

118TH CONGRESS
1ST SESSION

S. 1785

To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 31 (legislative day, MAY 30), 2023

Mr. MARKEY (for himself, Ms. WARREN, Mr. BOOKER, Mr. CARPER, Mr. WYDEN, Mr. WELCH, Mr. MENENDEZ, Mr. MERKLEY, Mr. BLUMENTHAL, and Mr. HEINRICH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Stop Fentanyl Overdoses Act of 2023”.

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

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.

TITLE I—FENTANYL

- Sec. 101. Enhanced fentanyl surveillance.
- Sec. 102. Collection of overdose data.
- Sec. 103. Public health support for law enforcement.
- Sec. 104. Fentanyl detection.
- Sec. 105. Grants to improve public health surveillance in forensic laboratories.

TITLE II—STEMMING THE SUPPLY OF FENTANYL

- Sec. 201. Report on countries that produce synthetic drugs.
- Sec. 202. GAO report on international mail and cargo screening.

TITLE III—OVERDOSE PREVENTION AND SUBSTANCE USE
DISORDER TREATMENT PROGRAMS

- Sec. 301. Opioid treatment education.
- Sec. 302. GAO study on naloxone access.
- Sec. 303. Increasing access to medication for opioid overdose reversal; exemption from requirements of the Drug Supply Chain Security Act.
- Sec. 304. Grant program on harms of drug misuse.
- Sec. 305. Good Samaritan immunity.
- Sec. 306. Report on overdose prevention centers.
- Sec. 307. Prisons and substance use disorder treatment.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) FENTANYL-RELATED SUBSTANCE.—The
 4 term “fentanyl-related substance” has the meaning
 5 given the term in section 1308.11(h)(30)(i) of title
 6 21, Code of Federal Regulations (or successor regu-
 7 lations).

8 (2) SECRETARY.—The term “Secretary” means
 9 the Secretary of Health and Human Services.

10 **TITLE I—FENTANYL**11 **SEC. 101. ENHANCED FENTANYL SURVEILLANCE.**

12 (a) CDC SURVEILLANCE PROGRAM.—Part J of title
 13 III of the Public Health Service Act is amended by insert-
 14 ing after section 392A (42 U.S.C. 280b–1) the following:

1 **“SEC. 392B. ENHANCED FENTANYL SURVEILLANCE.**

2 “(a) DEFINITION.—In this section, the term
3 ‘fentanyl-related substance’ has the meaning given the
4 term in section 1308.11(h)(30)(i) of title 21, Code of Fed-
5 eral Regulations (or successor regulations).

6 “(b) DATA COLLECTION.—The Director of the Cen-
7 ters for Disease Control and Prevention shall enhance the
8 Overdose Data to Action program and other drug surveil-
9 lance programs of the Centers for Disease Control and
10 Prevention by—

11 “(1) encouraging States, political subdivisions
12 of States, and territories to participate in such pro-
13 grams;

14 “(2) increasing and accelerating the collection
15 of data on fentanyl, fentanyl-related substances,
16 other synthetic opioids, and new emerging drugs of
17 abuse (including harmful adulterants of fentanyl,
18 such as xylazine), including the collection of related
19 overdose data from medical examiners and drug
20 treatment admissions and information regarding
21 drug seizures; and

22 “(3) utilizing available and emerging informa-
23 tion on fentanyl, fentanyl-related substances, other
24 synthetic opioids, and new emerging drugs of abuse,
25 including information from—

1 “(A) the High Intensity Drug Trafficking
2 Areas program under section 707 of the Office
3 of National Drug Control Policy Reauthoriza-
4 tion Act of 1998;

5 “(B) the National Drug Early Warning
6 System;

7 “(C) State and local public health authori-
8 ties;

9 “(D) Federal, State, and local public
10 health laboratories; and

11 “(E) drug seizures by Federal, State, and
12 local law enforcement agencies, including infor-
13 mation from the National Seizure System and
14 the National Forensic Laboratory Information
15 System of the Drug Enforcement Administra-
16 tion.

17 “(c) INFORMATION SHARING.—The Director of the
18 Centers for Disease Control and Prevention shall publicly
19 disseminate data collected under this section.

20 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated to carry out this section
22 such sums as are necessary.”.

23 (b) LAW ENFORCEMENT REPORTING.—Each Federal
24 law enforcement agency shall report information on all
25 drug seizures by that agency to the Drug Enforcement

1 Administration for inclusion in the National Seizure Sys-
2 tem.

3 (c) GAO REPORT.—Not later than 2 years after the
4 date of enactment of this Act, the Comptroller General
5 of the United States shall—

6 (1) publish a report analyzing how Federal
7 agencies can improve their collection, reporting,
8 sharing, and analytic use of drug seizure data across
9 Federal agencies and with States and local govern-
10 ments; and

11 (2) include in such report an analysis of how
12 well available data on drug seizures can measure
13 progress toward reducing drug trafficking into and
14 within the United States, as outlined in strategies
15 such as the National Drug Control Strategy of the
16 Office of National Drug Control Policy.

17 **SEC. 102. COLLECTION OF OVERDOSE DATA.**

18 (a) IN GENERAL.—Not later than 2 years after the
19 date of enactment of this Act, the Secretary shall com-
20 mence a study on how to most efficiently track overdoses
21 by type of drug, including fentanyl.

22 (b) GRANT PROGRAM.—

23 (1) IN GENERAL.—Upon completion of the
24 study under subsection (a), and taking into consider-
25 ation the results of such study, the Secretary shall

1 award grants to States to facilitate the collection of
2 data with respect to fentanyl-involved overdoses.

3 (2) REQUIREMENT.—As a condition on receipt
4 of a grant under this subsection, an applicant shall
5 agree to share the data collected pursuant to the
6 grant with the Centers for Disease Control and Pre-
7 vention.

8 (3) PREFERENCE.—In awarding grants under
9 this subsection, the Secretary shall give preference
10 to applicants whose grant proposals demonstrate the
11 greatest need for collecting timely and accurate data
12 on overdoses.

13 **SEC. 103. PUBLIC HEALTH SUPPORT FOR LAW ENFORCE-**
14 **MENT.**

15 (a) SUPPORT FOR FENTANYL DETECTION AND HAN-
16 DLING.—The Secretary, in consultation with the Attorney
17 General, shall carry out a program to provide to Federal,
18 State, and local law enforcement agencies training on ac-
19 curate information about fentanyl and how to detect and
20 handle fentanyl.

21 (b) EVIDENCE-BASED.—The program under sub-
22 section (a) shall comply with evidence-based guidelines, in-
23 cluding the “Fentanyl Safety Recommendations for First
24 Responders” (or any successor guidelines) of the Office
25 of National Drug Control Policy.

1 **SEC. 104. FENTANYL DETECTION.**

2 (a) TESTING OF CONTAMINANTS.—The Secretary,
3 acting through the Assistant Secretary for Mental Health
4 and Substance Use, and in coordination with the Director
5 of the Centers for Disease Control and Prevention, shall
6 continue to improve efforts to enhance screening and iden-
7 tification of contaminants in drugs to prevent overdoses.

8 (b) RESEARCH INTO TECHNOLOGIES.—

9 (1) DEFINITION OF CHEMICAL SCREENING DE-
10 VICE.—In this subsection, the term “chemical
11 screening device” means an infrared spectrophotom-
12 eter, mass spectrometer, nuclear magnetic resonance
13 spectrometer, Raman spectrophotometer, ion mobil-
14 ity spectrometer, or any other device or other tech-
15 nology that is able to determine the presence of, or
16 identify, one or more contaminants in drugs.

17 (2) RESEARCH.—The Secretary shall conduct
18 or support research for the development or improve-
19 ment of portable and affordable technologies relating
20 to testing drugs for fentanyl and fentanyl-related
21 substances, including chemical screening device
22 methods.

23 (3) AUTHORIZATION OF APPROPRIATIONS.—
24 There are authorized to be appropriated to carry out
25 this subsection such sums as are necessary.

1 **SEC. 105. GRANTS TO IMPROVE PUBLIC HEALTH SURVEIL-**
 2 **LANCE IN FORENSIC LABORATORIES.**

3 Title I of the Omnibus Crime Control and Safe
 4 Streets Act of 1968 (34 U.S.C. 10101 et seq.) is amended
 5 by adding at the end the following:

6 **“PART PP—CONFRONTING THE USE OF HEROIN,**
 7 **FENTANYL, AND ASSOCIATED SYNTHETIC DRUGS**
 8 **“SEC. 3061. AUTHORITY TO MAKE GRANTS TO ADDRESS**
 9 **PUBLIC SAFETY THROUGH IMPROVED FO-**
 10 **RENSIC LABORATORY DATA.**

11 “(a) PURPOSE.—The purpose of this section is to as-
 12 sist States and units of local government in—

13 “(1) carrying out programs to improve surveil-
 14 lance of heroin, fentanyl, fentanyl-related sub-
 15 stances, and associated synthetic drugs to enhance
 16 public health;

17 “(2) improving the ability of States, Tribes, and
 18 units of local government to carry out such pro-
 19 grams; and

20 “(3) carrying out the activities as described in
 21 section 101 of the STOP Fentanyl Act of 2023.

22 “(b) GRANT AUTHORIZATION.—The Attorney Gen-
 23 eral, acting through the Director of the Bureau of Justice
 24 Assistance, may make grants to States and units of local
 25 government to improve surveillance of heroin, fentanyl,

1 fentanyl-related substances, and associated synthetic
2 drugs to enhance public health.

3 “(c) GRANT PROJECTS TO IMPROVE SURVEILLANCE
4 OF SEIZED HEROIN, FENTANYL, AND ASSOCIATED SYN-
5 THETIC DRUGS.—Grants made under subsection (b) shall
6 be used for programs, projects, and other activities to—

7 “(1) reimburse State, local, or forensic science
8 laboratories to help address backlogs of untested
9 samples of heroin, fentanyl, and associated synthetic
10 drugs;

11 “(2) reimburse State, local, or other forensic
12 science laboratories for procuring equipment, tech-
13 nology, or other support systems if the applicant for
14 the grant demonstrates to the satisfaction of the At-
15 torney General that expenditures for such purposes
16 would result in improved efficiency of laboratory
17 testing and help prevent future backlogs;

18 “(3) reimburse State, local, or other forensic
19 science laboratories for improved, real time data ex-
20 change with the Centers for Disease Control and
21 Prevention on fentanyl, fentanyl-related substances,
22 and other associated synthetic drugs present in the
23 local communities; and

1 “(4) support State, tribal, and local health de-
2 partment services deployed to address the use of
3 heroin, fentanyl, and associated synthetic drugs.

4 “(d) LIMITATION.—Not less than 60 percent of the
5 amounts made available to carry out this section shall be
6 awarded for the purposes under paragraph (1) or (2) of
7 subsection (c).

8 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to carry out this section
10 such sums as are necessary.

11 “(f) ALLOCATION.—

12 “(1) POPULATION ALLOCATION.—Seventy-five
13 percent of the amount made available to carry out
14 this section in a fiscal year shall be allocated to each
15 State that meets the requirements of section 2802
16 so that each State shall receive an amount that
17 bears the same ratio to the 75 percent of the total
18 amount made available to carry out this section for
19 that fiscal year as the population of the State bears
20 to the population of all States.

21 “(2) DISCRETIONARY ALLOCATION.—Twenty-
22 five percent of the amount made available to carry
23 out this section in a fiscal year shall be allocated
24 pursuant to the discretion of the Attorney General
25 for competitive grants to States or units of local gov-

1 ernment with high rates of primary treatment ad-
2 missions for polysubstance use, including heroin and
3 other opioids, for use by State or local law enforce-
4 ment agencies.

5 “(3) MINIMUM REQUIREMENT.—Notwith-
6 standing paragraphs (1) and (2), each State shall
7 receive not less than 0.6 percent of the amount
8 made available to carry out this section in each fis-
9 cal year.

10 “(4) CERTAIN TERRITORIES.—

11 “(A) IN GENERAL.—For purposes of the
12 allocation under this section, American Samoa
13 and the Commonwealth of the Northern Mar-
14 iana Islands shall be considered as 1 State.

15 “(B) ALLOCATION AMONGST CERTAIN TER-
16 RITORIES.—For purposes of subparagraph (A),
17 67 percent of the amount allocated shall be al-
18 located to American Samoa and 33 percent
19 shall be allocated to the Commonwealth of the
20 Northern Mariana Islands.”.

1 **TITLE II—STEMMING THE**
2 **SUPPLY OF FENTANYL**

3 **SEC. 201. REPORT ON COUNTRIES THAT PRODUCE SYN-**
4 **THETIC DRUGS.**

5 Not later than 1 year after the date of enactment
6 of this Act, the Secretary of State shall submit to the
7 Committee on the Judiciary and the Committee on For-
8 eign Relations of the Senate and the Committee on En-
9 ergy and Commerce of the House of Representatives a re-
10 port—

11 (1) identifying the countries the Secretary de-
12 termines are the principal producers of synthetic
13 drugs trafficked into the United States;

14 (2) assessing how and why those countries are
15 producing such drugs; and

16 (3) describing measures the Secretary plans to
17 take to reduce the flow of such drugs into the
18 United States.

19 **SEC. 202. GAO REPORT ON INTERNATIONAL MAIL AND**
20 **CARGO SCREENING.**

21 Not later than 1 year after the date of enactment
22 of this Act, the Comptroller General of the United States
23 shall submit to Congress a report reviewing the impact
24 of the High Intensity Drug Trafficking Areas program on
25 illicit fentanyl and fentanyl-related substances imported

1 through international mail and cargo, including discussion
2 of the following:

3 (1) The volume of fentanyl and fentanyl-related
4 substances being imported into the United States by
5 means of international mail and cargo.

6 (2) The potential impact of increased screening
7 for illicit fentanyl and fentanyl-related substances
8 on—

9 (A) deterring drug trafficking in the
10 United States;

11 (B) interdicting fentanyl and fentanyl-re-
12 lated substances that were manufactured out-
13 side of the United States and intended, or at-
14 tempted, to be imported into the United States;

15 (C) the number of Federal criminal pros-
16 ecutions based on the manufacture, distribu-
17 tion, or possession of fentanyl or fentanyl-re-
18 lated substances, disaggregated by demographic
19 data, including sex, race, and ethnicity, of the
20 offender;

21 (D) the charges brought in such prosecu-
22 tions;

23 (E) the impacts of prosecutions on reduc-
24 ing demand and availability to users; and

1 (F) the development of new fentanyl-re-
 2 lated substances.

3 (3) The need for noninvasive technology in
 4 screening for fentanyl and fentanyl-related sub-
 5 stances, taking into account the findings pursuant to
 6 paragraphs (1) and (2).

7 **TITLE III—OVERDOSE PREVEN-**
 8 **TION AND SUBSTANCE USE**
 9 **DISORDER TREATMENT PRO-**
 10 **GRAMS**

11 **SEC. 301. OPIOID TREATMENT EDUCATION.**

12 Part D of title V of the Public Health Service Act
 13 (42 U.S.C. 290dd et seq.) is amended by adding at the
 14 end the following:

15 **“SEC. 553. OPIOID TREATMENT EDUCATION.**

16 “(a) IN GENERAL.—The Secretary shall award
 17 grants to States and local governmental entities to provide
 18 education to stakeholders, including health care providers,
 19 criminal justice professionals, and substance use disorder
 20 treatment personnel, on the current state of research on
 21 treatment for opioid use disorder, including—

22 “(1) the use of opioid agonists or partial
 23 agonists; and

24 “(2) the potential benefits of the use of opioid
 25 agonists or partial agonists for affected individuals.

1 “(b) REPORT.—Not later than 1 year after the date
2 of enactment of the STOP Fentanyl Act of 2023, the Sec-
3 retary shall submit to the Committee on Health, Edu-
4 cation, Labor, and Pensions of the Senate and the Com-
5 mittee on Energy and Commerce of the House of Rep-
6 resentatives a report that includes the following data on
7 the education programs funded pursuant to grants under
8 subsection (a):

9 “(1) The number of people reached by edu-
10 cational materials funded pursuant to grants under
11 subsection (a).

12 “(2) The geographic areas where people re-
13 ceived such educational materials.

14 “(3) The remaining populations and areas tar-
15 geted for awareness of such educational materials,
16 including the characteristics of such populations and
17 areas, such as the type of stakeholder.

18 “(4) The outcomes of education provided pursu-
19 ant to grants under subsection (a), as determined by
20 the Secretary.

21 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 such sums as are necessary.”.

1 **SEC. 302. GAO STUDY ON NALOXONE ACCESS.**

2 (a) IN GENERAL.—The Comptroller General of the
3 United States shall conduct a study on actions that may
4 be taken to ensure appropriate access and affordability of
5 naloxone for individuals seeking to purchase naloxone.
6 Such study shall address what is known about—

7 (1) coverage of naloxone (in any available
8 form), including whether naloxone can be covered as
9 an over-the-counter drug under a group health plan
10 or group or individual health insurance coverage (as
11 such terms are defined in section 2791 of the Public
12 Health Service Act (42 U.S.C. 300gg–91)) or for in-
13 dividuals entitled to benefits under part A or en-
14 rolled under part B of title XVIII of the Social Se-
15 curity Act (42 U.S.C. 1395 et seq.), or receiving
16 medical assistance under a State plan under title
17 XIX of such Act (42 U.S.C. 1396 et seq.) or a waiv-
18 er of such plan;

19 (2) the out-of-pocket cost to consumers pur-
20 chasing naloxone—

21 (A) with a prescription, with and without
22 coverage under any such plan or coverage;

23 (B) over-the-counter, with and without cov-
24 erage under any such plan or coverage; and

25 (C) via standing order; and

1 (3) other factors impacting coverage, including
 2 barriers in covering naloxone as an over-the-counter
 3 drug, the relative net costs of naloxone when pur-
 4 chased over-the-counter without insurance coverage
 5 compared to when purchased with a prescription and
 6 covered under a group health plan or health insur-
 7 ance coverage, and the availability of naloxone pur-
 8 chased and distributed through public health enti-
 9 ties.

10 (b) REPORT.—Not later than 2 years after the date
 11 of enactment of this Act, the Comptroller General of the
 12 United States shall submit to Congress a report that con-
 13 tains the findings of the study conducted under subsection
 14 (a).

15 **SEC. 303. INCREASING ACCESS TO MEDICATION FOR**
 16 **OPIOID OVERDOSE REVERSAL; EXEMPTION**
 17 **FROM REQUIREMENTS OF THE DRUG SUPPLY**
 18 **CHAIN SECURITY ACT.**

19 (a) TRANSACTIONS.—Section 581(24)(B) of the Fed-
 20 eral Food, Drug, and Cosmetic Act (21 U.S.C.
 21 360eee(24)(B)) is amended—

- 22 (1) by redesignating clauses (xvii) and (xviii) as
 23 clauses (xviii) and (xix), respectively; and
 24 (2) by inserting after clause (xvi) the following:

1 “(xvii) the distribution of an opioid
 2 antagonist indicated for emergency treat-
 3 ment of opioid overdose, such as naloxone,
 4 by or to an overdose prevention, syringe
 5 services program, or other harm reduction
 6 service;”.

7 (b) WHOLESALE DISTRIBUTION.—Section 503(e)(4)
 8 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
 9 353(e)(4)) is amended—

10 (1) by redesignating subparagraphs (R) and (S)
 11 as subparagraphs (S) and (T), respectively; and

12 (2) by inserting after subparagraph (Q) the fol-
 13 lowing:

14 “(R) the distribution of an opioid antago-
 15 nist indicated for emergency treatment of opioid
 16 overdose, such as naloxone, by or to an over-
 17 dose prevention, syringe services program, or
 18 other harm reduction service;”.

19 **SEC. 304. GRANT PROGRAM ON HARMS OF DRUG MISUSE.**

20 Part D of title V of the Public Health Service Act
 21 (42 U.S.C. 290dd et seq.) (as amended by section 301)
 22 is amended by adding at the end the following:

23 **“SEC. 554. GRANT PROGRAM ON HARMS OF DRUG MISUSE.**

24 “(a) IN GENERAL.—The Assistant Secretary, in con-
 25 sultation with the Director of the Centers for Disease Con-

1 trol and Prevention, shall award grants to States and po-
2 litical subdivisions of States to support the delivery of
3 overdose prevention services, including distribution of
4 opioid reversal agents approved by the Food and Drug Ad-
5 ministration, such as naloxone, fentanyl strips, and other
6 harm reduction services that address the harms of drug
7 misuse, including by—

8 “(1) connecting individuals at risk for, or with,
9 a substance use disorder to overdose education,
10 counseling, and health education; and

11 “(2) encouraging such individuals to take steps
12 to reduce the harms associated with substance mis-
13 use.

14 “(b) CONSIDERATIONS.—In awarding grants under
15 this section, the Assistant Secretary shall prioritize grants
16 to applicants that are—

17 “(1) organizations providing culturally com-
18 petent care in terms of considerations based on race,
19 language, ethnicity, gender, sexuality, or disability;
20 or

21 “(2) proposing to serve areas with—

22 “(A) a higher proportion of the population
23 who meet criteria for dependence on, or abuse
24 of, illicit drugs;

1 “(B) a higher drug overdose death rate;
2 and

3 “(C) a greater behavioral health and sub-
4 stance use disorder workforce need.

5 “(c) SPECIAL CONSIDERATIONS.—A recipient of a
6 grant under this section shall—

7 “(1) ensure that not less than 60 percent of the
8 grant funds are used for harm reduction programs;
9 and

10 “(2) prioritize the delivery of opioid antagonists
11 to—

12 “(A) people who use opioids or illicit
13 drugs;

14 “(B) families of such people;

15 “(C) first responders, such as law enforce-
16 ment personnel and nonemergency services,
17 such as firefighters and park rangers; and

18 “(D) community service providers, such as
19 library, school, and public transportation per-
20 sonnel.

21 “(d) USE OF GRANT AWARDS.—A recipient of a
22 grant under this section may use grant funds for the fol-
23 lowing:

24 “(1) Adapting, maintaining, and expanding es-
25 sential services provided by harm reduction service

1 organizations to address the risks of drug overdose
2 and contraction of infectious disease.

3 “(2) Maintaining or hiring staff.

4 “(3) Supporting program operational costs, in-
5 cluding staff, rent, and vehicle purchase or mainte-
6 nance.

7 “(4) Program supplies.

8 “(5) Support and case management services.

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 such sums as are necessary.”.

12 **SEC. 305. GOOD SAMARITAN IMMUNITY.**

13 (a) IN GENERAL.—Part B of title II of the Public
14 Health Service Act (42 U.S.C. 238 et seq.) is amended
15 by adding at the end the following:

16 **“SEC. 249. GOOD SAMARITAN IMMUNITY.**

17 “(a) LIMITATION ON CIVIL LIABILITY FOR INDIVID-
18 UALS WHO ADMINISTER OPIOID OVERDOSE REVERSAL
19 DRUGS.—

20 “(1) IN GENERAL.—Notwithstanding any other
21 provision of law, except as provided in paragraph
22 (2), no individual shall be liable in any Federal or
23 State proceeding for harm caused by the emergency
24 administration of an opioid overdose reversal drug to
25 an individual who has or reasonably appears to have

1 suffered an overdose from heroin or another opioid,
2 if the individual administers the opioid overdose re-
3 versal drug in good faith.

4 “(2) EXCEPTION.—Paragraph (1) shall not
5 apply to an individual if the harm was caused by the
6 gross negligence or reckless misconduct of the indi-
7 vidual who administers the drug.

8 “(3) DEFINITION OF OPIOID OVERDOSE REVER-
9 SAL DRUG.—In this subsection, the term ‘opioid
10 overdose reversal drug’ means a drug approved
11 under section 505 of the Federal Food, Drug, and
12 Cosmetic Act that is indicated for the partial or
13 complete reversal of the pharmacological effects of
14 an opioid overdose in the human body.

15 “(b) IMMUNITY FROM LIABILITY.—

16 “(1) IMMUNITY.—

17 “(A) IN GENERAL.—An individual de-
18 scribed in subparagraph (B) shall not be cited,
19 arrested, prosecuted, criminally liable, or sub-
20 ject to any sanction for a violation of a condi-
21 tion of supervised release under section 404 of
22 the Controlled Substances Act for the posses-
23 sion or use of a controlled substance, or under
24 any other provision of Federal law regulating
25 the misuse of prescription drugs, as a result of

1 seeking medical assistance as described in
 2 clause (i), (ii), or (iii) of subparagraph (B).

3 “(B) INDIVIDUAL DESCRIBED.—An indi-
 4 vidual referred to in subparagraph (A) is an in-
 5 dividual who, in good faith and in a timely
 6 manner—

7 “(i) seeks medical assistance for an-
 8 other individual who is experiencing a drug
 9 overdose;

10 “(ii) seeks medical assistance for him-
 11 self or herself for a drug overdose; or

12 “(iii) is the subject of a request for
 13 medical assistance for another individual
 14 who is experiencing a drug overdose.

15 “(2) PREEMPTION.—This subsection preempts
 16 the laws of a State or any political subdivision of a
 17 State to the extent that such laws are inconsistent
 18 with this subsection, unless such laws provide great-
 19 er protection from liability.

20 “(3) DEFINITIONS.—In this section:

21 “(A) CONTROLLED SUBSTANCE.—The
 22 term ‘controlled substance’ has the meaning
 23 given the term in section 102 of the Controlled
 24 Substances Act.

“(B) DRUG OVERDOSE.—The term ‘drug overdose’ means an acute condition resulting from or believed to be resulting from the use of a controlled substance, which an individual, who is not a health care professional, would reasonably believe requires medical assistance.

“(C) PRESCRIPTION DRUG.—The term ‘prescription drug’ means a drug subject to section 503(b)(1) of the Federal Food, Drug, and Cosmetic Act.

“(D) SEEKS MEDICAL ASSISTANCE; SEEKING MEDICAL ASSISTANCE.—The terms ‘seeks medical assistance’ and ‘seeking such medical assistance’ include—

“(i) reporting a drug or alcohol overdose or other medical emergency to a law enforcement authority, the 9–1–1 system, a poison control center, or a medical provider;

“(ii) assisting another individual who is making a report described in clause (i);
or

“(iii) providing care by administering a drug to someone who is experiencing a drug or alcohol overdose or other medical

1 emergency while awaiting the arrival of
2 medical assistance.”.

3 (b) PUBLIC AWARENESS CAMPAIGN.—The Secretary,
4 in coordination with the Administrator of the Drug En-
5 forcement Administration, shall carry out a campaign to
6 increase public awareness of the limitations on civil and
7 criminal liability established by section 249 of the Public
8 Health Service Act (as added by subsection (a)).

9 **SEC. 306. REPORT ON OVERDOSE PREVENTION CENTERS.**

10 The Secretary shall enter into an agreement with the
11 National Academies of Sciences, Engineering, and Medi-
12 cine under which the National Academies shall—

13 (1) not later than 2 years after the date of the
14 agreement, submit to Congress a report on overdose
15 prevention centers; and

16 (2) include in the report required under para-
17 graph (1)—

18 (A) identification of barriers to operating
19 overdose prevention centers;

20 (B) a compilation of the data available to
21 measure effectiveness of overdose prevention
22 centers on preventing and reducing regional
23 rates of overdose deaths, and practices utilized
24 at overdose prevention centers to improve ac-

cess to medication for opioid use disorder and recovery services;

(C) identification of best practices at overdose prevention centers to promote individual and public health, provide resources to individuals and families, improve access to substance use disorder and behavioral health services, and reduce stigma;

(D) recommendations for developing integrated care settings inclusive of overdose prevention sites and incorporating overdose prevention sites into referral networks; and

(E) recommended approaches to overdose prevention services that may serve as effective strategies for recovery for people using fentanyl, fentanyl-related substances, other synthetic opioids, and new emerging drugs of abuse (including harmful adulterants of fentanyl, such as xylazine).

SEC. 307. PRISONS AND SUBSTANCE USE DISORDER TREATMENT.

(a) PRISONS AND MEDICATION-ASSISTED TREATMENT.—

(1) IN GENERAL.—The Director of the Bureau of Prisons, in collaboration with the Director of the

1 Office of National Drug Control Policy, shall estab-
 2 lish a program to offer—

3 (A) all drugs that are approved by the
 4 Food and Drug Administration for treatment of
 5 a substance use disorder;

6 (B) counseling and other psychosocial
 7 treatments for the treatment of substance use
 8 disorder; and

9 (C) evidence-based withdrawal manage-
 10 ment services to individuals in the custody of
 11 the Bureau of Prisons to provide a comprehen-
 12 sive treatment approach substance use dis-
 13 orders.

14 (2) AUTHORIZATION OF APPROPRIATIONS.—

15 There are authorized to be appropriated to carry out
 16 this subsection such sums as are necessary.

17 (b) RESIDENTIAL SUBSTANCE ABUSE TREATMENT
 18 FOR STATE PRISONERS.—Section 1904(d) of title I of the
 19 Omnibus Crime Control and Safe Streets Act of 1968 (34
 20 U.S.C. 10424(d)) is amended—

21 (1) by striking “means” and inserting the fol-
 22 lowing:

23 “(1) means”;

24 (2) by striking the period at the end and insert-
 25 ing “; and”; and

1 (3) by adding at the end the following:

2 “(2) includes any such course of comprehensive
3 individual and group substance abuse treatment
4 services using medication-assisted treatment for
5 opioid use disorder (including the use of any drug
6 approved or licensed by the Food and Drug Admin-
7 istration for such treatment).”.

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