

115TH CONGRESS  
2D SESSION

# H. R. 4899

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

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 30, 2018

Mr. CARTWRIGHT (for himself, Mr. PAYNE, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Access to Substance  
5 Abuse Treatment Act of 2018”.

6 **SEC. 2. PURPOSE.**

7 It is the purpose of this Act to—

1           (1) reduce crime and improve public safety by  
2           making treatment for heroin, opioids, cocaine, meth-  
3           amphetamine, 3,4-methylenedioxymethamphetamine  
4           (ecstasy), and phencyclidine (PCP) abuse available  
5           to every American who needs it;

6           (2) keep families together by encouraging alter-  
7           natives to incarceration for nonviolent drug law of-  
8           fenses;

9           (3) help identify root causes and most effective  
10          treatment methods for heroin, opioids, cocaine,  
11          methamphetamine, 3,4-methylenedioxymethamphet-  
12          amine, and phencyclidine abuse; and

13          (4) expand research into cutting-edge treatment  
14          methods for stimulant abuse.

15 **SEC. 3. HEROIN, OPIOIDS, COCAINE, METHAMPHETAMINE,**  
16                   **3,4-METHYLENEDIOXYMETHAMPHETAMINE**  
17                   **(ECSTASY), AND PHENCYCLIDINE (PCP)**  
18                   **TREATMENT AND WRAP-AROUND PROGRAMS.**

19          Subpart 1 of part B of title V of the Public Health  
20          Service Act is amended by inserting after section 514B  
21          (42 U.S.C. 290bb–10) the following new sections:

1 **“SEC. 514C. INITIATIVE TO INCREASE HEROIN, OPIOIDS,**  
2 **COCAINE, METHAMPHETAMINE, ECSTASY,**  
3 **AND PCP TREATMENT CAPACITY.**

4       “(a) IN GENERAL.—The Secretary may make grants  
5 to State, local, and tribal governments for the purpose of  
6 increasing the availability of treatment for heroin, opioids,  
7 cocaine, methamphetamine, 3,4-methylenedioxymetham-  
8 phetamine (ecstasy), and phencyclidine (PCP) abuse.

9       “(b) REQUIREMENTS.—

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

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

17                   “(A) build treatment centers;

18                   “(B) expand existing treatment centers;

19                   “(C) hire treatment professionals;

20                   “(D) provide training and education to  
21 substance abuse professionals, medical profes-  
22 sionals, and educators related to the treatment  
23 of heroin, opioids, cocaine, methamphetamine,  
24 3,4-methylenedioxymethamphetamine,       and  
25 phencyclidine abuse; and

1           “(E) engage in other activities that the  
2           Secretary has determined are relevant to the  
3           purpose of the grants under subsection (a).

4           “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
5 are authorized to be appropriated such sums as may be  
6 necessary to carry out this section for fiscal years 2019  
7 through 2023.

8           **“SEC. 514D. HEROIN, OPIOIDS, COCAINE, METHAMPHET-**  
9                           **AMINE, ECSTASY, AND PCP ABUSE TREAT-**  
10                          **MENT VOUCHERS FOR UNDERSERVED POPU-**  
11                          **LATIONS.**

12           “(a) IN GENERAL.—The Secretary may make grants  
13 to State, local, and tribal governments and nonprofit enti-  
14 ties to provide vouchers to individuals in underserved pop-  
15 ulations for authorized services related to the treatment  
16 of such individuals for heroin, opioids, cocaine, meth-  
17 amphetamine, 3,4-methylenedioxymethamphetamine (ec-  
18 stasy), and phencyclidine (PCP) abuse.

19           “(b) REQUIREMENTS.—

20                   “(1) APPLICATION.—To seek a grant under  
21 subsection (a), a State, local, or tribal government  
22 or a nonprofit entity shall submit an application to  
23 the Secretary at such time, in such manner, and  
24 containing such information and assurances as the  
25 Secretary may require, including a description of the

1 method that such State, government, or entity will  
2 use—

3 “(A) to identify individuals who would ben-  
4 efit from treatment for heroin, opioids, cocaine,  
5 methamphetamine, 3,4-methylenedioxymetham-  
6 phetamine, or phencyclidine abuse;

7 “(B) to identify if such individuals are in  
8 underserved populations; and

9 “(C) to provide vouchers to such individ-  
10 uals in such populations.

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

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

24 “(4) MATCHING FUNDS.—The Secretary may  
25 require that recipients of grants under this section

1 provide non-Federal matching funds, as determined  
2 appropriate by the Secretary, to ensure the commit-  
3 ment of the grant recipients to the provision of  
4 vouchers for treatment to individuals who use her-  
5 oin, opioids, cocaine, methamphetamine, 3,4-  
6 methylenedioxyamphetamine, or phencyclidine.  
7 Such non-Federal matching funds may be provided  
8 directly or through donations from public or private  
9 entities and may be in cash or in-kind, fairly evalu-  
10 ated, including property, equipment, or services.

11 “(5) MAINTENANCE OF EFFORT.—The Sec-  
12 retary may require that grant recipients under this  
13 section agree to maintain expenditures of non-Fed-  
14 eral amounts for authorized services related to the  
15 treatment of heroin, opioids, cocaine, methamphet-  
16 amine, 3,4-methylenedioxyamphetamine, and  
17 phencyclidine abuse at a level that is not less than  
18 the level of such expenditures maintained by the re-  
19 cipient for the fiscal year preceding the fiscal year  
20 for which the entity receives such a grant.

21 “(c) REPORT.—

22 “(1) IN GENERAL.—Not later than December 1,  
23 2019, and annually thereafter, the Secretary shall  
24 submit a report to the Congress on the grants under  
25 subsection (a).

1           “(2) CONTENTS OF REPORT.—The report under  
2 paragraph (1) shall contain an evaluation of the ef-  
3 fectiveness of the grants made under subsection (a)  
4 in improving access to heroin, opioids, cocaine,  
5 methamphetamine, 3,4-methylenedioxymethamphet-  
6 amine, and phencyclidine treatment for underserved  
7 populations.

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

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

11                   “(A) treatment for heroin, opioids, cocaine,  
12 methamphetamine, 3,4-methylenedioxymetham-  
13 phetamine, or phencyclidine abuse, including in-  
14 dividual, group, and family counseling regard-  
15 ing such abuse;

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

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

20                   “(D) any additional services specified by  
21 the Secretary.

22           “(2) UNDERSERVED POPULATION.—The term  
23 ‘underserved population’ means a population of indi-  
24 viduals who cannot access appropriate substance  
25 abuse treatment (including comprehensive substance

1 abuse treatment) due to financial, geographical, lan-  
2 guage, socioeconomic, or cultural barriers.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
4 are authorized to be appropriated such sums as may be  
5 necessary to carry out this section for fiscal years 2019  
6 through 2023.

7 **“SEC. 514E. COMPREHENSIVE WRAP-AROUND HEROIN,**  
8 **OPIOIDS, COCAINE, METHAMPHETAMINE, 3,4-**  
9 **METHYLENEDIOXYMETHAMPHETAMINE (EC-**  
10 **STASY), AND PHENCYCLIDINE (PCP) TREAT-**  
11 **MENT SERVICES.**

12 “(a) IN GENERAL.—The Secretary may make grants  
13 to public, private, and nonprofit entities, Indian tribes,  
14 and tribal organizations to establish programs to provide  
15 for and coordinate the provision of wrap-around services  
16 to heroin, opioids, cocaine, methamphetamine, 3,4-  
17 methylenedioxyamphetamine, or phencyclidine-af-  
18 fected individuals.

19 “(b) MINIMUM QUALIFICATIONS FOR RECEIPT OF  
20 AWARD.—To seek a grant under subsection (a), a public,  
21 private, or nonprofit entity, an Indian tribe, or a tribal  
22 organization shall submit an application to the Secretary  
23 at such time, in such manner, and containing such infor-  
24 mation and assurances as the Secretary may require, in-



1 cluding assurances to the satisfaction of the Secretary  
2 that—

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

5 “(2) the applicant has entered into agreements  
6 with entities in the community involved, through  
7 which the applicant will provide wrap-around serv-  
8 ices; and

9 “(3) the applicant, or any entity through which  
10 the applicant will provide such services, meets all ap-  
11 plicable State licensure or certification requirements  
12 regarding the provision of such services.

13 “(c) PRIORITY FOR GRANT DISTRIBUTION.—In mak-  
14 ing grants under this section, the Secretary shall give pri-  
15 ority to applications for programs that serve communities  
16 with a high or increasing rate of heroin, opioids, cocaine,  
17 methamphetamine, 3,4-methylenedioxymethamphetamine,  
18 or phencyclidine abuse or addiction, as specified by the  
19 Secretary.

20 “(d) REPORTS.—For each year that a public, private,  
21 or nonprofit entity, Indian tribe, or tribal organization re-  
22 ceives a grant under subsection (a) for a program, such  
23 entity, tribe, or organization shall submit to the Secretary  
24 a report on the results and effectiveness of the program.

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

1           “(1) HEROIN, OPIOIDS, COCAINE, METH-  
2     AMPHETAMINE,   3,4-  
3     METHYLENEDIOXYMETHAMPHETAMINE,             OR  
4     PHENCYCLIDINE-AFFECTED INDIVIDUAL.—The term  
5     ‘heroin, opioids, cocaine, methamphetamine, 3,4-  
6     methylenedioxyamphetamine, or phencyclidine-  
7     affected individual’ means an individual who—

8           “(A)(i) resided in a residential inpatient  
9     treatment facility for the treatment of heroin,  
10    opioids, cocaine, methamphetamine, 3,4-  
11    methylenedioxyamphetamine, or phencycli-  
12    dine abuse or addiction; or

13          “(ii) received treatment for heroin, opioids,  
14    cocaine, methamphetamine, 3,4-methylenedioxy-  
15    methamphetamine, or phencyclidine abuse or  
16    addiction from an intensive outpatient treat-  
17    ment facility; and

18          “(B) after successful completion of such  
19    treatment reenters the community.

20           “(2) INTENSIVE OUTPATIENT TREATMENT FA-  
21    CILITY.—The term ‘intensive outpatient treatment  
22    facility’ means a facility that provides treatment for  
23    substance abuse and that, with respect to an indi-  
24    vidual receiving such treatment—

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

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

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

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

15          “(4) WRAP-AROUND SERVICES.—The term  
16          ‘wrap-around services’ means, with respect to a her-  
17          oin, opioids, cocaine, methamphetamine, 3,4-  
18          methylenedioxymethamphetamine, or phencyclidine-  
19          affected individual, the following services:

20                 “(A) Medical services.

21                 “(B) Dental services.

22                 “(C) Mental health services.

23                 “(D) Child care services.

24                 “(E) Job training services.

25                 “(F) Housing assistance.

1           “(G) Training in parenting.

2           “(H) Prevention services for family mem-  
3           bers, with respect to heroin, opioids, cocaine,  
4           methamphetamine, 3,4-methylenedioxyam-  
5           phetamine, and phencyclidine abuse or addic-  
6           tion.

7           “(I) Transportation assistance services for  
8           purposes of participation in the services listed  
9           in subparagraphs (A) through (H).

10         “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
11         are authorized to be appropriated such sums as may be  
12         necessary to carry out this section for fiscal years 2019  
13         through 2023.”.

14         **SEC. 4. EXTENSION AND EXPANSION OF RESIDENTIAL**  
15                         **TREATMENT PROGRAM FOR PREGNANT AND**  
16                         **POSTPARTUM WOMEN TO INCLUDE CARE-**  
17                         **GIVER PARENTS.**

18         Section 508 of the Public Health Service Act (42  
19         U.S.C. 290bb-1) is amended—

20                 (1) in the heading, by striking “PREGNANT AND  
21                 POSTPARTUM WOMEN” and inserting “CAREGIVER  
22                 PARENTS, INCLUDING PREGNANT WOMEN”;

23                 (2) in subsection (a)—

24                         (A) in the matter preceding paragraph

25                         (1)—

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

4 (ii) by striking “pregnant and  
5 postpartum women treatment for sub-  
6 stance abuse” and inserting “caregiver  
7 parents, including pregnant women, treat-  
8 ment for substance abuse (including treat-  
9 ment for addiction to heroin, opioids, co-  
10 caine, methamphetamine, 3,4-methylene-  
11 dioxymethamphetamine (ecstasy), or phen-  
12 cyclidine (PCP))”;

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

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

18 (3) in subsection (b)—

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

22 (B) in paragraph (2)—

23 (i) by striking “the services” and in-  
24 serting “such services”; and

1 (ii) by striking “woman” and insert-  
2 ing “caregiver parent”;

3 (4) in subsection (c)—

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

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

10 (5) in subsection (d)—

11 (A) in the matter proceeding paragraph  
12 (1), by striking “woman” and inserting “care-  
13 giver parent”;

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

17 (C) in paragraph (9)—

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

21 (ii) by striking “units” and inserting  
22 “unit”; and

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

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

4 (E) in paragraph (11)—

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

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

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

13 (7) in subsection (g)—

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

16 (B) by striking “the women” and inserting  
17 “such parents”;

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

21 (9) in subsection (j)—

22 (A) in the matter proceeding paragraph  
23 (1)—

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

1 (ii) by striking “woman” and insert-  
2 ing “caregiver parent”;

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

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

7 (10) in subsection (k)(2), by striking “women”  
8 and inserting “caregiver parents”;

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

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

14 “(m) USE OF FUNDS; PRIORITY FOR CERTAIN  
15 AREAS SERVED.—

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

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

24 “(B) For a program that provides services  
25 to caregiver parents who are single parents and



1 the sole caregivers with respect to their chil-  
2 dren.

3 “(C) For a program that provides services  
4 to any caregiver parents.

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

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

13 “(B) is determined by the Director to have  
14 high rates of addiction to heroin, opioids, co-  
15 caine, methamphetamine, 3,4-methylenedioxy-  
16 methamphetamine, or phencyclidine.”;

17 (13) in subsection (p)—

18 (A) by striking “October 1, 1994” and in-  
19 serting “January 1, 2019”;

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

24 (C) by striking the third sentence;

25 (14) in subsection (q)—

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

4 (B) by inserting after paragraph (1) the  
5 following new paragraph:

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

10 (C) by amending paragraph (3), as redesi-  
11 gnated by subparagraph (A) of this paragraph,  
12 to read as follows:

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

16 (15) in subsection (r), by striking “to fiscal  
17 years 2001 through 2003” and inserting “for fiscal  
18 years 2019 through 2023”.

19 **SEC. 5. EFFECTIVENESS OF STIMULANT TREATMENT**  
20 **METHODS.**

21 (a) RESEARCH.—The Director of the National Insti-  
22 tute on Drug Abuse shall conduct research, directly or  
23 through contract with another entity, on the effectiveness  
24 of the use of agonist and antagonist drugs to reduce the

1 problems associated with stimulant abuse, including co-  
2 caine and methamphetamine abuse.

3 (b) AUTHORIZATION OF APPROPRIATIONS.—There  
4 are authorized to be appropriated such sums as may be  
5 necessary to carry out this section for fiscal years 2019  
6 through 2023.

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

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

16 (b) AUTHORIZATION OF APPROPRIATIONS.—There  
17 are authorized to be appropriated such sums as may be  
18 necessary to carry out this section for fiscal years 2019  
19 through 2023.

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

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

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

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

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

18           (b) REPORTS.—

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

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

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

4 **SEC. 8. NO ADDITIONAL APPROPRIATIONS.**

5 This Act, and the amendments made by this Act,  
6 shall not be construed to increase the amount of appro-  
7 priations that are authorized to be approved for any fiscal  
8 year.

○