20        *order treatment. In some States, the ratio is much*  
21        *lower.*

22           (11) *The overall cost of drug abuse, from health*  
23        *care- and criminal justice-related costs to lost produc-*  
24        *tivity, is steep, totaling more than \$700,000,000,000*

1        *a year, according to NIDA. Effective substance abuse*  
2        *prevention can yield major economic dividends.*

3                *(12) According to NIDA, when schools and com-*  
4        *munities properly implement science-validated sub-*  
5        *stance abuse prevention programs, abuse of alcohol,*  
6        *tobacco, and illicit drugs is reduced. Such programs*  
7        *help teachers, parents, and healthcare professionals*  
8        *shape the perceptions of youths about the risks of drug*  
9        *abuse.*

10               *(13) Diverting certain individuals with sub-*  
11        *stance use disorders from criminal justice systems*  
12        *into community-based treatment can save billions of*  
13        *dollars and prevent sizeable numbers of crimes, ar-*  
14        *rests, and re-incarcerations over the course of those*  
15        *individuals' lives.*

16               *(14) According to the DEA, more than 2,700*  
17        *tons of expired, unwanted prescription medications*  
18        *have been collected since the enactment of the Secure*  
19        *and Responsible Drug Disposal Act of 2010 (Public*  
20        *Law 111–273; 124 Stat. 2858).*

21               *(15) Faith-based, holistic, or drug-free models*  
22        *can provide a critical path to successful recovery for*  
23        *a great number of people in the United States. The*  
24        *2015 membership survey conducted by Alcoholics*  
25        *Anonymous (commonly known as “AA”) found that*

1       73 percent of AA members were sober longer than 1  
2       year and attended 2.5 meetings per week.

3               (16) Research shows that combining treatment  
4       medications with behavioral therapy is an effective  
5       way to facilitate success for some patients. Treatment  
6       approaches must be tailored to address the drug abuse  
7       patterns and drug-related medical, psychiatric, and  
8       social problems of each individual. Different types of  
9       medications may be useful at different stages of treat-  
10      ment or recovery to help a patient stop using drugs,  
11      stay in treatment, and avoid relapse. Patients have a  
12      range of options regarding their path to recovery and  
13      many have also successfully addressed drug abuse  
14      through the use of faith-based, holistic, or drug-free  
15      models.

16              (17) Individuals with mental illness, especially  
17      severe mental illness, are at considerably higher risk  
18      for substance abuse than the general population, and  
19      the presence of a mental illness complicates recovery  
20      from substance abuse.

21 **SEC. 3. DEFINITIONS.**

22       *In this Act—*

23              (1) the term “medication assisted treatment”  
24      means the use, for problems relating to heroin and  
25      other opioids, of medications approved by the Food

1 *and Drug Administration in combination with coun-*  
 2 *seling and behavioral therapies;*

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

8 (3) *the term “State” means any State of the*  
 9 *United States, the District of Columbia, the Common-*  
 10 *wealth of Puerto Rico, and any territory or possession*  
 11 *of the United States.*

## 12 **TITLE I—PREVENTION AND** 13 **EDUCATION**

### 14 **SEC. 101. DEVELOPMENT OF BEST PRACTICES FOR THE USE** 15 **OF PRESCRIPTION OPIOIDS.**

16 (a) *DEFINITIONS.—In this section—*

17 (1) *the term “Secretary” means the Secretary of*  
 18 *Health and Human Services; and*

19 (2) *the term “task force” means the Pain Man-*  
 20 *agement Best Practices Inter-Agency Task Force con-*  
 21 *vened under subsection (b).*

22 (b) *INTER-AGENCY TASK FORCE.—Not later than De-*  
 23 *cember 14, 2018, the Secretary, in cooperation with the Sec-*  
 24 *retary of Veterans Affairs, the Secretary of Defense, and the*  
 25 *Administrator of the Drug Enforcement Administration,*

1 *shall convene a Pain Management Best Practices Inter-*  
2 *Agency Task Force to review, modify, and update, as ap-*  
3 *propriate, best practices for pain management (including*  
4 *chronic and acute pain) and prescribing pain medication.*

5 (c) *MEMBERSHIP.—The task force shall be comprised*  
6 *of—*

7 (1) *representatives of—*

8 (A) *the Department of Health and Human*  
9 *Services;*

10 (B) *the Department of Veterans Affairs;*

11 (C) *the Food and Drug Administration;*

12 (D) *the Department of Defense;*

13 (E) *the Drug Enforcement Administration;*

14 (F) *the Centers for Disease Control and*  
15 *Prevention;*

16 (G) *the National Academy of Medicine;*

17 (H) *the National Institutes of Health; and*

18 (I) *the Office of National Drug Control Pol-*  
19 *icy;*

20 (2) *physicians, dentists, and non-physician pre-*  
21 *scribers;*

22 (3) *pharmacists;*

23 (4) *experts in the fields of pain research and ad-*  
24 *dition research;*

25 (5) *representatives of—*

1           (A) *pain management professional organi-*  
2           *zations;*

3           (B) *the mental health treatment commu-*  
4           *nity;*

5           (C) *the addiction treatment community;*

6           (D) *pain advocacy groups; and*

7           (E) *groups with expertise around overdose*  
8           *reversal; and*

9           (6) *other stakeholders, as the Secretary deter-*  
10          *mines appropriate.*

11         (d) *DUTIES.—The task force shall—*

12           (1) *not later than 180 days after the date on*  
13          *which the task force is convened under subsection (b),*  
14          *review, modify, and update, as appropriate, best*  
15          *practices for pain management (including chronic*  
16          *and acute pain) and prescribing pain medication,*  
17          *taking into consideration—*

18           (A) *existing pain management research;*

19           (B) *recommendations from relevant con-*  
20          *ferences;*

21           (C) *ongoing efforts at the State and local*  
22          *levels and by medical professional organizations*  
23          *to develop improved pain management strategies,*  
24          *including consideration of alternatives to opioids*

1           to reduce opioid monotherapy in appropriate  
2           cases;

3           (D) the management of high-risk popu-  
4           lations, other than populations who suffer pain,  
5           who—

6                   (i) may use or be prescribed  
7                   benzodiazepines, alcohol, and diverted  
8                   opioids; or

9                   (ii) receive opioids in the course of  
10                  medical care; and

11           (E) the Proposed 2016 Guideline for Pre-  
12           scribing Opioids for Chronic Pain issued by the  
13           Centers for Disease Control and Prevention (80  
14           Fed. Reg. 77351 (December 14, 2015)) and any  
15           final guidelines issued by the Centers for Disease  
16           Control and Prevention;

17           (2) solicit and take into consideration public  
18           comment on the practices developed under paragraph  
19           (1), amending such best practices if appropriate; and

20           (3) develop a strategy for disseminating informa-  
21           tion about the best practices to stakeholders, as appro-  
22           priate.

23           (e) *LIMITATION.*—The task force shall not have rule-  
24           making authority.



1       (f) *REPORT.*—Not later than 270 days after the date  
2 on which the task force is convened under subsection (b),  
3 the task force shall submit to Congress a report that in-  
4 cludes—

5           (1) *the strategy for disseminating best practices*  
6 *for pain management (including chronic and acute*  
7 *pain) and prescribing pain medication, as reviewed,*  
8 *modified, or updated under subsection (d);*

9           (2) *the results of a feasibility study on linking*  
10 *the best practices described in paragraph (1) to re-*  
11 *ceiving and renewing registrations under section*  
12 *303(f) of the Controlled Substances Act (21 U.S.C.*  
13 *823(f)); and*

14           (3) *recommendations for effectively applying the*  
15 *best practices described in paragraph (1) to improve*  
16 *prescribing practices at medical facilities, including*  
17 *medical facilities of the Veterans Health Administra-*  
18 *tion.*

19 **SEC. 102. AWARENESS CAMPAIGNS.**

20       (a) *IN GENERAL.*—The Secretary of Health and  
21 Human Services, in coordination with the Attorney Gen-  
22 eral, shall advance the education and awareness of the pub-  
23 lic, providers, patients, and other appropriate entities re-  
24 garding the risk of abuse of prescription opioid drugs if  
25 such products are not taken as prescribed.

1       **(b) DRUG-FREE MEDIA CAMPAIGN.—**

2               **(1) IN GENERAL.—***The Office of National Drug*  
 3       *Control Policy, in coordination with the Secretary of*  
 4       *Health and Human Services and the Attorney Gen-*  
 5       *eral, shall establish a national drug awareness cam-*  
 6       *paign.*

7               **(2) REQUIREMENTS.—***The national drug aware-*  
 8       *ness campaign required under paragraph (1) shall—*

9                       **(A)** *take into account the association be-*  
 10       *tween prescription opioid abuse and heroin use;*

11                      **(B)** *emphasize the similarities between her-*  
 12       *oin and prescription opioids and the effects of*  
 13       *heroin and prescription opioids on the human*  
 14       *body; and*

15                      **(C)** *bring greater public awareness to the*  
 16       *dangerous effects of fentanyl when mixed with*  
 17       *heroin or abused in a similar manner.*

18       **SEC. 103. COMMUNITY-BASED COALITION ENHANCEMENT**

19                               **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

20       *Part II of title I of the Omnibus Crime Control and*  
 21       *Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) is*  
 22       *amended by striking section 2997 and inserting the fol-*  
 23       *lowing:*

1 **“SEC. 2997. COMMUNITY-BASED COALITION ENHANCEMENT**  
2 **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

3 “(a) *DEFINITIONS.—In this section—*

4 “(1) *the term ‘Drug-Free Communities Act of*  
5 *1997’ means chapter 2 of the National Narcotics*  
6 *Leadership Act of 1988 (21 U.S.C. 1521 et seq.);*

7 “(2) *the term ‘eligible entity’ means an organiza-*  
8 *tion that—*

9 “(A) *on or before the date of submitting an*  
10 *application for a grant under this section, re-*  
11 *ceives or has received a grant under the Drug-*  
12 *Free Communities Act of 1997; and*

13 “(B) *has documented, using local data,*  
14 *rates of abuse of opioids or methamphetamines*  
15 *at levels that are—*

16 “(i) *significantly higher than the na-*  
17 *tional average as determined by the Attor-*  
18 *ney General (including appropriate consid-*  
19 *eration of the results of the Monitoring the*  
20 *Future Survey published by the National*  
21 *Institute on Drug Abuse and the National*  
22 *Survey on Drug Use and Health published*  
23 *by the Substance Abuse and Mental Health*  
24 *Services Administration); or*

25 “(ii) *higher than the national average,*  
26 *as determined by the Attorney General (in-*

1           *cluding appropriate consideration of the re-*  
2           *sults of the surveys described in clause (i)),*  
3           *over a sustained period of time; and*

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

6           “(A) *a sudden increase in the abuse of*  
7           *opioids or methamphetamines, as documented by*  
8           *local data; or*

9           “(B) *the abuse of prescription medications,*  
10          *specifically opioids or methamphetamines, that*  
11          *is significantly higher than the national average,*  
12          *over a sustained period of time, as documented*  
13          *by local data.*

14          “(b) *PROGRAM AUTHORIZED.—The Attorney General,*  
15          *in coordination with the Director of the Office of National*  
16          *Drug Control Policy, may make grants to eligible entities*  
17          *to implement comprehensive community-wide strategies*  
18          *that address local drug crises within the area served by the*  
19          *eligible entity.*

20          “(c) *APPLICATION.—*

21                 “(1) *IN GENERAL.—An eligible entity seeking a*  
22                 *grant under this section shall submit an application*  
23                 *to the Attorney General at such time, in such manner,*  
24                 *and accompanied by such information as the Attor-*  
25                 *ney General may require.*

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

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

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

14          “(2) to obtain specialized training and technical  
15          assistance from the organization funded under section  
16          4 of Public Law 107–82 (21 U.S.C. 1521 note).

17          “(e) *SUPPLEMENT NOT SUPPLANT.*—An eligible entity  
18          shall use Federal funds received under this section only to  
19          supplement the funds that would, in the absence of those  
20          Federal funds, be made available from other Federal and  
21          non-Federal sources for the activities described in this sec-  
22          tion, and not to supplant those funds.

23          “(f) *EVALUATION.*—A grant under this section shall be  
24          subject to the same evaluation requirements and procedures  
25          as the evaluation requirements and procedures imposed on

1 *the recipient of a grant under the Drug-Free Communities*  
 2 *Act of 1997.*

3 “(g) *LIMITATION ON ADMINISTRATIVE EXPENSES.*—  
 4 *Not more than 8 percent of the amounts made available*  
 5 *pursuant to subsection (i) for a fiscal year may be used*  
 6 *by the Attorney General to pay for administrative ex-*  
 7 *penses.”.*

8 ***TITLE II—LAW ENFORCEMENT***  
 9 ***AND TREATMENT***

10 ***SEC. 201. TREATMENT ALTERNATIVE TO INCARCERATION***  
 11 ***PROGRAMS.***

12 (a) *DEFINITIONS.*—*In this section:*

13 (1) *ELIGIBLE ENTITY.*—*The term “eligible enti-*  
 14 *ty” means a State, unit of local government, Indian*  
 15 *tribe, or nonprofit organization.*

16 (2) *ELIGIBLE PARTICIPANT.*—*The term “eligible*  
 17 *participant” means an individual who—*

18 (A) *comes into contact with the juvenile jus-*  
 19 *tice system or criminal justice system or is ar-*  
 20 *rested or charged with an offense that is not—*

21 (i) *a crime of violence, as defined*  
 22 *under applicable State law or section 16 of*  
 23 *title 18, United States Code; or*

1                   (ii) a serious drug offense, as defined  
2                   under section 924(e)(2)(A) of title 18,  
3                   United States Code;

4                   (B) has a current—

5                         (i) substance use disorder; or

6                         (ii) co-occurring mental illness and  
7                   substance use disorder; and

8                   (C) has been approved for participation in  
9                   a program funded under this section by, as ap-  
10                  plicable depending on the stage of the criminal  
11                  justice process, the relevant law enforcement  
12                  agency or prosecuting attorney, defense attorney,  
13                  probation or corrections official, judge, or rep-  
14                  resentative from the relevant mental health or  
15                  substance abuse agency.

16           (b) PROGRAM AUTHORIZED.—The Secretary of Health  
17           and Human Services, in coordination with the Attorney  
18           General, may make grants to eligible entities to—

19                         (1) develop, implement, or expand a treatment  
20                         alternative to incarceration program for eligible par-  
21                         ticipants, including—

22                                 (A) pre-booking, including pre-arrest, treat-  
23                                 ment alternative to incarceration programs, in-  
24                                 cluding—

1           (i) law enforcement training on sub-  
2           stance use disorders and co-occurring men-  
3           tal illness and substance use disorders;

4           (ii) receiving centers as alternatives to  
5           incarceration of eligible participants;

6           (iii) specialized response units for calls  
7           related to substance use disorders and co-oc-  
8           curring mental illness and substance use  
9           disorders; and

10          (iv) other pre-arrest or pre-booking  
11          treatment alternative to incarceration mod-  
12          els; and

13          (B) post-booking treatment alternative to  
14          incarceration programs, including—

15               (i) specialized clinical case manage-  
16               ment;

17               (ii) pre-trial services related to sub-  
18               stance use disorders and co-occurring men-  
19               tal illness and substance use disorders;

20               (iii) prosecutor and defender based  
21               programs;

22               (iv) specialized probation;

23               (v) programs utilizing the American  
24               Society of Addiction Medicine patient  
25               placement criteria;



1                   (vi) *treatment and rehabilitation pro-*  
2                   *grams and recovery support services; and*

3                   (vii) *drug courts, DWI courts, and vet-*  
4                   *erans treatment courts; and*

5                   (2) *facilitate or enhance planning and collabora-*  
6                   *tion between State criminal justice systems and State*  
7                   *substance abuse systems in order to more efficiently*  
8                   *and effectively carry out programs described in para-*  
9                   *graph (1) that address problems related to the use of*  
10                  *heroin and misuse of prescription drugs among eligi-*  
11                  *ble participants.*

12                  (c) *APPLICATION.—*

13                   (1) *IN GENERAL.—An eligible entity desiring a*  
14                   *grant under this section shall submit an application*  
15                   *to the Secretary of Health and Human Services—*

16                   (A) *that meets the criteria under paragraph*  
17                   *(2); and*

18                   (B) *at such time, in such manner, and ac-*  
19                   *companied by such information as the Secretary*  
20                   *of Health and Human Services may require.*

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

23                   (A) *provide extensive evidence of collabora-*  
24                   *tion with State and local government agencies*  
25                   *overseeing health, community corrections, courts,*

1           *prosecution, substance abuse, mental health, vic-*  
2           *tims services, and employment services, and with*  
3           *local law enforcement agencies;*

4           *(B) demonstrate consultation with the Sin-*  
5           *gle State Authority for Substance Abuse;*

6           *(C) demonstrate consultation with the Sin-*  
7           *gle State criminal justice planning agency;*

8           *(D) demonstrate that evidence-based treat-*  
9           *ment practices, including if applicable the use of*  
10           *medication assisted treatment, will be utilized;*  
11           *and*

12           *(E) demonstrate that evidenced-based*  
13           *screening and assessment tools will be utilized to*  
14           *place participants in the treatment alternative*  
15           *to incarceration program.*

16           *(d) REQUIREMENTS.—Each eligible entity awarded a*  
17           *grant for a treatment alternative to incarceration program*  
18           *under this section shall—*

19           *(1) determine the terms and conditions of par-*  
20           *ticipation in the program by eligible participants,*  
21           *taking into consideration the collateral consequences*  
22           *of an arrest, prosecution, or criminal conviction;*

23           *(2) ensure that each substance abuse and mental*  
24           *health treatment component is licensed and qualified*  
25           *by the relevant jurisdiction;*

1           (3) for programs described in subsection (b)(2),  
2           organize an enforcement unit comprised of appro-  
3           priately trained law enforcement professionals under  
4           the supervision of the State, tribal, or local criminal  
5           justice agency involved, the duties of which shall in-  
6           clude—

7                   (A) the verification of addresses and other  
8                   contacts of each eligible participant who partici-  
9                   pates or desires to participate in the program;  
10                  and

11                   (B) if necessary, the location, apprehension,  
12                   arrest, and return to court of an eligible partici-  
13                   pant in the program who has absconded from the  
14                   facility of a treatment provider or has otherwise  
15                   violated the terms and conditions of the pro-  
16                   gram, consistent with Federal and State con-  
17                   fidentiality requirements;

18           (4) notify the relevant criminal justice entity if  
19           any eligible participant in the program absconds  
20           from the facility of the treatment provider or other-  
21           wise violates the terms and conditions of the program,  
22           consistent with Federal and State confidentiality re-  
23           quirements;

24           (5) submit periodic reports on the progress of  
25           treatment or other measured outcomes from participa-

1        *tion in the program of each eligible participant in the*  
2        *program to the relevant State, tribal, or local crimi-*  
3        *nal justice agency;*

4            *(6) describe the evidence-based methodology and*  
5        *outcome measurements that will be used to evaluate*  
6        *the program, and specifically explain how such meas-*  
7        *urements will provide valid measures of the impact of*  
8        *the program; and*

9            *(7) describe how the program could be broadly*  
10       *replicated if demonstrated to be effective.*

11        *(e) USE OF FUNDS.—An eligible entity shall use a*  
12       *grant received under this section for expenses of a treatment*  
13       *alternative to incarceration program, including—*

14            *(1) salaries, personnel costs, equipment costs,*  
15        *and other costs directly related to the operation of the*  
16        *program, including the enforcement unit;*

17            *(2) payments for treatment providers that are*  
18        *approved by the relevant State or tribal jurisdiction*  
19        *and licensed, if necessary, to provide needed treatment*  
20        *to eligible participants in the program, including*  
21        *medication assisted treatment, aftercare supervision,*  
22        *vocational training, education, and job placement;*

23            *(3) payments to public and nonprofit private en-*  
24        *tities that are approved by the State or tribal juris-*  
25        *isdiction and licensed, if necessary, to provide alcohol*

1        *and drug addiction treatment and mental health*  
2        *treatment to eligible participants in the program; and*  
3            *(4) salaries, personnel costs, and other costs re-*  
4        *lated to strategic planning among State and local*  
5        *government agencies.*

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

12       *(g) GEOGRAPHIC DISTRIBUTION.—The Secretary of*  
13       *Health and Human Services shall ensure that, to the extent*  
14       *practicable, the geographical distribution of grants under*  
15       *this section is equitable and includes a grant to an eligible*  
16       *entity in—*

17            *(1) each State;*

18            *(2) rural, suburban, and urban areas; and*

19            *(3) tribal jurisdictions.*

20        *(h) PRIORITY CONSIDERATION WITH RESPECT TO*  
21        *STATES.—In awarding grants to States under this section,*  
22        *the Secretary of Health and Human Services shall give pri-*  
23        *ority to—*

24            *(1) a State that submits a joint application from*  
25        *the substance abuse agencies and criminal justice*

1 *agencies of the State that proposes to use grant funds*  
2 *to facilitate or enhance planning and collaboration*  
3 *between the agencies, including coordination to better*  
4 *address the needs of incarcerated populations; and*

5 *(2) a State that—*

6 *(A) provides civil liability protection for*  
7 *first responders, health professionals, and family*  
8 *members who have received appropriate training*  
9 *in the administration of naloxone in admin-*  
10 *istering naloxone to counteract opioid overdoses;*  
11 *and*

12 *(B) submits to the Secretary a certification*  
13 *by the attorney general of the State that the at-*  
14 *torney general has—*

15 *(i) reviewed any applicable civil liabil-*  
16 *ity protection law to determine the applica-*  
17 *bility of the law with respect to first re-*  
18 *sponders, health care professionals, family*  
19 *members, and other individuals who—*

20 *(I) have received appropriate*  
21 *training in the administration of*  
22 *naloxone; and*

23 *(II) may administer naloxone to*  
24 *individuals reasonably believed to be*  
25 *suffering from opioid overdose; and*

1                   (ii) concluded that the law described in  
2                   subparagraph (A) provides adequate civil  
3                   liability protection applicable to such per-  
4                   sons.

5           (i) *REPORTS AND EVALUATIONS.*—

6                   (1) *IN GENERAL.*—Each fiscal year, each recipi-  
7                   ent of a grant under this section during that fiscal  
8                   year shall submit to the Secretary of Health and  
9                   Human Services a report on the outcomes of activities  
10                   carried out using that grant in such form, containing  
11                   such information, and on such dates as the Secretary  
12                   of Health and Human Services shall specify.

13                   (2) *CONTENTS.*—A report submitted under para-  
14                   graph (1) shall—

15                           (A) describe best practices for treatment al-  
16                           ternatives; and

17                           (B) identify training requirements for law  
18                           enforcement officers who participate in treatment  
19                           alternative to incarceration programs.

20           (j) *FUNDING.*—During the 5-year period beginning on  
21           the date of enactment of this Act, the Secretary of Health  
22           and Human Services shall carry out this section using  
23           funds made available to the Substance Abuse and Mental  
24           Health Services Administration for Criminal Justice Ac-  
25           tivities.

1 **SEC. 202. FIRST RESPONDER TRAINING FOR THE USE OF**  
 2 **DRUGS AND DEVICES THAT RAPIDLY RE-**  
 3 **VERSE THE EFFECTS OF OPIOIDS.**

4 *Part II of title I of the Omnibus Crime Control and*  
 5 *Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as*  
 6 *amended by section 103, is amended by adding at the end*  
 7 *the following:*

8 **“SEC. 2998. FIRST RESPONDER TRAINING FOR THE USE OF**  
 9 **DRUGS AND DEVICES THAT RAPIDLY RE-**  
 10 **VERSE THE EFFECTS OF OPIOIDS.**

11 *“(a) DEFINITION.—In this section—*

12 *“(1) the terms ‘drug’ and ‘device’ have the mean-*  
 13 *ings given those terms in section 201 of the Federal*  
 14 *Food, Drug, and Cosmetic Act (21 U.S.C. 321);*

15 *“(2) the term ‘eligible entity’ means a State, a*  
 16 *unit of local government, or an Indian tribal govern-*  
 17 *ment;*

18 *“(3) the term ‘first responder’ includes a fire-*  
 19 *fighter, law enforcement officer, paramedic, emergency*  
 20 *medical technician, or other individual (including an*  
 21 *employee of a legally organized and recognized volun-*  
 22 *teer organization, whether compensated or not), who,*  
 23 *in the course of professional duties, responds to fire,*  
 24 *medical, hazardous material, or other similar emer-*  
 25 *gencies; and*



1           “(4) the term ‘Secretary’ means the Secretary of  
2           Health and Human Services.

3           “(b) *PROGRAM AUTHORIZED.*—The Secretary, in co-  
4           ordination with the Attorney General, may make grants to  
5           eligible entities to allow appropriately trained first re-  
6           sponders to administer an opioid overdose reversal drug to  
7           an individual who has—

8           “(1) experienced a prescription opioid or heroin  
9           overdose; or

10          “(2) been determined to have likely experienced  
11          a prescription opioid or heroin overdose.

12          “(c) *APPLICATION.*—

13          “(1) *IN GENERAL.*—An eligible entity seeking a  
14          grant under this section shall submit an application  
15          to the Secretary—

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

18                 “(B) at such time, in such manner, and ac-  
19                 companied by such information as the Secretary  
20                 may require.

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

23                 “(A) describe the evidence-based method-  
24                 ology and outcome measurements that will be  
25                 used to evaluate the program funded with a

1           *grant under this section, and specifically explain*  
2           *how such measurements will provide valid meas-*  
3           *ures of the impact of the program;*

4           “(B) *describe how the program could be*  
5           *broadly replicated if demonstrated to be effective;*

6           “(C) *identify the governmental and commu-*  
7           *nity agencies that the program will coordinate;*  
8           *and*

9           “(D) *describe how law enforcement agencies*  
10          *will coordinate with their corresponding State*  
11          *substance abuse and mental health agencies to*  
12          *identify protocols and resources that are avail-*  
13          *able to victims and families, including informa-*  
14          *tion on treatment and recovery resources.*

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

17               “(1) *make such opioid overdose reversal drugs or*  
18               *devices that are approved by the Food and Drug Ad-*  
19               *ministration, such as naloxone, available to be car-*  
20               *ried and administered by first responders;*

21               “(2) *train and provide resources for first re-*  
22               *sponders on carrying an opioid overdose reversal drug*  
23               *or device approved by the Food and Drug Adminis-*  
24               *tration, such as naloxone, and administering the drug*  
25               *or device to an individual who has experienced, or*

1       *has been determined to have likely experienced, a pre-*  
2       *scription opioid or heroin overdose; and*

3             *“(3) establish processes, protocols, and mecha-*  
4       *nisms for referral to appropriate treatment.*

5       *“(e) TECHNICAL ASSISTANCE GRANTS.—The Secretary*  
6       *shall make a grant for the purpose of providing technical*  
7       *assistance and training on the use of an opioid overdose*  
8       *reversal drug, such as naloxone, to respond to an individual*  
9       *who has experienced, or has been determined to have likely*  
10       *experienced, a prescription opioid or heroin overdose, and*  
11       *mechanisms for referral to appropriate treatment for an eli-*  
12       *gible entity receiving a grant under this section.*

13       *“(f) EVALUATION.—The Secretary shall conduct an*  
14       *evaluation of grants made under this section to determine—*

15             *“(1) the number of first responders equipped*  
16       *with naloxone, or another opioid overdose reversal*  
17       *drug, for the prevention of fatal opioid and heroin*  
18       *overdose;*

19             *“(2) the number of opioid and heroin overdoses*  
20       *reversed by first responders receiving training and*  
21       *supplies of naloxone, or another opioid overdose rever-*  
22       *sal drug, through a grant received under this section;*

23             *“(3) the number of calls for service related to*  
24       *opioid and heroin overdose;*

1           “(4) *the extent to which overdose victims and*  
2           *families receive information about treatment services*  
3           *and available data describing treatment admissions;*  
4           *and*

5           “(5) *the research, training, and naloxone, or an-*  
6           *other opioid overdose reversal drug, supply needs of*  
7           *first responder agencies, including those agencies that*  
8           *are not receiving grants under this section.*

9           “(g) *RURAL AREAS WITH LIMITED ACCESS TO EMER-*  
10          *GENCY MEDICAL SERVICES.—In making grants under this*  
11          *section, the Secretary shall ensure that not less than 25 per-*  
12          *cent of grant funds are awarded to eligible entities that are*  
13          *not located in metropolitan statistical areas, as defined by*  
14          *the Office of Management and Budget.”.*

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

16          (a) *DEFINITION OF COVERED ENTITY.—In this sec-*  
17          *tion, the term “covered entity” means—*

18                 (1) *a State, local, or tribal law enforcement*  
19                 *agency;*

20                 (2) *a manufacturer, distributor, or reverse dis-*  
21                 *tributor of prescription medications;*

22                 (3) *a retail pharmacy;*

23                 (4) *a registered narcotic treatment program;*

24                 (5) *a hospital or clinic with an on-site phar-*  
25                 *macy;*

1           (6) *an eligible long-term care facility; or*

2           (7) *any other entity authorized by the Drug En-*  
3 *forcement Administration to dispose of prescription*  
4 *medications.*

5           (b) *PROGRAM AUTHORIZED.—The Attorney General,*  
6 *in coordination with the Administrator of the Drug En-*  
7 *forcement Administration, the Secretary of Health and*  
8 *Human Services, and the Director of the Office of National*  
9 *Drug Control Policy, shall coordinate with covered entities*  
10 *in expanding or making available disposal sites for un-*  
11 *wanted prescription medications.*

12 **SEC. 204. HEROIN AND METHAMPHETAMINE TASK FORCES.**

13           *Part II of title I of the Omnibus Crime Control and*  
14 *Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as*  
15 *amended by section 202, is amended by adding at the end*  
16 *the following:*

17 **“SEC. 2999. HEROIN AND METHAMPHETAMINE TASK**  
18 **FORCES.**

19           *“The Attorney General may make grants to State law*  
20 *enforcement agencies for investigative purposes—*

21           *“(1) to locate or investigate illicit activities*  
22 *through statewide collaboration, including activities*  
23 *related to—*

1           “(A) the distribution of heroin or fentanyl,  
2           or the unlawful distribution of prescription  
3           opioids; or

4           “(B) unlawful heroin, fentanyl, and pre-  
5           scription opioid traffickers; and

6           “(2) to locate or investigate illicit activities, in-  
7           cluding precursor diversion, laboratories, or meth-  
8           amphetamine traffickers.”.

9           **TITLE III—TREATMENT AND**  
10           **RECOVERY**

11 **SEC. 301. EVIDENCE-BASED OPIOID AND HEROIN TREAT-**  
12           **MENT AND INTERVENTIONS DEMONSTRA-**  
13           **TION.**

14           *Part II of title I of the Omnibus Crime Control and*  
15 *Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as*  
16 *amended by section 204, is amended by adding at the end*  
17 *the following:*

18 **“SEC. 2999A. EVIDENCE-BASED OPIOID AND HEROIN TREAT-**  
19           **MENT AND INTERVENTIONS DEMONSTRA-**  
20           **TION.**

21           “(a) *DEFINITIONS.*—*In this section—*

22           “(1) the terms ‘Indian tribe’ and ‘tribal organi-  
23           zation’ have the meaning given those terms in section  
24           4 of the Indian Health Care Improvement Act (25  
25           U.S.C. 1603));

1           “(2) *the term ‘medication assisted treatment’*  
2           *means the use, for problems relating to heroin and*  
3           *other opioids, of medications approved by the Food*  
4           *and Drug Administration in combination with coun-*  
5           *seling and behavioral therapies;*

6           “(3) *the term ‘Secretary’ means the Secretary of*  
7           *Health and Human Services; and*

8           “(4) *the term ‘State substance abuse agency’*  
9           *means the agency of a State responsible for the State*  
10          *prevention, treatment, and recovery system, including*  
11          *management of the Substance Abuse Prevention and*  
12          *Treatment Block Grant under subpart II of part B*  
13          *of title XIX of the Public Health Service Act (42*  
14          *U.S.C. 300x–21 et seq.).*

15          “(b) *GRANTS.—*

16          “(1) *AUTHORITY TO MAKE GRANTS.—The Sec-*  
17          *retary, acting through the Director of the Center for*  
18          *Substance Abuse Treatment of the Substance Abuse*  
19          *and Mental Health Services Administration, and in*  
20          *coordination with the Attorney General and other de-*  
21          *partments or agencies, as appropriate, may award*  
22          *grants to State substance abuse agencies, units of*  
23          *local government, nonprofit organizations, and In-*  
24          *dian tribes or tribal organizations that have a high*  
25          *rate, or have had a rapid increase, in the use of her-*

1       oin or other opioids, in order to permit such entities  
2       to expand activities, including an expansion in the  
3       availability of medication assisted treatment and  
4       other clinically appropriate services, with respect to  
5       the treatment of addiction in the specific geographical  
6       areas of such entities where there is a high rate or  
7       rapid increase in the use of heroin or other opioids.

8               “(2) *NATURE OF ACTIVITIES.*—The grant funds  
9       awarded under paragraph (1) shall be used for activi-  
10      ties that are based on reliable scientific evidence of ef-  
11      ficacy in the treatment of problems related to heroin  
12      or other opioids.

13              “(c) *GEOGRAPHIC DISTRIBUTION.*—The Secretary  
14      shall ensure that grants awarded under subsection (b) are  
15      distributed equitably among the various regions of the  
16      United States and among rural, urban, and suburban areas  
17      that are affected by the use of heroin or other opioids.

18              “(d) *ADDITIONAL ACTIVITIES.*—In administering  
19      grants under subsection (b), the Secretary shall—

20                      “(1) evaluate the activities supported by grants  
21                      awarded under subsection (b);

22                      “(2) disseminate information, as appropriate,  
23                      derived from the evaluation as the Secretary considers  
24                      appropriate;



1           “(3) provide States, Indian tribes and tribal or-  
 2           ganizations, and providers with technical assistance  
 3           in connection with the provision of treatment of prob-  
 4           lems related to heroin and other opioids; and

5           “(4) fund only those applications that specifi-  
 6           cally support recovery services as a critical compo-  
 7           nent of the grant program.”.

8 **SEC. 302. CRIMINAL JUSTICE MEDICATION ASSISTED**  
 9                   **TREATMENT AND INTERVENTIONS DEM-**  
 10                   **ONSTRATION.**

11           (a) *DEFINITIONS.*—*In this section—*

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

14                   (A) court;

15                   (B) prison;

16                   (C) jail; or

17                   (D) other agency that performs the adminis-  
 18           tration of criminal justice, including prosecu-  
 19           tion, pretrial services, and community super-  
 20           vision;

21           (2) the term “eligible entity” means a State,  
 22           unit of local government, or Indian tribe; and

23           (3) the term “Secretary” means the Secretary of  
 24           Health and Human Services.

1       (b) *PROGRAM AUTHORIZED.*—*The Secretary, in co-*  
2 *ordination with the Attorney General, may make grants to*  
3 *eligible entities to implement medication assisted treatment*  
4 *programs through criminal justice agencies.*

5       (c) *APPLICATION.*—

6           (1) *IN GENERAL.*—*An eligible entity seeking a*  
7 *grant under this section shall submit an application*  
8 *to the Secretary—*

9               (A) *that meets the criteria under paragraph*  
10 *(2); and*

11               (B) *at such time, in such manner, and ac-*  
12 *companied by such information as the Secretary*  
13 *may require.*

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

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

21               (B) *describe how data will be collected and*  
22 *analyzed to determine the effectiveness of the pro-*  
23 *gram described in subparagraph (A).*

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

1           (1) a medication assisted treatment program, in-  
2           cluding the expenses of prescribing medications recog-  
3           nized by the Food and Drug Administration for  
4           opioid treatment in conjunction with psychological  
5           and behavioral therapy;

6           (2) training criminal justice agency personnel  
7           and treatment providers on medication assisted treat-  
8           ment;

9           (3) cross-training personnel providing behavioral  
10          health and health services, administration of medi-  
11          cines, and other administrative expenses, including  
12          required reports; and

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

17          (e) *PRIORITY CONSIDERATION WITH RESPECT TO*  
18          *STATES.*—*In awarding grants to States under this section,*  
19          *the Secretary shall give priority to a State that—*

20               (1) provides civil liability protection for first re-  
21               sponders, health professionals, and family members  
22               who have received appropriate training in the admin-  
23               istration of naloxone in administering naloxone to  
24               counteract opioid overdoses; and

1           (2) *submits to the Secretary a certification by*  
2 *the attorney general of the State that the attorney*  
3 *general has—*

4                 (A) *reviewed any applicable civil liability*  
5 *protection law to determine the applicability of*  
6 *the law with respect to first responders, health*  
7 *care professionals, family members, and other in-*  
8 *dividuals who—*

9                     (i) *have received appropriate training*  
10 *in the administration of naloxone; and*

11                    (ii) *may administer naloxone to indi-*  
12 *viduals reasonably believed to be suffering*  
13 *from opioid overdose; and*

14                 (B) *concluded that the law described in sub-*  
15 *paragraph (A) provides adequate civil liability*  
16 *protection applicable to such persons.*

17         (f) *TECHNICAL ASSISTANCE.—The Secretary, in co-*  
18 *ordination with the Director of the National Institute on*  
19 *Drug Abuse and the Attorney General, shall provide tech-*  
20 *nical assistance and training for an eligible entity receiving*  
21 *a grant under this section.*

22         (g) *REPORTS.—*

23                 (1) *IN GENERAL.—An eligible entity receiving a*  
24 *grant under this section shall submit a report to the*  
25 *Secretary on the outcomes of each grant received*

1        *under this section for individuals receiving medica-*  
2        *tion assisted treatment, based on—*

3                *(A) the recidivism of the individuals;*

4                *(B) the treatment outcomes of the individ-*  
5                *uals, including maintaining abstinence from ille-*  
6                *gal, unauthorized, and unprescribed or*  
7                *undispensed opioids and heroin;*

8                *(C) a comparison of the cost of providing*  
9                *medication assisted treatment to the cost of in-*  
10                *carceration or other participation in the crimi-*  
11                *nal justice system;*

12                *(D) the housing status of the individuals;*  
13                *and*

14                *(E) the employment status of the individ-*  
15                *uals.*

16                *(2) CONTENTS AND TIMING.—Each report de-*  
17                *scribed in paragraph (1) shall be submitted annually*  
18                *in such form, containing such information, and on*  
19                *such dates as the Secretary shall specify.*

20                *(h) FUNDING.—During the 5-year period beginning on*  
21                *the date of enactment of this Act, the Secretary shall carry*  
22                *out this section using funds made available to the Substance*  
23                *Abuse and Mental Health Services Administration for*  
24                *Criminal Justice Activities.*

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

2 *Part II of title I of the Omnibus Crime Control and*  
 3 *Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as*  
 4 *amended by section 301, is amended by adding at the end*  
 5 *the following:*

6 **“SEC. 2999B. NATIONAL YOUTH RECOVERY INITIATIVE.**

7 *“(a) DEFINITIONS.—In this section:*

8 *“(1) ELIGIBLE ENTITY.—The term ‘eligible enti-*  
 9 *ty’ means—*

10 *“(A) a high school that has been accredited*  
 11 *as a recovery high school by the Association of*  
 12 *Recovery Schools;*

13 *“(B) an accredited high school that is seek-*  
 14 *ing to establish or expand recovery support serv-*  
 15 *ices;*

16 *“(C) an institution of higher education;*

17 *“(D) a recovery program at a nonprofit col-*  
 18 *legiate institution; or*

19 *“(E) a nonprofit organization.*

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

24 *“(3) RECOVERY PROGRAM.—The term ‘recovery*  
 25 *program’—*

1           “(A) means a program to help individuals  
2           who are recovering from substance use disorders  
3           to initiate, stabilize, and maintain healthy and  
4           productive lives in the community; and

5           “(B) includes peer-to-peer support and com-  
6           munal activities to build recovery skills and sup-  
7           portive social networks.

8           “(b) GRANTS AUTHORIZED.—The Secretary of Health  
9           and Human Services, in coordination with the Secretary  
10          of Education, may award grants to eligible entities to en-  
11          able the entities to—

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

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

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

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

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

3           “(2) dedicated staff for the provision of recovery  
4 programs;

5           “(3) health- and wellness-oriented social activi-  
6 ties and community engagement;

7           “(4) establishment of recovery high schools;

8           “(5) coordination of recovery programs with—

9               “(A) substance use disorder treatment pro-  
10 grams and systems;

11               “(B) providers of mental health services;

12               “(C) primary care providers and physi-  
13 cians;

14               “(D) the criminal justice system, including  
15 the juvenile justice system;

16               “(E) employers;

17               “(F) housing services;

18               “(G) child welfare services;

19               “(H) high schools and institutions of higher  
20 education; and

21               “(I) other programs or services related to  
22 the welfare of an individual in recovery from a  
23 substance use disorder;

24           “(6) the development of peer-to-peer support pro-  
25 grams or services; and



1           “(7) *additional activities that help youths and*  
 2           *young adults to achieve recovery from substance use*  
 3           *disorders.*”.

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

5           *Part II of title I of the Omnibus Crime Control and*  
 6 *Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as*  
 7 *amended by section 303, is amended by adding at the end*  
 8 *the following:*

9 **“SEC. 2999C. BUILDING COMMUNITIES OF RECOVERY.**

10           “(a) *DEFINITION.—In this section, the term ‘recovery*  
 11 *community organization’ means an independent nonprofit*  
 12 *organization that—*

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

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

20           “(b) *GRANTS AUTHORIZED.—The Secretary of Health*  
 21 *and Human Services may award grants to recovery com-*  
 22 *munity organizations to enable such organizations to de-*  
 23 *velop, expand, and enhance recovery services.*

1       “(c) *FEDERAL SHARE.*—*The Federal share of the costs*  
2 *of a program funded by a grant under this section may*  
3 *not exceed 50 percent.*

4       “(d) *USE OF FUNDS.*—*Grants awarded under sub-*  
5 *section (b)—*

6               “(1) *shall be used to develop, expand, and en-*  
7 *hance community and statewide recovery support*  
8 *services; and*

9               “(2) *may be used to—*

10                       “(A) *advocate for individuals in recovery*  
11 *from substance use disorders;*

12                       “(B) *build connections between recovery*  
13 *networks, between recovery community organiza-*  
14 *tions, and with other recovery support services,*  
15 *including—*

16                               “(i) *substance use disorder treatment*  
17 *programs and systems;*

18                               “(ii) *providers of mental health serv-*  
19 *ices;*

20                               “(iii) *primary care providers and phy-*  
21 *sicians;*

22                               “(iv) *the criminal justice system;*

23                               “(v) *employers;*

24                               “(vi) *housing services;*

25                               “(vii) *child welfare agencies; and*

1           “(viii) 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 and  
8           recovery, including—

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

11                   “(ii) the resources that are available to  
12                  individuals struggling with addiction and  
13                  families who have a family member strug-  
14                  gling with or being treated for addiction,  
15                  including programs that mentor and pro-  
16                  vide support services to children;

17                   “(iii) the resources that are available  
18                  to help support individuals in recovery; and

19                   “(iv) information on the medical con-  
20                  sequences of substance use disorders, includ-  
21                  ing neonatal abstinence syndrome and po-  
22                  tential infection with human immuno-  
23                  deficiency virus and viral hepatitis; and

1           “(E) carry out other activities that  
2           strengthen the network of community support for  
3           individuals in recovery.”.

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

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

8           *Part II of title I of the Omnibus Crime Control and*  
9           *Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as*  
10          *amended by section 304, is amended by adding at the end*  
11          *the following:*

12          **“SEC. 2999D. CORRECTIONAL EDUCATION DEMONSTRATION**  
13          **GRANT PROGRAM.**

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

17          “(b) *GRANT PROGRAM AUTHORIZED.—The Attorney*  
18          *General may make grants to eligible entities to design, im-*  
19          *plement, and expand educational programs for offenders in*  
20          *prisons, jails, and juvenile facilities, including to pay for—*

21                  “(1) *basic education, secondary level academic*  
22                  *education, high school equivalency examination prep-*  
23                  *aration, career technical education, and English as a*  
24                  *second language instruction at the basic, secondary,*

1       or post-secondary levels, for adult and juvenile popu-  
2       lations;

3           “(2) screening and assessment of inmates to as-  
4       sess education level, needs, occupational interest or  
5       aptitude, risk level, and other needs, and case man-  
6       agement services;

7           “(3) hiring and training of instructors and  
8       aides, reimbursement of non-corrections staff and ex-  
9       perts, reimbursement of stipends paid to inmate tu-  
10      tors or aides, and the costs of training inmate tutors  
11      and aides;

12          “(4) instructional supplies and equipment, in-  
13      cluding occupational program supplies and equip-  
14      ment to the extent that the supplies and equipment  
15      are used for instructional purposes;

16          “(5) partnerships and agreements with commu-  
17      nity colleges, universities, and career technology edu-  
18      cation program providers;

19          “(6) certification programs providing recognized  
20      high school equivalency certificates and industry rec-  
21      ognized credentials; and

22          “(7) technology solutions to—

23           “(A) meet the instructional, assessment, and  
24      information needs of correctional populations;  
25      and

1           “(B) *facilitate the continued participation*  
2           *of incarcerated students in community-based*  
3           *education programs after the students are re-*  
4           *leased from incarceration.*

5           “(c) *APPLICATION.—An eligible entity seeking a grant*  
6           *under this section shall submit to the Attorney General an*  
7           *application in such form and manner, at such time, and*  
8           *accompanied by such information as the Attorney General*  
9           *specifies.*

10          “(d) *PRIORITY CONSIDERATIONS.—In awarding*  
11          *grants under this section, the Attorney General shall give*  
12          *priority to applicants that—*

13               “(1) *assess the level of risk and need of inmates,*  
14               *including by—*

15                       “(A) *assessing the need for English as a sec-*  
16                       *ond language instruction;*

17                       “(B) *conducting educational assessments;*  
18                       *and*

19                       “(C) *assessing occupational interests and*  
20                       *aptitudes;*

21               “(2) *target educational services to assessed needs,*  
22               *including academic and occupational at the basic,*  
23               *secondary, or post-secondary level;*

24               “(3) *target career technology education programs*  
25               *to—*

1           “(A) areas of identified occupational de-  
2           mand; and

3           “(B) employment opportunities in the com-  
4           munities in which students are reasonably ex-  
5           pected to reside post-release;

6           “(4) include a range of appropriate educational  
7           opportunities at the basic, secondary, and post-sec-  
8           ondary levels;

9           “(5) include opportunities for students to attain  
10          industry recognized credentials;

11          “(6) include partnership or articulation agree-  
12          ments linking institutional education programs with  
13          community sited programs provided by adult edu-  
14          cation program providers and accredited institutions  
15          of higher education, community colleges, and voca-  
16          tional training institutions; and

17          “(7) explicitly include career pathways models  
18          offering opportunities for incarcerated students to de-  
19          velop academic skills, in-demand occupational skills  
20          and credentials, occupational experience in institu-  
21          tional work programs or work release programs, and  
22          linkages with employers in the community, so that  
23          incarcerated students have opportunities to embark on  
24          careers with strong prospects for both post-release em-

1        *ployment and advancement in a career ladder over*  
 2        *time.*

3        “(e) *REQUIREMENTS.—An eligible entity desiring a*  
 4        *grant under this section shall—*

5                “(1) *describe the evidence-based methodology and*  
 6                *outcome measurements that will be used to evaluate*  
 7                *each program funded with a grant under this section,*  
 8                *and specifically explain how such measurements will*  
 9                *provide valid measures of the impact of the program;*  
 10                *and*

11                “(2) *describe how the program described in para-*  
 12                *graph (1) could be broadly replicated if demonstrated*  
 13                *to be effective.*

14        “(f) *CONTROL OF INTERNET ACCESS.—An entity that*  
 15        *receives a grant under this section may restrict access to*  
 16        *the Internet by prisoners, as appropriate and in accordance*  
 17        *with Federal and State law, to ensure public safety.”.*

18        **SEC. 402. NATIONAL TASK FORCE ON RECOVERY AND COL-**  
 19                **LATERAL CONSEQUENCES.**

20        (a) *DEFINITION.—In this section, the term “collateral*  
 21        *consequence” means a penalty, disability, or disadvantage*  
 22        *imposed on an individual who is in recovery for a substance*  
 23        *use disorder (including by an administrative agency, offi-*  
 24        *cial, or civil court ) as a result of a Federal or State convic-*



1 *tion for a drug-related offense but not as part of the judg-*  
2 *ment of the court that imposes the conviction.*

3 *(b) ESTABLISHMENT.—*

4 *(1) IN GENERAL.—Not later than 30 days after*  
5 *the date of enactment of this Act, the Attorney Gen-*  
6 *eral shall establish a bipartisan task force to be*  
7 *known as the Task Force on Recovery and Collateral*  
8 *Consequences (in this section referred to as the “Task*  
9 *Force”).*

10 *(2) MEMBERSHIP.—*

11 *(A) TOTAL NUMBER OF MEMBERS.—The*  
12 *Task Force shall include 10 members, who shall*  
13 *be appointed by the Attorney General in accord-*  
14 *ance with subparagraphs (B) and (C).*

15 *(B) MEMBERS OF THE TASK FORCE.—The*  
16 *Task Force shall include—*

17 *(i) members who have national rec-*  
18 *ognition and significant expertise in areas*  
19 *such as health care, housing, employment,*  
20 *substance use disorders, mental health, law*  
21 *enforcement, and law;*

22 *(ii) not fewer than 2 members—*

23 *(I) who have personally experi-*  
24 *enced substance abuse or addiction and*  
25 *are in recovery; and*

1                   (ii) not fewer than 1 one of whom  
2                   has benefitted from medication assisted  
3                   treatment; and

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

7                   (C) *TIMING.*—The Attorney General shall  
8                   appoint the members of the Task Force not later  
9                   than 60 days after the date on which the Task  
10                  Force is established under paragraph (1).

11                  (3) *CHAIRPERSON.*—The Task Force shall select  
12                  a chairperson or co-chairpersons from among the  
13                  members of the Task Force.

14                  (c) *DUTIES OF THE TASK FORCE.*—

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

16                   (A) identify collateral consequences for indi-  
17                   viduals with Federal or State convictions for  
18                   drug-related offenses who are in recovery for sub-  
19                   stance use disorder; and

20                   (B) examine any policy basis for the impo-  
21                   sition of collateral consequences identified under  
22                   subparagraph (A) and the effect of the collateral  
23                   consequences on individuals in recovery from re-  
24                   suming their personal and professional activi-  
25                   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 recommendations,*  
4 *as it considers appropriate, for proposed legislative*  
5 *and regulatory changes related to the collateral con-*  
6 *sequences identified under paragraph (1).*

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

12           (4) *REPORT.*—

13           (A) *SUBMISSION TO EXECUTIVE BRANCH.*—  
14 *Not later than 1 year after the date of the first*  
15 *meeting of the Task Force, the Task Force shall*  
16 *submit a report detailing the findings and rec-*  
17 *ommendations of the Task Force to—*

18                   (i) *the head of each relevant depart-*  
19                   *ment or agency of the United States;*

20                   (ii) *the President; and*

21                   (iii) *the Vice President.*

22           (B) *SUBMISSION TO CONGRESS.*—*The indi-*  
23 *viduals who receive the report under subpara-*  
24 *graph (A) shall submit to Congress such legisla-*

1           *tive recommendations, if any, as those individ-*  
 2           *uals consider appropriate based on the report.*

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

7   **SEC. 501. IMPROVING TREATMENT FOR PREGNANT AND**  
 8           **POSTPARTUM WOMEN.**

9           *Part II of title I of the Omnibus Crime Control and*  
 10   *Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as*  
 11   *amended by section 401, is amended by adding at the end*  
 12   *the following:*

13   **“SEC. 2999E. IMPROVING TREATMENT FOR PREGNANT AND**  
 14           **POSTPARTUM WOMEN.**

15           *“(a) IN GENERAL.—The Secretary of Health and*  
 16   *Human Services (referred to in this section as the ‘Sec-*  
 17   *retary’), acting through the Director of the Center for Sub-*  
 18   *stance Abuse Treatment, may carry out a pilot program*  
 19   *under which the Secretary makes competitive grants to*  
 20   *State substance abuse agencies to—*

21           *“(1) enhance flexibility in the use of funds de-*  
 22   *signed to support family-based services for pregnant*  
 23   *and postpartum women with a primary diagnosis of*  
 24   *a substance use disorder, including opioid use dis-*  
 25   *orders;*

1           “(2) help State substance abuse agencies address  
2           identified gaps in services furnished to such women  
3           along the continuum of care, including services pro-  
4           vided to women in non-residential based settings; and

5           “(3) promote a coordinated, effective, and effi-  
6           cient State system managed by State substance abuse  
7           agencies by encouraging new approaches and models  
8           of service delivery that are evidence-based, including  
9           effective family-based programs for women involved  
10          with the criminal justice system.

11          “(b) REQUIREMENTS.—In carrying out the pilot pro-  
12          gram under this section, the Secretary—

13                 “(1) shall require State substance abuse agencies  
14                 to submit to the Secretary applications, in such form  
15                 and manner and containing such information as  
16                 specified by the Secretary, to be eligible to receive a  
17                 grant under the program;

18                 “(2) shall identify, based on such submitted ap-  
19                 plications, State substance abuse agencies that are eli-  
20                 gible for such grants;

21                 “(3) shall require services proposed to be fur-  
22                 nished through such a grant to support family-based  
23                 treatment and other services for pregnant and  
24                 postpartum women with a primary diagnosis of a  
25                 substance use disorder, including opioid use disorders;

1           “(4) shall not require that services furnished  
2 through such a grant be provided solely to women  
3 that reside in facilities; and

4           “(5) shall not require that grant recipients under  
5 the program make available all services described in  
6 section 508(d) of the Public Health Service Act (42  
7 U.S.C. 290bb–1(d)).

8           “(c) *REQUIRED SERVICES.*—

9           “(1) *IN GENERAL.*—The Secretary shall specify  
10 minimum services required to be made available to el-  
11 igible women through a grant awarded under the  
12 pilot program under this section. Such minimum  
13 services—

14           “(A) shall include the requirements de-  
15 scribed in section 508(c) of the Public Health  
16 Service Act (42 U.S.C. 290bb–1(c));

17           “(B) may include any of the services de-  
18 scribed in section 508(d) of the Public Health  
19 Service Act (42 U.S.C. 290bb–1(d));

20           “(C) may include other services, as appro-  
21 priate; and

22           “(D) shall be based on the recommendations  
23 submitted under paragraph (2).

24           “(2) *STAKEHOLDER INPUT.*—The Secretary shall  
25 convene and solicit recommendations from stake-

1       *holders, including State substance abuse agencies,*  
2       *health care providers, persons in recovery from a sub-*  
3       *stance use disorder, and other appropriate individ-*  
4       *uals, for the minimum services described in para-*  
5       *graph (1).*

6       “(d) *DURATION.*—*The pilot program under this sec-*  
7       *tion shall not exceed 5 years.*

8       “(e) *EVALUATION AND REPORT TO CONGRESS.*—

9               “(1) *IN GENERAL.*—*Out of amounts made avail-*  
10       *able to the Center for Behavioral Health Statistics*  
11       *and Quality, the Director of the Center for Behavioral*  
12       *Health Statistics and Quality, in cooperation with*  
13       *the recipients of grants under this section, shall con-*  
14       *duct an evaluation of the pilot program, beginning 1*  
15       *year after the date on which a grant is first awarded*  
16       *under this section. The Director of the Center for Be-*  
17       *havioral Health Statistics and Quality, in coordina-*  
18       *tion with the Director of the Center for Substance*  
19       *Abuse Treatment, not later than 120 days after com-*  
20       *pletion of such evaluation, shall submit to the relevant*  
21       *Committees of the Senate and the House of Represent-*  
22       *atives a report on such evaluation.*

23               “(2) *CONTENTS.*—*The report to Congress under*  
24       *paragraph (1) shall include, at a minimum, outcomes*  
25       *information from the pilot program, including any*

1       *resulting reductions in the use of alcohol and other*  
 2       *drugs, engagement in treatment services, retention in*  
 3       *the appropriate level and duration of services, in-*  
 4       *creased access to the use of drugs approved by the*  
 5       *Food and Drug Administration for the treatment of*  
 6       *substance use disorders in combination with coun-*  
 7       *seling, and other appropriate measures.*

8       “(f) *STATE SUBSTANCE ABUSE AGENCY DEFINED.*—  
 9       *For purposes of this section, the term ‘State substance abuse*  
 10       *agency’ means, with respect to a State, the agency in such*  
 11       *State that manages the substance abuse prevention and*  
 12       *treatment block grant program under part B of title XIX*  
 13       *of the Public Health Service Act.”.*

14       **SEC. 502. REPORT ON GRANTS FOR FAMILY-BASED SUB-**  
 15               **STANCE ABUSE TREATMENT.**

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

18               (1) *by striking “An entity” and inserting “(a)*

19       *ENTITY REPORTS.—An entity”;* and

20               (2) *by adding at the end the following:*

21       “(b) *ATTORNEY GENERAL REPORT ON FAMILY-BASED*  
 22       *SUBSTANCE ABUSE TREATMENT.—The Attorney General*  
 23       *shall submit to Congress an annual report that describes*  
 24       *the number of grants awarded under section 2921(1) and*  
 25       *how such grants are used by the recipients for family-based*



1 *substance abuse treatment programs that serve as alter-*  
 2 *natives to incarceration for custodial parents to receive*  
 3 *treatment and services as a family.”.*

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

5 *Section 2991(j)(1)(B)(ii) of title I of the Omnibus*  
 6 *Crime Control and Safe Streets Act of 1968 (42 U.S.C.*  
 7 *3797aa(j)(1)(B)(ii)) is amended—*

8 *(1) by inserting “(I)” after “(ii)”;*

9 *(2) in subclause (I), as so designated, by striking*  
 10 *the period and inserting “; or”; and*

11 *(3) by adding at the end the following:*

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

16 **TITLE VI—INCENTIVIZING STATE**  
 17 **COMPREHENSIVE INITIA-**  
 18 **TIVES TO ADDRESS OPIOID**  
 19 **AND HEROIN ABUSE**

20 **SEC. 601. STATE DEMONSTRATION GRANTS FOR COM-**  
 21 **PREHENSIVE OPIOID ABUSE RESPONSE.**

22 *(a) DEFINITIONS.—In this section—*

23 *(1) the term “dispenser” has the meaning given*  
 24 *the term in section 102 of the Controlled Substances*  
 25 *Act (21 U.S.C. 802);*

1           (2) *the term “prescriber of a schedule II, III, or*  
2 *IV controlled substance” does not include a prescriber*  
3 *of a schedule II, III, or IV controlled substance that*  
4 *dispenses the substance—*

5                 *(A) for use on the premises on which the*  
6 *substance is dispensed;*

7                 *(B) in a hospital emergency room, when the*  
8 *substance is in short supply;*

9                 *(C) for a certified opioid treatment pro-*  
10 *gram; or*

11                *(D) in other situations as the Attorney Gen-*  
12 *eral may reasonably determine;*

13           (3) *the term “prescriber” means a dispenser who*  
14 *prescribes a controlled substance, or the agent of such*  
15 *a dispenser; and*

16           (4) *the term “schedule II, III, or IV controlled*  
17 *substance” means a controlled substance that is listed*  
18 *on schedule II, schedule III, or schedule IV of section*  
19 *202(c) of the Controlled Substances Act (21 U.S.C.*  
20 *812(c)).*

21 *(b) PLANNING AND IMPLEMENTATION GRANTS.—*

22                 *(1) IN GENERAL.—The Attorney General, in co-*  
23 *ordination with the Secretary of Health and Human*  
24 *Services and in consultation with the Director of the*  
25 *Office of National Drug Control Policy, may award*

1        *grants to States, and combinations thereof, to prepare*  
2        *a comprehensive plan for and implement an inte-*  
3        *grated opioid abuse response initiative.*

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

7            (A) *prevention and education efforts around*  
8        *heroin and opioid use, treatment, and recovery,*  
9        *including education of residents, medical stu-*  
10       *dents, and physicians and other prescribers of*  
11       *schedule II, III, or IV controlled substances on*  
12       *relevant prescribing guidelines and the prescrip-*  
13       *tion drug monitoring program of the State ;*

14           (B) *a comprehensive prescription drug*  
15       *monitoring program to track dispensing of*  
16       *schedule II, III, or IV controlled substances,*  
17       *which shall—*

18            (i) *provide for data sharing with other*  
19        *States by statute, regulation, or interstate*  
20        *agreement; and*

21            (ii) *allow for access to all individuals*  
22        *authorized by the State to write prescrip-*  
23        *tions for schedule II, III, or IV controlled*  
24        *substances on the prescription drug moni-*  
25        *toring program of the State.*

1           (C) *developing, implementing, or expanding*  
2 *prescription drug and opioid addiction treat-*  
3 *ment programs by—*

4           (i) *expanding programs for medication*  
5 *assisted treatment of prescription drug and*  
6 *opioid addiction, including training for*  
7 *treatment and recovery support providers;*

8           (ii) *developing, implementing, or ex-*  
9 *panding programs for behavioral health*  
10 *therapy for individuals who are in treat-*  
11 *ment for prescription drug and opioid ad-*  
12 *diction;*

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

19           (iv) *developing, implementing, or ex-*  
20 *panding programs that provide screening,*  
21 *early intervention, and referral to treatment*  
22 *(commonly known as “SBIRT”) to teen-*  
23 *agers and young adults in primary care,*  
24 *middle schools, high schools, universities,*  
25 *school-based health centers, and other com-*

1            *munity-based health care settings frequently*  
2            *accessed by teenagers or young adults; and*  
3            *(D) developing, implementing, and expand-*  
4            *ing programs to prevent overdose death from pre-*  
5            *scription medications and opioids.*

6            *(3) PLANNING GRANT APPLICATIONS.—*

7            *(A) APPLICATION.—*

8            *(i) IN GENERAL.—A State seeking a*  
9            *planning grant under this section to pre-*  
10           *pare a comprehensive plan for an inte-*  
11           *grated opioid abuse response initiative shall*  
12           *submit to the Attorney General an applica-*  
13           *tion in such form, and containing such in-*  
14           *formation, as the Attorney General may re-*  
15           *quire.*

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 activities*  
23                    *proposed to be carried out using the*  
24                    *grant, including a schedule for comple-*  
25                    *tion of such activities;*

1                   (III) *outcome measures that will*  
2                   *be used to measure the effectiveness of*  
3                   *the programs and initiatives to address*  
4                   *opioids; and*

5                   (IV) *a description of the personnel*  
6                   *necessary to complete such activities.*

7                   (B) *PERIOD; NONRENEWABILITY.—A plan-*  
8                   *ning grant under this section shall be for a pe-*  
9                   *riod of 1 year. A State may not receive more*  
10                  *than 1 planning grant under this section.*

11                  (C) *AMOUNT.—A planning grant under this*  
12                  *section may not exceed \$100,000.*

13                  (D) *STRATEGIC PLAN AND PROGRAM IMPLE-*  
14                  *MENTATION PLAN.—A State receiving a planning*  
15                  *grant under this section shall develop a strategic*  
16                  *plan and a program implementation plan.*

17                  (4) *IMPLEMENTATION GRANTS.—*

18                  (A) *APPLICATION.—A State seeking an im-*  
19                  *plementation grant under this section to imple-*  
20                  *ment a comprehensive strategy for addressing*  
21                  *opioid abuse shall submit to the Attorney Gen-*  
22                  *eral an application in such form, and con-*  
23                  *taining such information, as the Attorney Gen-*  
24                  *eral may require.*

1           (B) *USE OF FUNDS.*—A State that receives  
2 an implementation grant under this section shall  
3 use the grant for the cost of carrying out an inte-  
4 grated opioid abuse response program in accord-  
5 ance with this section, including for technical as-  
6 sistance, training, and administrative expenses.

7           (C) *REQUIREMENTS.*—An integrated opioid  
8 abuse response program carried out using an im-  
9 plementation grant under this section shall—

10           (i) require that each prescriber of a  
11 schedule II, III, or IV controlled substance  
12 in the State—

13           (I) registers with the prescription  
14 drug monitoring program of the State;  
15 and

16           (II) consults the prescription drug  
17 monitoring program database of the  
18 State before prescribing a schedule II,  
19 III, or IV controlled substance;

20           (ii) require that each dispenser of a  
21 schedule II, III, or IV controlled substance  
22 in the State—

23           (I) registers with the prescription  
24 drug monitoring program of the State;

1                   (II) consults the prescription drug  
2                   monitoring program database of the  
3                   State before dispensing a schedule II,  
4                   III, or IV controlled substance; and

5                   (III) reports to the prescription  
6                   drug monitoring program of the State,  
7                   at a minimum, each instance in which  
8                   a schedule II, III, or IV controlled sub-  
9                   stance is dispensed, with limited excep-  
10                  tions, as defined by the State, which  
11                  shall indicate the prescriber by name  
12                  and National Provider Identifier;

13                  (iii) require that, not fewer than 4  
14                  times each year, the State agency or agen-  
15                  cies that administer the prescription drug  
16                  monitoring program of the State prepare  
17                  and provide to each prescriber of a schedule  
18                  II, III, or IV controlled substance an infor-  
19                  mational report that shows how the pre-  
20                  scribing patterns of the prescriber compare  
21                  to prescribing practices of the peers of the  
22                  prescriber and expected norms;

23                  (iv) if informational reports provided  
24                  to a prescriber under clause (iii) indicate  
25                  that the prescriber is repeatedly falling out-



1           *side of expected norms or standard practices*  
2           *for the prescriber's field, direct the pre-*  
3           *scriber to educational resources on appro-*  
4           *priate prescribing of controlled substances;*

5           *(v) ensure that the prescriber licensing*  
6           *board of the State receives a report describ-*  
7           *ing any prescribers that repeatedly fall out-*  
8           *side of expected norms or standard practices*  
9           *for the prescriber's field, as described in*  
10          *clause (iii);*

11          *(vi) require consultation with the Sin-*  
12          *gle State Authority for Substance Abuse;*  
13          *and*

14          *(vii) establish requirements for how*  
15          *data will be collected and analyzed to deter-*  
16          *mine the effectiveness of the program.*

17          *(D) PERIOD.—An implementation grant*  
18          *under this section shall be for a period of 2*  
19          *years.*

20          *(E) AMOUNT.—The amount of an imple-*  
21          *mentation grant under this section may not ex-*  
22          *ceed \$5,000,000.*

23          *(5) PRIORITY CONSIDERATIONS.—In awarding*  
24          *planning and implementation grants under this sec-*

1        *tion, the Attorney General shall give priority to a*  
2        *State that—*

3                *(A)(i) provides civil liability protection for*  
4        *first responders, health professionals, and family*  
5        *members who have received appropriate training*  
6        *in the administration of naloxone in admin-*  
7        *istering naloxone to counteract opioid overdoses;*  
8        *and*

9                *(ii) submits to the Attorney General a cer-*  
10        *tification by the attorney general of the State*  
11        *that the attorney general has—*

12                *(I) reviewed any applicable civil liabil-*  
13        *ity protection law to determine the applica-*  
14        *bility of the law with respect to first re-*  
15        *sponders, health care professionals, family*  
16        *members, and other individuals who—*

17                *(aa) have received appropriate*  
18        *training in the administration of*  
19        *naloxone; and*

20                *(bb) may administer naloxone to*  
21        *individuals reasonably believed to be*  
22        *suffering from opioid overdose; and*

23                *(II) concluded that the law described*  
24        *in subclause (I) provides adequate civil li-*

1           *ability protection applicable to such per-*  
2           *sons;*

3           *(B) has in effect legislation or implements*  
4           *a policy under which the State shall not termi-*  
5           *nate, but may suspend, enrollment under the*  
6           *State plan for medical assistance under title XIX*  
7           *of the Social Security Act (42 U.S.C. 1396 et*  
8           *seq.) for an individual who is incarcerated for a*  
9           *period of fewer than 2 years;*

10           *(C) has a process for enrollment in services*  
11           *and benefits necessary by criminal justice agen-*  
12           *cies to initiate or continue treatment in the com-*  
13           *munity, under which an individual who is in-*  
14           *carcerated may, while incarcerated, enroll in*  
15           *services and benefits that are necessary for the*  
16           *individual to continue treatment upon release*  
17           *from incarceration;*

18           *(D) ensures the capability of data sharing*  
19           *with other States, such as by making data avail-*  
20           *able to a prescription monitoring hub;*

21           *(E) ensures that data recorded in the pre-*  
22           *scription drug monitoring program database of*  
23           *the State is available within 24 hours, to the ex-*  
24           *tent possible; and*

1           (F) ensures that the prescription drug mon-  
 2           itoring program of the State notifies prescribers  
 3           and dispensers of schedule II, III, or IV con-  
 4           trolled substances when overuse or misuse of such  
 5           controlled substances by patients is suspected.

6           (c) *AUTHORIZATION OF FUNDING.*—For each of fiscal  
 7           years 2016 through 2020, the Attorney General may use,  
 8           from any unobligated balances made available under the  
 9           heading “GENERAL ADMINISTRATION” to the Depart-  
 10          ment of Justice in an appropriations Act, such amounts  
 11          as are necessary to carry out this section, not to exceed  
 12          \$5,000,000 per fiscal year.

## 13           **TITLE VII—MISCELLANEOUS**

### 14          **SEC. 701. GAO REPORT ON IMD EXCLUSION.**

15          (a) *DEFINITION.*—In this section, the term “Medicaid  
 16          Institutions for Mental Disease exclusion” means the prohi-  
 17          bition on Federal matching payments under Medicaid for  
 18          patients who have attained age 22, but have not attained  
 19          age 65, in an institution for mental diseases under subpara-  
 20          graph (B) of the matter following subsection (a) of section  
 21          1905 of the Social Security Act and subsection (i) of such  
 22          section (42 U.S.C. 1396d).

23          (b) *REPORT REQUIRED.*—Not later than 1 year after  
 24          the date of enactment of this Act, the Comptroller General  
 25          of the United States shall submit to Congress a report on

1 *the impact that the Medicaid Institutions for Mental Dis-*  
 2 *ease exclusion has on access to treatment for individuals*  
 3 *with a substance use disorder.*

4 *(c) ELEMENTS.—The report required under subsection*  
 5 *(b) shall include a review of what is known regarding—*

6 *(1) Medicaid beneficiary access to substance use*  
 7 *disorder treatments in institutions for mental disease;*  
 8 *and*

9 *(2) the quality of care provided to Medicaid*  
 10 *beneficiaries treated in and outside of institutions for*  
 11 *mental disease for substance use disorders.*

12 **SEC. 702. FUNDING.**

13 *Part II of title I of the Omnibus Crime Control and*  
 14 *Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as*  
 15 *amended by section 501, is amended by adding at the end*  
 16 *the following:*

17 **“SEC. 2999F. FUNDING.**

18 *“There are authorized to be appropriated to the Attor-*  
 19 *ney General and the Secretary of Health and Human Serv-*  
 20 *ices to carry out this part \$77,900,000 for each of fiscal*  
 21 *years 2016 through 2020.”.*

22 **SEC. 703. CONFORMING AMENDMENTS.**

23 *Part II of title I of the Omnibus Crime Control and*  
 24 *Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) is*  
 25 *amended—*

1           (1) *in the part heading, by striking “CON-*  
 2           *FRONTING USE OF METHAMPHETAMINE” and*  
 3           *inserting “COMPREHENSIVE ADDICTION AND RE-*  
 4           *COVERY”;* and

5           (2) *in section 2996(a)(1), by striking “this part”*  
 6           *and inserting “this section”.*

7   **SEC. 704. GRANT ACCOUNTABILITY.**

8           (a) *GRANTS UNDER PART II OF TITLE I OF THE OM-*  
 9           *NIBUS CRIME CONTROL AND SAFE STREETS ACT OF*  
 10          1968.—

11                 *Part II of title I of the Omnibus Crime Control*  
 12                 *and Safe Streets Act of 1968 (42 U.S.C. 3797cc et*  
 13                 *seq.), as amended by section 702, is amended by add-*  
 14                 *ing at the end the following:*

15   **“SEC. 2999G. GRANT ACCOUNTABILITY.**

16                 “(a) *DEFINITIONS.—In this section—*

17                         “(1) *the term ‘applicable committees’—*

18                                 “(A) *with respect to the Attorney General*  
 19                                 *and any other official of the Department of Jus-*  
 20                                 *tice, means—*

21   “(i) *the Committee on the Judiciary of*  
 22   *the Senate; and*

23   “(ii) *the Committee on the Judiciary*  
 24   *of the House of Representatives; and*

1           “(B) with respect to the Secretary of Health  
2 and Human Services and any other official of  
3 the Department of Health and Human Services,  
4 means—

5           “(i) the Committee on Health, Edu-  
6 cation, Labor, and Pensions of the Senate;  
7 and

8           “(ii) the Committee on Energy and  
9 Commerce of the House of Representatives;

10          “(2) the term ‘covered agency’ means—

11           “(A) the Department of Justice; and

12           “(B) the Department of Health and Human  
13 Services; and

14          “(3) the term ‘covered official’ means—

15           “(A) the Attorney General; and

16           “(B) the Secretary of Health and Human  
17 Services.

18          “(b) ACCOUNTABILITY.—All grants awarded by a cov-  
19 ered official under this part shall be subject to the following  
20 accountability provisions:

21           “(1) AUDIT REQUIREMENT.—

22           “(A) DEFINITION.—In this paragraph, the  
23 term ‘unresolved audit finding’ means a finding  
24 in the final audit report of the Inspector General  
25 of a covered agency that the audited grantee has

1           *utilized grant funds for an unauthorized expend-*  
2           *iture or otherwise unallowable cost that is not*  
3           *closed or resolved within 12 months after the*  
4           *date on which the final audit report is issued.*

5           “(B) *AUDIT.*—*Beginning in the first fiscal*  
6           *year beginning after the date of enactment of*  
7           *this section, and in each fiscal year thereafter,*  
8           *the Inspector General of a covered agency shall*  
9           *conduct audits of recipients of grants awarded*  
10           *by the applicable covered official under this part*  
11           *to prevent waste, fraud, and abuse of funds by*  
12           *grantees. The Inspector General shall determine*  
13           *the appropriate number of grantees to be audited*  
14           *each year.*

15           “(C) *MANDATORY EXCLUSION.*—*A recipient*  
16           *of grant funds under this part that is found to*  
17           *have an unresolved audit finding shall not be eli-*  
18           *gible to receive grant funds under this part dur-*  
19           *ing the first 2 fiscal years beginning after the*  
20           *end of the 12-month period described in subpara-*  
21           *graph (A).*

22           “(D) *PRIORITY.*—*In awarding grants under*  
23           *this part, a covered official shall give priority to*  
24           *eligible applicants that did not have an unre-*  
25           *solved audit finding during the 3 fiscal years be-*



1       *fore submitting an application for a grant under*  
2       *this part.*

3               “(E) *REIMBURSEMENT.*—*If an entity is*  
4       *awarded grant funds under this part during the*  
5       *2-fiscal-year period during which the entity is*  
6       *barred from receiving grants under subpara-*  
7       *graph (C), the covered official that awarded the*  
8       *grant funds shall—*

9               “(i) *deposit an amount equal to the*  
10       *amount of the grant funds that were im-*  
11       *properly awarded to the grantee into the*  
12       *General Fund of the Treasury; and*

13               “(ii) *seek to recoup the costs of the re-*  
14       *payment to the fund from the grant recipi-*  
15       *ent that was erroneously awarded grant*  
16       *funds.*

17               “(2) *NONPROFIT ORGANIZATION REQUIRE-*  
18       *MENTS.*—

19               “(A) *DEFINITION.*—*For purposes of this*  
20       *paragraph and the grant programs under this*  
21       *part, the term ‘nonprofit organization’ means an*  
22       *organization that is described in section*  
23       *501(c)(3) of the Internal Revenue Code of 1986*  
24       *and is exempt from taxation under section*  
25       *501(a) of such Code.*

1           “(B) *PROHIBITION.*—*A covered official may*  
2           *not award a grant under this part to a non-*  
3           *profit organization that holds money in offshore*  
4           *accounts for the purpose of avoiding paying the*  
5           *tax described in section 511(a) of the Internal*  
6           *Revenue Code of 1986.*

7           “(C) *DISCLOSURE.*—*Each nonprofit organi-*  
8           *zation that is awarded a grant under this part*  
9           *and uses the procedures prescribed in regulations*  
10           *to create a rebuttable presumption of reasonable-*  
11           *ness for the compensation of its officers, direc-*  
12           *tors, trustees, and key employees, shall disclose to*  
13           *the applicable covered official, in the application*  
14           *for the grant, the process for determining such*  
15           *compensation, including the independent persons*  
16           *involved in reviewing and approving such com-*  
17           *penetration, the comparability data used, and con-*  
18           *temporaneous substantiation of the deliberation*  
19           *and decision. Upon request, a covered official*  
20           *shall make the information disclosed under this*  
21           *subparagraph available for public inspection.*

22           “(3) *CONFERENCE EXPENDITURES.*—

23           “(A) *LIMITATION.*—*No amounts made*  
24           *available to a covered official under this part*  
25           *may be used by the covered official, or by any*

1           *individual or entity awarded discretionary funds*  
2           *through a cooperative agreement under this part,*  
3           *to host or support any expenditure for con-*  
4           *ferences that uses more than \$20,000 in funds*  
5           *made available by the covered official, unless the*  
6           *covered official provides prior written authoriza-*  
7           *tion that the funds may be expended to host the*  
8           *conference.*

9           “(B) *WRITTEN AUTHORIZATION.*—*Written*  
10           *authorization under subparagraph (A) shall in-*  
11           *clude a written estimate of all costs associated*  
12           *with the conference, including the cost of all food,*  
13           *beverages, audio-visual equipment, honoraria for*  
14           *speakers, and entertainment.*

15           “(C) *REPORT.*—

16           “(i) *DEPARTMENT OF JUSTICE.*—*The*  
17           *Deputy Attorney General shall submit to*  
18           *the applicable committees an annual report*  
19           *on all conference expenditures approved by*  
20           *the Attorney General under this paragraph.*

21           “(ii) *DEPARTMENT OF HEALTH AND*  
22           *HUMAN SERVICES.*—*The Deputy Secretary*  
23           *of Health and Human Services shall submit*  
24           *to the applicable committees an annual re-*  
25           *port on all conference expenditures ap-*

1           *proved by the Secretary of Health and*  
2           *Human Services under this paragraph.*

3           “(4) *ANNUAL CERTIFICATION.*—*Beginning in the*  
4           *first fiscal year beginning after the date of enactment*  
5           *of this section, each covered official shall submit to the*  
6           *applicable committees an annual certification—*

7           “(A) *indicating whether—*

8                   “(i) *all audits issued by the Office of*  
9                   *the Inspector General of the applicable*  
10                  *agency under paragraph (1) have been com-*  
11                  *pleted and reviewed by the appropriate As-*  
12                  *stant Attorney General or Director, or the*  
13                  *appropriate official of the Department of*  
14                  *Health and Human Services, as applicable;*

15                  “(ii) *all mandatory exclusions required*  
16                  *under paragraph (1)(C) have been issued;*  
17                  *and*

18                  “(iii) *all reimbursements required*  
19                  *under paragraph (1)(E) have been made;*  
20                  *and*

21           “(B) *that includes a list of any grant re-*  
22           *cipients excluded under paragraph (1) from the*  
23           *previous year.*

24           “(c) *PREVENTING DUPLICATIVE GRANTS.*—

1           “(1) *IN GENERAL.*—Before a covered official  
 2           awards a grant to an applicant under this part, the  
 3           covered official shall compare potential grant awards  
 4           with other grants awarded under this part by the cov-  
 5           ered official to determine if duplicate grant awards  
 6           are awarded for the same purpose.

7           “(2) *REPORT.*—If a covered official awards du-  
 8           plicate grants to the same applicant for the same pur-  
 9           pose, the covered official shall submit to the applicable  
 10          committees a report that includes—

11                   “(A) a list of all duplicate grants awarded,  
 12                   including the total dollar amount of any dupli-  
 13                   cate grants awarded; and

14                   “(B) the reason the covered official awarded  
 15                   the duplicate grants.”.

16          (b) *OTHER GRANTS.*—

17           (1) *DEFINITIONS.*—In this subsection—

18                   (A) the term “applicable committees”—

19                           (i) with respect to the Attorney Gen-  
 20                           eral and any other official of the Depart-  
 21                           ment of Justice, means—

22                                   (I) the Committee on the Judici-  
 23                                   ary of the Senate; and

1                   (II) *the Committee on the Judici-*  
 2                   *ary of the House of Representatives;*  
 3                   *and*

4                   (i) *with respect to the Secretary of*  
 5                   *Health and Human Services and any other*  
 6                   *official of the Department of Health and*  
 7                   *Human Services, means—*

8                   (I) *the Committee on Health,*  
 9                   *Education, Labor, and Pensions of the*  
 10                   *Senate; and*

11                   (II) *the Committee on Energy and*  
 12                   *Commerce of the House of Representa-*  
 13                   *tives;*

14                   (B) *the term “covered agency” means—*

15                   (i) *the Department of Justice; and*

16                   (ii) *the Department of Health and*  
 17                   *Human Services; and*

18                   (C) *the term “covered official” means—*

19                   (i) *the Attorney General; and*

20                   (ii) *the Secretary of Health and*  
 21                   *Human Services.*

22                   (2) *ACCOUNTABILITY.—All grants awarded by a*  
 23                   *covered official under section 201, 302, or 601 shall*  
 24                   *be subject to the following accountability provisions:*

25                   (A) *AUDIT REQUIREMENT.—*

1           (i) *DEFINITION.*—*In this subpara-*  
2           *graph, the term “unresolved audit finding”*  
3           *means a finding in the final audit report of*  
4           *the Inspector General of a covered agency*  
5           *that the audited grantee has utilized grant*  
6           *funds for an unauthorized expenditure or*  
7           *otherwise unallowable cost that is not closed*  
8           *or resolved within 12 months after the date*  
9           *on which the final audit report is issued.*

10          (ii) *AUDIT.*—*Beginning in the first fis-*  
11          *cal year beginning after the date of enact-*  
12          *ment of this Act, and in each fiscal year*  
13          *thereafter, the Inspector General of a cov-*  
14          *ered agency shall conduct audits of recipi-*  
15          *ents of grants awarded by the applicable*  
16          *covered official under section 201, 302, or*  
17          *601 to prevent waste, fraud, and abuse of*  
18          *funds by grantees. The Inspector General*  
19          *shall determine the appropriate number of*  
20          *grantees to be audited each year.*

21          (iii) *MANDATORY EXCLUSION.*—*A re-*  
22          *ipient of grant funds under section 201,*  
23          *302, or 601 that is found to have an unre-*  
24          *solved audit finding shall not be eligible to*  
25          *receive grant funds under those sections*

1           *during the first 2 fiscal years beginning*  
2           *after the end of the 12-month period de-*  
3           *scribed in clause (i).*

4           *(iv) PRIORITY.—In awarding grants*  
5           *under section 201, 302, or 601, a covered of-*  
6           *ficial shall give priority to eligible appli-*  
7           *cants that did not have an unresolved audit*  
8           *finding during the 3 fiscal years before sub-*  
9           *mitting an application for a grant under*  
10          *such section.*

11          *(v) REIMBURSEMENT.—If an entity is*  
12          *awarded grant funds under section 201,*  
13          *302, or 601 during the 2-fiscal-year period*  
14          *during which the entity is barred from re-*  
15          *ceiving grants under clause (iii), the covered*  
16          *official that awarded the funds shall—*

17                  *(I) deposit an amount equal to the*  
18                  *amount of the grant funds that were*  
19                  *improperly awarded to the grantee into*  
20                  *the General Fund of the Treasury; and*

21                  *(II) seek to recoup the costs of the*  
22                  *repayment to the fund from the grant*  
23                  *recipient that was erroneously awarded*  
24                  *grant funds.*



1 (B) *NONPROFIT ORGANIZATION REQUIRE-*  
2 *MENTS.—*

3 (i) *DEFINITION.—For purposes of this*  
4 *subparagraph and the grant programs*  
5 *under sections 201, 302, and 601, the term*  
6 *“nonprofit organization” means an organi-*  
7 *zation that is described in section 501(c)(3)*  
8 *of the Internal Revenue Code of 1986 and is*  
9 *exempt from taxation under section 501(a)*  
10 *of such Code.*

11 (ii) *PROHIBITION.—A covered official*  
12 *may not award a grant under this section*  
13 *201, 302, or 601 to a nonprofit organiza-*  
14 *tion that holds money in offshore accounts*  
15 *for the purpose of avoiding paying the tax*  
16 *described in section 511(a) of the Internal*  
17 *Revenue Code of 1986.*

18 (iii) *DISCLOSURE.—Each nonprofit or-*  
19 *ganization that is awarded a grant under*  
20 *section 201, 302, or 601 and uses the proce-*  
21 *dures prescribed in regulations to create a*  
22 *rebuttable presumption of reasonableness for*  
23 *the compensation of its officers, directors,*  
24 *trustees, and key employees, shall disclose to*  
25 *the applicable covered official, in the appli-*

1            *cation for the grant, the process for deter-*  
2            *mining such compensation, including the*  
3            *independent persons involved in reviewing*  
4            *and approving such compensation, the com-*  
5            *parability data used, and contemporaneous*  
6            *substantiation of the deliberation and deci-*  
7            *sion. Upon request, a covered official shall*  
8            *make the information disclosed under this*  
9            *clause available for public inspection.*

10            *(C) CONFERENCE EXPENDITURES.—*

11            *(i) LIMITATION.—No amounts made*  
12            *available to a covered official under section*  
13            *201, 302, or 601 may be used by the covered*  
14            *official, or by any individual or entity*  
15            *awarded discretionary funds through a co-*  
16            *operative agreement under those sections, to*  
17            *host or support any expenditure for con-*  
18            *ferences that uses more than \$20,000 in*  
19            *funds made available by the covered official,*  
20            *unless the covered official provides prior*  
21            *written authorization that the funds may be*  
22            *expended to host the conference.*

23            *(ii) WRITTEN AUTHORIZATION.—Writ-*  
24            *ten authorization under clause (i) shall in-*  
25            *clude a written estimate of all costs associ-*

1            *ated with the conference, including the cost*  
2            *of all food, beverages, audio-visual equip-*  
3            *ment, honoraria for speakers, and entertain-*  
4            *ment.*

5            *(iii) REPORT.—*

6            *(I) DEPARTMENT OF JUSTICE.—*

7            *The Deputy Attorney General shall*  
8            *submit to the applicable committees an*  
9            *annual report on all conference ex-*  
10           *penditures approved by the Attorney*  
11           *General under this subparagraph.*

12           *(II) DEPARTMENT OF HEALTH*

13           *AND HUMAN SERVICES.—The Deputy*  
14           *Secretary of Health and Human Serv-*  
15           *ices shall submit to the applicable com-*  
16           *mittees an annual report on all con-*  
17           *ference expenditures approved by the*  
18           *Secretary of Health and Human Serv-*  
19           *ices under this subparagraph.*

20           *(D) ANNUAL CERTIFICATION.—Beginning*

21           *in the first fiscal year beginning after the date*  
22           *of enactment of this Act, each covered official*  
23           *shall submit to the applicable committees an an-*  
24           *annual certification—*

25           *(i) indicating whether—*

1           (I) all audits issued by the Office  
2           of the Inspector General of the applica-  
3           ble agency under subparagraph (A)  
4           have been completed and reviewed by  
5           the appropriate Assistant Attorney  
6           General or Director, or the appropriate  
7           official of the Department of Health  
8           and Human Services, as applicable;

9           (II) all mandatory exclusions re-  
10          quired under subparagraph (A)(iii)  
11          have been issued; and

12          (III) all reimbursements required  
13          under subparagraph (A)(v) have been  
14          made; and

15          (ii) that includes a list of any grant  
16          recipients excluded under subparagraph (A)  
17          from the previous year.

18          (3) *PREVENTING DUPLICATIVE GRANTS.*—

19           (A) *IN GENERAL.*—Before a covered official  
20           awards a grant to an applicant under section  
21           201, 302, or 601, the covered official shall com-  
22           pare potential grant awards with other grants  
23           awarded under those sections by the covered offi-  
24           cial to determine if duplicate grant awards are  
25           awarded for the same purpose.

- 1           *(B) REPORT.—If a covered official awards*  
2           *duplicate grants to the same applicant for the*  
3           *same purpose, the covered official shall submit to*  
4           *the to the applicable committees a report that in-*  
5           *cludes—*
- 6                     *(i) a list of all duplicate grants award-*  
7                     *ed, including the total dollar amount of any*  
8                     *duplicate grants awarded; and*
- 9                     *(ii) the reason the covered official*  
10                    *awarded the duplicate grants.*

Calendar No. 369

114<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 524**

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**A BILL**

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

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FEBRUARY 22, 2016

Reported with an amendment