that do not supersede or modify any existing authorities.

(r) Transformative health technology defined

In this section, the term ''transformative health technology'' means a novel, broadly applicable capability or technology—

(1) that has potential to revolutionize the detection, diagnosis, mitigation, prevention, cure, or treatment of a disease or health condition that can cause severe health outcomes and which is an area of currently unmet need; and

(2) for which—

(A) significant scientific or technical challenges exist; or

(B) incentives in the commercial market are unlikely to result in the adequate or timely development of such capability or technology.

(s) Authorization of appropriations

To carry out this section, there is authorized to be appropriated $500,000,000 for each of the fiscal years 2024 through 2028, to remain available until expended.

(t) Additional budget clarification

Any budget request for ARPA–H shall propose a separate appropriation from the other accounts of the National Institutes of Health.

(July 1, 1944, ch. 373, title IV, § 499A, as added Pub. L. 117–328, div. FF, title II, § 2331(a), Dec. 29, 2022, 136 Stat. 5770.)

Editorial Notes

REFERENCES IN TEXT

The Federal Advisory Committee Act, referred to in subsec. (p)(3), is Pub. L. 92–463, Oct. 6, 1972, 86 Stat. 770, which was set out in the Appendix to Title 5, Government Organization and Employees, and was substantially repealed and restated in chapter 10 (§ 1001 et seq.) of Title 5 by Pub. L. 117–286, §§ 3(a), 7, Dec. 27, 2022, 136 Stat. 4197, 4361. For disposition of sections of the Act into chapter 10 of Title 5, see Disposition Table preceding section 101 of Title 5.

PRIOR PROVISIONS

A prior section 499A of act July 1, 1944, was renumbered section 499 by Pub. L. 103–43 and is classified to section 290b of this title.

SUBCHAPTER III–A—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

PART A—ORGANIZATION AND GENERAL AUTHORITIES

§ 290aa. Substance Abuse and Mental Health Services Administration

(a) Establishment

The Substance Abuse and Mental Health Services Administration (hereafter referred to in this subchapter as the ''Administration'') is an agency of the Service.

(b) Centers

The following Centers are agencies of the Administration:

(1) The Center for Substance Abuse Treatment.

(2) The Center for Substance Abuse Prevention.

(3) The Center for Mental Health Services.

(c) Assistant Secretary and Deputy Assistant Secretary

(1) Assistant Secretary

The Administration shall be headed by an official to be known as the Assistant Secretary for Mental Health and Substance Use (hereinafter in this subchapter referred to as the ''Assistant Secretary'') who shall be appointed by the President, by and with the advice and consent of the Senate.

(2) Deputy Assistant Secretary

The Assistant Secretary, with the approval of the Secretary, may appoint a Deputy Assistant Secretary and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

(d) Authorities

The Secretary, acting through the Assistant Secretary, shall—

(1) supervise the functions of the Centers of the Administration in order to assure that the programs carried out through each such Center receive appropriate and equitable support and that there is cooperation among the Centers in the implementation of such programs;

(2) establish and implement, through the respective Centers, a comprehensive program to improve the provision of treatment and related services to individuals with respect to substance use disorders and mental illness and to improve prevention services, promote mental health and protect the legal rights of individuals with mental illnesses and individuals with substance use disorders;

(3) carry out the administrative and financial management, policy development and planning, evaluation, knowledge dissemination, and public information functions that are required for the implementation of this subchapter;

(4) assure that the Administration conduct and coordinate demonstration projects, evaluations, and service system assessments and other activities necessary to improve the availability and quality of treatment, prevention and related services;

(5) support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance use disorder goals and model programs;

(6) in cooperation with the National Institutes of Health, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration, develop educational materials and intervention strategies to reduce the risks of HIV, hepatitis, tuberculosis, and other communicable diseases among individuals with mental or substance use disorders, and to develop appropriate mental health services for individuals with such diseases or disorders;

(7) coordinate Federal policy with respect to the provision of treatment services for sub-

stance use disorders, including services that utilize drugs or devices approved or cleared by the Food and Drug Administration for the treatment of substance use disorders;

(8) conduct programs, and assure the coordination of such programs with activities of the National Institutes of Health and the Agency for Healthcare Research and Quality, as appropriate, to evaluate the process, outcomes and community impact of prevention and treatment services and systems of care in order to identify the manner in which such services can most effectively be provided;

(9) collaborate with the Director of the National Institutes of Health in the development and maintenance of a system by which the relevant research findings of the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and, as appropriate, the Agency for Healthcare Research and Quality are disseminated to service providers in a manner designed to improve the delivery and effectiveness of prevention, treatment, and recovery support services and are appropriately incorporated into programs carried out by the Administration;

(10) encourage public and private entities that provide health insurance to provide benefits for substance use disorder and mental health services;

(11) work with relevant agencies of the Department of Health and Human Services on integrating mental health promotion and substance use disorder prevention with general health promotion and disease prevention and integrating mental and substance use disorders treatment services with physical health treatment services;

(12) monitor compliance by hospitals and other facilities with the requirements of sections 290dd–1 and 290dd–2 of this title;

(13) with respect to grant programs authorized under this subchapter or part B of subchapter XVII, or grant programs otherwise funded by the Administration—

(A) require that all grants that are awarded for the provision of services are subject to performance and outcome evaluations;

(B) ensure that the director of each Center of the Administration consistently documents the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded;

(C) require that all grants that are awarded to entities other than States are awarded only after the State in which the entity intends to provide services—

(i) is notified of the pendency of the grant application; and

(ii) is afforded an opportunity to comment on the merits of the application; and

(D) inform a State when any funds are awarded through such a grant to any entity within such State;

(14) assure that services provided with amounts appropriated under this subchapter are provided bilingually, if appropriate;

(15) improve coordination among prevention programs, treatment facilities and nonhealth care systems such as employers, labor unions, and schools, and encourage the adoption of employee assistance programs and student assistance programs;

(16) maintain a clearinghouse for substance use disorder information, including evidence-based and promising best practices for prevention, treatment, and recovery support services for individuals with mental and substance use disorders, to assure the widespread dissemination of such information to States, political subdivisions, educational agencies and institutions, treatment providers, and the general public;

(17) in collaboration with the National Institute on Aging, and in consultation with the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and the National Institute of Mental Health, as appropriate, promote and evaluate substance use disorder services for older Americans in need of such services, and mental health services for older Americans who are seriously mentally ill;

(18) promote the coordination of service programs conducted by other departments, agencies, organizations and individuals that are or may be related to the problems of individuals suffering from mental illness or substance abuse, including liaisons with the Social Security Administration, Centers for Medicare & Medicaid Services, and other programs of the Department, as well as liaisons with the Department of Education, Department of Justice, and other Federal Departments and offices, as appropriate;

(19) consult with State, local, and tribal governments, nongovernmental entities, and individuals with mental illness, particularly adults with a serious mental illness, children with a serious emotional disturbance, and the family members of such adults and children, with respect to improving community-based and other mental health services;

(20) collaborate with the Secretary of Defense and the Secretary of Veterans Affairs to improve the provision of mental and substance use disorder services provided by the Department of Defense and the Department of Veterans Affairs to members of the Armed Forces, veterans, and the family members of such members and veterans, including through the provision of services using the telehealth capabilities of the Department of Defense and the Department of Veterans Affairs;

(21) collaborate with the heads of relevant Federal agencies and departments, States, communities, and nongovernmental experts to improve mental and substance use disorders services for chronically homeless individuals, including by designing strategies to provide such services in supportive housing;

(22) work with States and other stakeholders to develop and support activities to recruit and retain a workforce addressing mental and substance use disorders;

(23) collaborate with the Attorney General and representatives of the criminal justice system to improve mental and substance use disorders services for individuals who have been arrested or incarcerated;

(24) support the continued access to, or availability of, mental health and substance use disorder services during, or in response to, a public health emergency declared under section 247d of this title, including in consultation with, as appropriate, the Assistant Secretary for Preparedness and Response, the Director of the Centers for Disease Control and Prevention, and the heads of other relevant agencies, in preparing for, and responding to, a public health emergency;

(25) after providing an opportunity for public input, set standards for grant programs under this subchapter for mental and substance use disorders services and prevention programs, which standards may address—

(A) the capacity of the grantee to implement the award;

(B) requirements for the description of the program implementation approach;

(C) the extent to which the grant plan submitted by the grantee as part of its application must explain how the grantee will reach the population of focus and provide a statement of need, which may include information on how the grantee will increase access to services and a description of measurable objectives for improving outcomes;

(D) the extent to which the grantee must collect and report on required performance measures; and

(E) the extent to which the grantee is proposing to use evidence-based practices;

(26)[1] advance, through existing programs, the use of performance metrics, including those based on the recommendations on performance metrics from the Assistant Secretary for Planning and Evaluation under section 6021(d) of the Helping Families in Mental Health Crisis Reform Act of 2016; and

(26)[1] collaborate with national accrediting entities, recovery housing providers, organizations or individuals with established expertise in delivery of recovery housing services, States, Federal agencies (including the Department of Health and Human Services, the Department of Housing and Urban Development, and the agencies listed in section 290ee–5(e)(2)(B) of this title), and other relevant stakeholders, to promote the availability of high-quality recovery housing and services for individuals with a substance use disorder.

(e) Associate Administrator for Alcohol Prevention and Treatment Policy

(1) In general

There may be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Assistant Secretary may delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also may ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2010 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.

(2) Plan

(A) The Assistant Secretary, acting through the Associate Administrator for Alcohol Prevention and Treatment Policy, shall develop, and periodically review and as appropriate revise, a plan for programs and policies to treat and prevent alcoholism and alcohol abuse. The plan shall be developed (and reviewed and revised) in collaboration with the Directors of the Centers of the Administration and in consultation with members of other Federal agencies and public and private entities.

(B) Not later than 1 year after July 10, 1992, the Assistant Secretary shall submit to the Congress the first plan developed under subparagraph (A).

(3) Report

(A) Not less than once during each 2 years, the Assistant Secretary, acting through the Associate Administrator for Alcohol Prevention and Treatment Policy, shall prepare a report describing the alcoholism and alcohol abuse prevention and treatment programs undertaken by the Administration and its agencies, and the report shall include a detailed statement of the expenditures made for the activities reported on and the personnel used in connection with such activities.

(B) Each report under subparagraph (A) shall include a description of any revisions in the plan under paragraph (2) made during the preceding 2 years.

(C) Each report under subparagraph (A) shall be submitted to the Assistant Secretary for inclusion in the biennial report under subsection (m).

(f) Associate Administrator for Women's Services

(1) Appointment

The Assistant Secretary, with the approval of the Secretary, shall appoint an Associate Administrator for Women's Services who shall report directly to the Assistant Secretary.

(2) Duties

The Associate Administrator appointed under paragraph (1) shall—

(A) establish a committee to be known as the Coordinating Committee for Women's Services (hereafter in this subparagraph referred to as the ''Coordinating Committee''), which shall be composed of the Directors of the agencies of the Administration (or the designees of the Directors);

(B) acting through the Coordinating Committee, with respect to women's substance abuse and mental health services—

(i) identify the need for such services, and make an estimate each fiscal year of

[1] So in original. Two pars. (26) have been enacted.

the funds needed to adequately support the services;

(ii) identify needs regarding the coordination of services;

(iii) encourage the agencies of the Administration to support such services; and

(iv) assure that the unique needs of minority women, including Native American, Hispanic, African-American and Asian women, are recognized and addressed within the activities of the Administration; and

(C) establish an advisory committee to be known as the Advisory Committee for Women's Services, which shall be composed of not more than 10 individuals, a majority of whom shall be women, who are not officers or employees of the Federal Government, to be appointed by the Assistant Secretary from among physicians, practitioners, treatment providers, and other health professionals, whose clinical practice, specialization, or professional expertise includes a significant focus on women's substance abuse and mental health conditions, that shall—

(i) advise the Associate Administrator on appropriate activities to be undertaken by the agencies of the Administration with respect to women's substance abuse and mental health services, including services which require a multidisciplinary approach;

(ii) collect and review data, including information provided by the Secretary (including the material referred to in paragraph (3)), and report biannually to the Assistant Secretary regarding the extent to which women are represented among senior personnel, and make recommendations regarding improvement in the participation of women in the workforce of the Administration; and

(iii) prepare, for inclusion in the biennial report required pursuant to subsection (m), a description of activities of the Committee, including findings made by the Committee regarding—

(I) the extent of expenditures made for women's substance abuse and mental health services by the agencies of the Administration; and

(II) the estimated level of funding needed for substance abuse and mental health services to meet the needs of women;

(D) improve the collection of data on women's health by—

(i) reviewing the current data at the Administration to determine its uniformity and applicability;

(ii) developing standards for all programs funded by the Administration so that data are, to the extent practicable, collected and reported using common reporting formats, linkages and definitions; and

(iii) reporting to the Assistant Secretary a plan for incorporating the standards developed under clause (ii) in all Administration programs and a plan to assure that the data so collected are accessible to health professionals, providers, researchers, and members of the public; and

(E) shall establish, maintain, and operate a program to provide information on women's substance abuse and mental health services.

(3) Study

(A) The Secretary, acting through the Assistant Secretary for Personnel, shall conduct a study to evaluate the extent to which women are represented among senior personnel at the Administration.

(B) Not later than 90 days after July 10, 1992, the Assistant Secretary for Personnel shall provide the Advisory Committee for Women's Services with a study plan, including the methodology of the study and any sampling frames. Not later than 180 days after July 10, 1992, the Assistant Secretary shall prepare and submit directly to the Advisory Committee a report concerning the results of the study conducted under subparagraph (A).

(C) The Secretary shall prepare and provide to the Advisory Committee for Women's Services any additional data as requested.

(4) Office

Nothing in this subsection shall be construed to preclude the Secretary from establishing within the Substance Abuse and Mental Health Administration an Office of Women's Health.

(5) Definition

For purposes of this subsection, the term ''women's substance abuse and mental health conditions'', with respect to women of all age, ethnic, and racial groups, means all aspects of substance abuse and mental illness—

(A) unique to or more prevalent among women; or

(B) with respect to which there have been insufficient services involving women or insufficient data.

(g) Chief Medical Officer

(1) In general

The Assistant Secretary, with the approval of the Secretary, shall appoint a Chief Medical Officer to serve within the Administration.

(2) Eligible candidates

The Assistant Secretary shall select the Chief Medical Officer from among individuals who—

(A) have a doctoral degree in medicine or osteopathic medicine;

(B) have experience in the provision of mental or substance use disorder services;

(C) have experience working with mental or substance use disorder programs;

(D) have an understanding of biological, psychosocial, and pharmaceutical treatments of mental or substance use disorders; and

(E) are licensed to practice medicine in one or more States.

(3) Duties

The Chief Medical Officer shall—

(A) serve as a liaison between the Administration and providers of mental and substance use disorders prevention, treatment, and recovery services;

(B) assist the Assistant Secretary in the evaluation, organization, integration, and coordination of programs operated by the Administration;

(C) promote evidence-based and promising best practices, including culturally and linguistically appropriate practices, as appropriate, for the prevention and treatment of, and recovery from, mental and substance use disorders, including serious mental illness and serious emotional disturbances;

(D) participate in regular strategic planning with the Administration;

(E) coordinate with the Assistant Secretary for Planning and Evaluation to assess the use of performance metrics to evaluate activities within the Administration related to mental and substance use disorders; and

(F) coordinate with the Assistant Secretary to ensure mental and substance use disorders grant programs within the Administration consistently utilize appropriate performance metrics and evaluation designs.

(h) Services of experts

(1) In general

The Assistant Secretary may obtain (in accordance with section 3109 of title 5, but without regard to the limitation in such section on the number of days or the period of service) the services of not more than 20 experts or consultants who have professional qualifications. Such experts and consultants shall be obtained for the Administration and for each of its agencies.

(2) Compensation and expenses

(A) Experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed for their expenses associated with traveling to and from their assignment location in accordance with sections 5724, 5724a(a), 5724a(c), and 5726(c) of title 5.

(B) Expenses specified in subparagraph (A) may not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1), unless and until the expert or consultant agrees in writing to complete the entire period of assignment or one year, whichever is shorter, unless separated or reassigned for reasons beyond the control of the expert or consultant that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a debt of the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

(i) Peer review groups

The Assistant Secretary shall, without regard to the provisions of title 5 governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title, relating to classification and General Schedule pay rates, establish such peer review groups and program advisory committees as are needed to carry out the requirements of this subchapter and appoint and pay members of such groups, except that officers and employees of the United States shall not receive additional compensation for services as members of such groups. Chapter 10 of title 5 shall not apply to the duration of a peer review group appointed under this subsection.

(j) Voluntary services

The Assistant Secretary may accept voluntary and uncompensated services.

(k) Administration

The Assistant Secretary shall ensure that programs and activities assigned under this subchapter to the Administration are fully administered by the respective Centers to which such programs and activities are assigned.

(*l*) Strategic plan

(1) In general

Not later than September 30, 2018, and every 4 years thereafter, the Assistant Secretary shall develop and carry out a strategic plan in accordance with this subsection for the planning and operation of activities carried out by the Administration, including evidence-based programs.

(2) Coordination

In developing and carrying out the strategic plan under this subsection, the Assistant Secretary shall take into consideration the findings and recommendations of the Assistant Secretary for Planning and Evaluation under section 6021(d) of the Helping Families in Mental Health Crisis Reform Act of 2016 and the report of the Interdepartmental Serious Mental Illness Coordinating Committee under section 290aa–0b of this title.

(3) Publication of plan

Not later than September 30, 2018, and every 4 years thereafter, the Assistant Secretary shall—

(A) submit the strategic plan developed under paragraph (1) to the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate; and

(B) post such plan on the Internet website of the Administration.

(4) Contents

The strategic plan developed under paragraph (1) shall—

(A) identify strategic priorities, goals, and measurable objectives for mental and substance use disorders activities and programs operated and supported by the Administration, including priorities to prevent or eliminate the burden of mental and substance use disorders;

(B) identify ways to improve the quality of services for individuals with mental and substance use disorders, and to reduce homelessness, arrest, incarceration, violence, including self-directed violence, and unnecessary hospitalization of individuals with a

mental or substance use disorder, including adults with a serious mental illness or children with a serious emotional disturbance;

(C) ensure that programs provide, as appropriate, access to effective and evidence-based prevention, diagnosis, intervention, treatment, and recovery services, including culturally and linguistically appropriate services, as appropriate, for individuals with a mental or substance use disorder;

(D) identify opportunities to collaborate with the Health Resources and Services Administration to develop or improve—

(i) initiatives to encourage individuals to pursue careers (especially in rural and underserved areas and with rural and underserved populations) as psychiatrists, including child and adolescent psychiatrists, psychologists, psychiatric nurse practitioners, physician assistants, clinical social workers, certified peer support specialists, licensed professional counselors, or other licensed or certified mental health or substance use disorder professionals, including such professionals specializing in the diagnosis, evaluation, or treatment of adults with a serious mental illness or children with a serious emotional disturbance; and

(ii) a strategy to improve the recruitment, training, and retention of a workforce for the treatment of individuals with mental or substance use disorders, or co-occurring disorders;

(E) identify opportunities to improve collaboration with States, local governments, communities, and Indian tribes and tribal organizations (as such terms are defined in section 5304 of title 25);

(F) specify a strategy to disseminate evidence-based and promising best practices related to prevention, diagnosis, early intervention, treatment, and recovery services related to mental illness, particularly for adults with a serious mental illness and children with a serious emotional disturbance, and for individuals with a substance use disorder; and

(G) specify a strategy to support the continued access to, or availability of, mental health and substance use disorder services, including to at-risk individuals (as defined in section 300hh–1(b)(4) of this title), during, or in response to, public health emergencies declared pursuant to section 247d of this title.

(m) Biennial report concerning activities and progress

Not later than September 30, 2020, and every 2 years thereafter, the Assistant Secretary shall prepare and submit to the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate, and post on the Internet website of the Administration, a report containing at a minimum—

(1) a review of activities conducted or supported by the Administration, including progress toward strategic priorities, goals, and objectives identified in the strategic plan developed under subsection (l);

(2) an assessment of programs and activities carried out by the Assistant Secretary, including the extent to which programs and activities under this subchapter and part B of subchapter XVII meet identified goals and performance measures developed for the respective programs and activities;

(3) a description of the progress made in addressing gaps in mental and substance use disorders prevention, treatment, and recovery services and improving outcomes by the Administration, including with respect to serious mental illnesses, serious emotional disturbances, and co-occurring disorders;

(4) a description of the Administration's activities to support the continued provision of mental health and substance use disorder services, as applicable, in response to public health emergencies declared pursuant to section 247d of this title;

(5) a description of the manner in which the Administration coordinates and partners with other Federal agencies and departments related to mental and substance use disorders, including activities related to—

(A) the implementation and dissemination of research findings into improved programs, including with respect to how advances in serious mental illness and serious emotional disturbance research have been incorporated into programs;

(B) the recruitment, training, and retention of a mental and substance use disorders workforce;

(C) the integration of mental disorder services, substance use disorder services, and physical health services;

(D) relevant preparedness and response activities;

(E) homelessness; and

(F) veterans;

(6) a description of the manner in which the Administration promotes coordination by grantees under this subchapter, and part B of subchapter XVII, with State or local agencies; and

(7) a description of the activities carried out under section 290aa–0(e) of this title, with respect to mental and substance use disorders, including—

(A) the number and a description of grants awarded;

(B) the total amount of funding for grants awarded;

(C) a description of the activities supported through such grants, including outcomes of programs supported; and

(D) information on how the National Mental Health and Substance Use Policy Laboratory is consulting with the Assistant Secretary for Planning and Evaluation and collaborating with the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, the Center for Behavioral Health Statistics and Quality, and the Center for Mental Health Services to carry out such activities; and

(8) recommendations made by the Assistant Secretary for Planning and Evaluation under

section 6021 of the Helping Families in Mental Health Crisis Reform Act of 2016 to improve programs within the Administration, and actions taken in response to such recommendations to improve programs within the Administration.

The Assistant Secretary may meet reporting requirements established under this subchapter by providing the contents of such reports as an addendum to the biennial report established under this subsection, notwithstanding the timeline of other reporting requirements in this subchapter. Nothing in this subsection shall be construed to alter the content requirements of such reports or authorize the Assistant Secretary to alter the timeline of any such reports to be less frequent than biennially, unless as specified in this subchapter.

(n) Applications for grants and contracts

With respect to awards of grants, cooperative agreements, and contracts under this subchapter, the Assistant Secretary, or the Director of the Center involved, as the case may be, may not make such an award unless—

(1) an application for the award is submitted to the official involved;

(2) with respect to carrying out the purpose for which the award is to be provided, the application provides assurances of compliance satisfactory to such official; and

(3) the application is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the official determines to be necessary to carry out the purpose for which the award is to be provided.

(*o*) Emergency response

(1) In general

Notwithstanding section 290aa–3 of this title and except as provided in paragraph (2), the Secretary may use not to exceed 2.5 percent of all amounts appropriated under this subchapter for a fiscal year to make noncompetitive grants, contracts or cooperative agreements to public entities to enable such entities to address emergency substance abuse or mental health needs in local communities.

(2) Exceptions

Amounts appropriated under part C shall not be subject to paragraph (1).

(3) Emergencies

The Secretary shall establish criteria for determining that a substance abuse or mental health emergency exists and publish such criteria in the Federal Register prior to providing funds under this subsection.

(4) Emergency response

Amounts made available for carrying out this subsection shall remain available through the end of the fiscal year following the fiscal year for which such amounts are appropriated.

(p) Limitation on the use of certain information

No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section 290aa–4 of this title may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Secretary) to its publication or release in other form.

(q) Authorization of appropriations

For the purpose of providing grants, cooperative agreements, and contracts under this section, there are authorized to be appropriated $25,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(July 1, 1944, ch. 373, title V, § 501, formerly Pub. L. 93–282, title II, § 201, May 14, 1974, 88 Stat. 134, as amended Pub. L. 94–371, § 8, July 26, 1976, 90 Stat. 1040; renumbered § 501 of act July 1, 1944, and amended Pub. L. 98–24, § 2(b)(2), Apr. 26, 1983, 97 Stat. 176; Pub. L. 98–509, title II, § 201, title III, § 301(c)(1), Oct. 19, 1984, 98 Stat. 2359, 2364; Pub. L. 99–570, title IV, § 4003, Oct. 27, 1986, 100 Stat. 3207–106; Pub. L. 100–690, title II, § 2058(a)(2), Nov. 18, 1988, 102 Stat. 4213; Pub. L. 101–93, § 3(f), Aug. 16, 1989, 103 Stat. 611; Pub. L. 102–321, title I, § 101(a), July 10, 1992, 106 Stat. 324; Pub. L. 104–201, div. A, title XVII, § 1723(a)(3)(A), Sept. 23, 1996, 110 Stat. 2759; Pub. L. 106–129, § 2(b)(2), Dec. 6, 1999, 113 Stat. 1670; Pub. L. 106–310, div. B, title XXXI, § 3102, title XXXIV, § 3401(a), Oct. 17, 2000, 114 Stat. 1170, 1218; Pub. L. 108–173, title IX, § 900(e)(2)(A), Dec. 8, 2003, 117 Stat. 2372; Pub. L. 111–148, title III, § 3509(d), Mar. 23, 2010, 124 Stat. 534; Pub. L. 114–255, div. B, title VI, §§ 6001(a), (c)(2), 6002, 6003, 6005, 6006(a), Dec. 13, 2016, 130 Stat. 1202–1206, 1209, 1210; Pub. L. 117–286, § 4(a)(236), Dec. 27, 2022, 136 Stat. 4331; Pub. L. 117–328, div. FF, title I, §§ 1121(c)(2)(A), 1231, title II, § 2112(a)–(c), Dec. 29, 2022, 136 Stat. 5650, 5673, 5721.)

Editorial Notes

REFERENCES IN TEXT

Section 6021 of the Helping Families in Mental Health Crisis Reform Act of 2016, referred to in subsecs. (d)(26), (*l*)(2), and (m)(8), is section 6021 of Pub. L. 114–255, which is set out as a note below.

CODIFICATION

Section was formerly classified to section 3511 of this title prior to renumbering by Pub. L. 98–24.

PRIOR PROVISIONS

A prior section 501 of act July 1, 1944, which was classified to section 219 of this title, was successively renumbered by subsequent acts and transferred, see section 238 of this title.

AMENDMENTS

2022—Subsec. (d)(24), (25). Pub. L. 117–328, § 2112(a), added par. (24) and redesignated former par. (24) as (25). Former par. (25) redesignated (26).

Subsec. (d)(26). Pub. L. 117–328, § 2112(a)(1), redesignated par. (25) as (26) relating to performance metrics.

Pub. L. 117–328, § 1231, added par. (26) relating to recovery housing and services.

Subsec. (i). Pub. L. 117–286, which directed amendment of subsec. (h) by substituting ''Chapter 10 of title

5'' for ''The Federal Advisory Committee Act'', was executed by making the substitution in subsec. (i) to reflect the probable intent of Congress and the redesignation of subsec. (h) as (i) by Pub. L. 114–255, §6003(1). See 2016 Amendment note below.

Subsec. (*l*)(2). Pub. L. 117–328, §1121(c)(2)(A), substituted ''section 290aa–0b of this title'' for ''section 6031 of such Act''.

Subsec. (*l*)(4)(G). Pub. L. 117–328, §2112(b), added subpar. (G).

Subsec. (m)(4). Pub. L. 117–328, §2112(c)(2), added par. (4). Former par. (4) redesignated (5).

Subsec. (m)(5). Pub. L. 117–328, §2112(c)(1), redesignated par. (4) as (5). Former par. (5) redesignated (6).

Subsec. (m)(5)(D) to (F). Pub. L. 117–328, §2112(c)(3), added subpar. (D) and redesignated former subpars. (D) and (E) as (E) and (F), respectively.

Subsec. (m)(6) to (8). Pub. L. 117–328, §2112(c)(1), redesignated pars. (5) to (7) as (6) to (8), respectively.

2016—Subsec. (b). Pub. L. 114–255, §6002(1), substituted ''Centers'' for ''Agencies'' in heading and ''Centers'' for ''entities'' in introductory provisions.

Subsec. (c). Pub. L. 114–255, §6001(a), amended subsec. (c) generally, substituting references to the Assistant Secretary and Deputy Assistant Secretary for references to the Administrator and Deputy Administrator.

Subsec. (d). Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' in introductory provisions.

Subsec. (d)(1). Pub. L. 114–255, §6002(2)(A), substituted ''Centers'' for ''agencies'' in two places and ''such Center'' for ''such agency''.

Subsec. (d)(2). Pub. L. 114–255, §6002(2)(B), substituted ''Centers'' for ''agencies'', ''with respect to substance use disorders'' for ''with respect to substance abuse'', and ''and individuals with substance use disorders'' for ''and individuals who are substance abusers''.

Subsec. (d)(5). Pub. L. 114–255, §6002(2)(C), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (d)(6). Pub. L. 114–255, §6002(2)(D), substituted ''the Centers for Disease Control and Prevention,'' for ''the Centers for Disease Control'', ''Administration, develop'' for ''Administration develop'', ''HIV, hepatitis, tuberculosis, and other communicable diseases among individuals with mental or substance use disorders,'' for ''HIV or tuberculosis among substance abusers and individuals with mental illness'', and ''diseases or disorders'' for ''illnesses''.

Subsec. (d)(7). Pub. L. 114–255, §6002(2)(E), substituted ''use disorders, including services that utilize drugs or devices approved or cleared by the Food and Drug Administration for the treatment of substance use disorders'' for ''abuse utilizing anti-addiction medications, including methadone''.

Subsec. (d)(8). Pub. L. 114–255, §6002(2)(F), substituted ''Agency for Healthcare Research and Quality'' for ''Agency for Health Care Policy Research'' and ''prevention and treatment'' for ''treatment and prevention''.

Subsec. (d)(9). Pub. L. 114–255, §6002(2)(G), inserted ''and maintenance'' after ''development'' and substituted ''Agency for Healthcare Research and Quality'' for ''Agency for Health Care Policy Research'' and ''prevention, treatment, and recovery support services and are appropriately incorporated into programs carried out by the Administration'' for ''treatment and prevention services''.

Subsec. (d)(10). Pub. L. 114–255, §6002(2)(H), substituted ''use disorder'' for ''abuse''.

Subsec. (d)(11). Pub. L. 114–255, §6002(2)(I), added par. (11) and struck out former par. (11) which read as follows: ''promote the integration of substance abuse and mental health services into the mainstream of the health care delivery system of the United States;''.

Subsec. (d)(13). Pub. L. 114–255, §6002(2)(J)(i), substituted ''this subchapter or part B of subchapter XVII, or grant programs otherwise funded by the Administration'' for ''this subchapter, assure that'' in introductory provisions.

Subsec. (d)(13)(A) to (D). Pub. L. 114–255, §6002(2)(J)(ii)–(vi), added subpar. (B), redesignated former subpar. (B) as (C), inserted ''require that'' before ''all grants'' in subpars. (A) and (C), and added subpar. (D).

Subsec. (d)(16). Pub. L. 114–255, §6002(2)(K), substituted ''use disorder information, including evidence-based and promising best practices for prevention, treatment, and recovery support services for individuals with mental and substance use disorders,'' for ''abuse and mental health information''.

Subsec. (d)(17), (19) to (25). Pub. L. 114–255, §6002(2)(L)–(N), substituted ''substance use disorder'' for ''substance abuse'' in par. (17) and added pars. (19) to (25).

Subsec. (e)(1). Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary may delegate'' for ''Administrator may delegate''.

Subsec. (e)(2). Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary, acting through'' for ''Administrator, acting through'' in subpar. (A) and ''Assistant Secretary'' for ''Administrator'' in subpar. (B).

Subsec. (e)(3)(A). Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary, acting through'' for ''Administrator, acting through''.

Subsec. (e)(3)(C). Pub. L. 114–255, §6003(2), substituted ''subsection (m)'' for ''subsection (k)''.

Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (f)(1). Pub. L. 114–255, §6001(c)(2), substituted ''The Assistant Secretary,'' for ''The Administrator,'' and ''the Assistant Secretary'' for ''the Administrator''.

Subsec. (f)(2)(C). Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' in introductory provisions.

Subsec. (f)(2)(C)(ii). Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (f)(2)(C)(iii). Pub. L. 114–255, §6003(3), substituted ''subsection (m)'' for ''subsection (k)'' in introductory provisions.

Subsec. (f)(2)(D)(iii). Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (g). Pub. L. 114–255, §6003(4), added subsec. (g). Former subsec. (g) redesignated (h).

Subsec. (g)(1). Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (h). Pub. L. 114–255, §6003(1), redesignated subsec. (g) as (h). Former subsec. (h) redesignated (i).

Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (i). Pub. L. 114–255, §6003(1), redesignated subsec. (h) as (i). Former subsec. (i) redesignated (j).

Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (j). Pub. L. 114–255, §6003(1), redesignated subsec. (i) as (j). Former subsec. (j) redesignated (k).

Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (k). Pub. L. 114–255, §6003(1), redesignated subsec. (j) as (k). Former subsec. (k) redesignated (m).

Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' in introductory provisions.

Subsec. (*l*). Pub. L. 114–255, §6005, added subsec. (*l*). Former subsec. (*l*) redesignated (n).

Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' in introductory provisions.

Subsec. (m). Pub. L. 114–255, §6006(a), amended subsec. (m) generally, substituting requirements for biennial reports beginning no later than September 30, 2020, for requirements for biennial reports beginning no later than February 10, 1994.

Pub. L. 114–255, §6003(1), redesignated subsec. (k) as (m). Former subsec. (m) redesignated (*o*).

Subsec. (m)(4). Pub. L. 114–255, §6002(3), added par. (4).

Subsecs. (n) to (q). Pub. L. 114–255, §6003(1), redesignated subsecs. (*l*) to (*o*) as (n) to (q), respectively.

2010—Subsec. (f)(1). Pub. L. 111–148, §3509(d)(1), inserted ''who shall report directly to the Administrator'' before period at end.

Subsec. (f)(4), (5). Pub. L. 111–148, §3509(d)(2), (3), added par. (4) and redesignated former par. (4) as (5).

2003—Subsec. (d)(18). Pub. L. 108–173 substituted ''Centers for Medicare & Medicaid Services'' for ''Health Care Financing Administration''.

2000—Subsec. (e)(1). Pub. L. 106–310, §3401(a), reenacted heading without change and amended text generally. Prior to amendment, text read as follows: ''There shall be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Administrator shall delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also shall ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2000 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.''

Subsecs. (m) to (*o*). Pub. L. 106–310, §3102, added subsecs. (m) and (n), redesignated former subsec. (m) as (*o*), and substituted ''2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003'' for ''1993, and such sums as may be necessary for fiscal year 1994'' before period at end.

1999—Subsec. (d)(8), (9). Pub. L. 106–129, which directed the substitution of ''Agency for Healthcare Research and Quality'' for ''Agency for Health Care Policy and Research'', was not executed because the term ''Agency for Health Care Policy and Research'' did not appear in text and because of the amendment by Pub. L. 114–255, §6002(2)(G)(ii), which presumed that the substitution did not take place. See 2016 Amendment note above.

1996—Subsec. (g)(2)(A). Pub. L. 104–201 substituted ''5724a(a), 5724a(c)'' for ''5724a(a)(1), 5724a(a)(3)''.

1992—Pub. L. 102–321 amended section generally, substituting provisions relating to the Substance Abuse and Mental Health Services Administration for provisions relating to the Alcohol, Drug Abuse, and Mental Health Administration.

1989—Subsec. (b)(4). Pub. L. 101–93, §3(f)(1), substituted ''for'' for ''of''.

Subsec. (j). Pub. L. 101–93, §3(f)(2), substituted ''section 290aa–5 of this title, establish program advisory committees, and pay members of such groups and committees'' for ''section 290aa–5 of this title and appoint and pay members of such groups'' and ''as members of such groups or committees'' for ''as members of such groups''.

1988—Subsec. (b)(4). Pub. L. 100–690, §2058(a)(2)(A), added par. (4).

Subsec. (e)(2). Pub. L. 100–690, §2058(a)(2)(B), substituted ''Not less than once each three years, the Administrator'' for ''The Administrator'' and ''shall submit'' for ''shall annually submit''.

Subsec. (f). Pub. L. 100–690, §2058(a)(2)(C), substituted ''misconduct'' for ''fraud'' in heading and two places in text.

Subsecs. (k) to (m). Pub. L. 100–690, §2058(a)(2)(D), (E), added subsecs. (k) to (m) and struck out former subsec. (k), which related to Alcohol, Drug Abuse, and Mental Health Advisory Board, including its duties, membership, terms of office, compensation, personnel, chairman, meetings, and reports to Congress.

1986—Pub. L. 99–570 amended section generally, revising and restating former subsecs. (a), (b), (c), (d), (e), (f), (g), and (h) as (c), (d), (k), (h), (e), (f), (g), and (i), respectively, and adding new subsecs. (a), (b), and (j).

1984—Pub. L. 98–509, §301(c)(1), amended directory language of Pub. L. 98–24, §2(b)(2). See 1983 Amendment note below.

Subsec. (c). Pub. L. 98–509, §201(a), substituted provisions relating to the Alcohol, Drug Abuse, and Mental Health Advisory Board for provisions relating to the National Panel on Alcohol, Drug Abuse, and Mental Health.

Subsecs. (g), (h). Pub. L. 98–509, §201(b), added subsecs. (g) and (h).

1983—Pub. L. 98–24, §2(b)(2), as amended by Pub. L. 98–509, §301(c)(1), renumbered section 3511 of this title as this section.

Subsec. (a). Pub. L. 98–24, §2(b)(2)(A), struck out ''of Health, Education, and Welfare'' after ''The Secretary'' and ''Department''.

Subsec. (c). Pub. L. 98–24, §2(b)(2)(A), (B), struck out ''of Health, Education, and Welfare'' after ''The Secretary'', and made a technical amendment to reference to section 218 of this title to reflect the transfer of this section to the Public Health Service Act.

Subsec. (d). Pub. L. 98–24, §2(b)(2)(C), substituted provisions directing the Administrator to distribute information on the hazards of alcoholism and the abuse of alcohol and drugs for provisions directing the Secretary, through the Administration, to evaluate and make recommendations regarding improved, coordinated activities, where appropriate, for public education and other prevention programs with respect to the abuse of alcohol and other substances.

Subsecs. (e), (f). Pub. L. 98–24, §2(b)(2)(D), added subsecs. (e) and (f).

1976—Subsec. (d). Pub. L. 94–371 added subsec. (d).

Statutory Notes and Related Subsidiaries

CHANGE OF NAME; REFERENCES

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

Committee on Energy and Commerce of House of Representatives treated as referring to Committee on Commerce of House of Representatives by section 1(a) of Pub. L. 104–14, set out as a note preceding section 21 of Title 2, The Congress. Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

Pub. L. 114–255, div. B, title VI, §6001(d), Dec. 13, 2016, 130 Stat. 1203, provided that: ''After executing subsections (a), (b), and (c) [see Tables for classification], any reference in statute, regulation, or guidance to the Administrator of the Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Assistant Secretary for Mental Health and Substance Use.''

Centers for Disease Control changed to Centers for Disease Control and Prevention by Pub. L. 102–531, title III, §312, Oct. 27, 1992, 106 Stat. 3504.

Pub. L. 102–321, title I, §161, July 10, 1992, 106 Stat. 375, provided that: ''Reference in any other Federal law, Executive order, rule, regulation, or delegation of authority, or any document of or pertaining to the Alcohol, Drug Abuse and Mental Health Administration or to the Administrator of the Alcohol, Drug Abuse and Mental Health Administration shall be deemed to refer to the Substance Abuse and Mental Health Services Administration or to the Administrator of the Substance Abuse and Mental Health Services Administration.''

EFFECTIVE DATE OF 1996 AMENDMENT

Amendment by Pub. L. 104–201 effective 180 days after Sept. 23, 1996, see section 1725(a) of Pub. L. 104–201, set out as a note under section 5722 of Title 5, Government Organization and Employees.

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assist-

ance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

TRANSFER OF AUTHORITIES

Pub. L. 114–255, div. B, title VI, §6001(b), Dec. 13, 2016, 130 Stat. 1203, provided that: ''The Secretary of Health and Human Services shall delegate to the Assistant Secretary for Mental Health and Substance Use all duties and authorities that—

''(1) as of the day before the date of enactment of this Act [Dec. 13, 2016], were vested in the Administrator of the Substance Abuse and Mental Health Services Administration; and

''(2) are not terminated by this Act [division B of Pub. L. 114–255, see Tables for classification].''

TRANSFER PROVISIONS

Pub. L. 102–321, title I, subtitle D, July 10, 1992, 106 Stat. 370, as amended by Pub. L. 102–352, §2(b)(1), Aug. 26, 1992, 106 Stat. 939, provided that:

''SEC. 141. TRANSFERS.

''(a) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.—Except as specifically provided otherwise in this Act [see Tables for classification] or an amendment made by this Act, there are transferred to the Administrator of the Substance Abuse and Mental Health Services Administration all service related functions which the Administrator of the Alcohol, Drug Abuse and Mental Health Administration, or the Director of any entity within the Alcohol, Drug Abuse and Mental Health Administration, exercised before the date of the enactment of this Act [July 10, 1992] and all related functions of any officer or employee of the Alcohol, Drug Abuse and Mental Health Administration.

''(b) NATIONAL INSTITUTES.—Except as specifically provided otherwise in this Act or an amendment made by this Act, there are transferred to the appropriate Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, through the Director of the National Institutes of Health, all research related functions which the Administrator of the Alcohol, Drug Abuse and Mental Health Administration exercised before the date of the enactment of this Act and all related functions of any officer or employee of the Alcohol, Drug Abuse, and Mental Health Administration.

''(c) ADEQUATE PERSONNEL AND RESOURCES.—The transfers required under this subtitle shall be effectuated in a manner that ensures that the Substance Abuse and Mental Health Services Administration has adequate personnel and resources to carry out its statutory responsibilities and that the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health have adequate personnel and resources to enable such institutes to carry out their respective statutory responsibilities.

''SEC. 142. TRANSFER AND ALLOCATIONS OF APPROPRIATIONS AND PERSONNEL.

''(a) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.—Except as otherwise provided in the Public Health Service Act [42 U.S.C. 201 et seq.], all personnel employed in connection with, and all assets, liabilities, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds employed, used, held, arising from, available to, or to be made available in connection with the functions transferred to the Administrator of the Substance Abuse and Mental Health Services Administration by this subtitle, subject to section 1531 of title 31, United States Code, shall be transferred to the Substance Abuse and Mental Health Services Administration. Unexpended funds transferred pursuant to this subsection shall be used only for the purposes for which the funds were originally authorized and appropriated.

''(b) NATIONAL INSTITUTES.—Except as otherwise provided in the Public Health Service Act, all personnel employed in connection with, and all assets, liabilities, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds employed, used, held, arising from, available to, or to be made available in connection with the functions transferred to the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by this subtitle, subject to section 1531 of title 31, United States Code, shall be transferred to the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health. Unexpended funds transferred pursuant to this subsection shall be used only for the purposes for which the funds were originally authorized and appropriated.

''(c) CUSTODY OF BALANCES.—The actual transfer of custody of obligation balances is not required in order to implement this section.

''SEC. 143. INCIDENTAL TRANSFERS.

''Prior to October 1, 1992, the Secretary of Health and Human Services is authorized to make such determinations as may be necessary with regard to the functions transferred by this subtitle, and to make such additional incidental dispositions of personnel, assets, liabilities, grants, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds held, used, arising from, available to, or to be made available in connection with such functions, as may be necessary to carry out the provisions of this subtitle and the Public Health Service Act [42 U.S.C. 201 et seq.]. Such Secretary shall provide for the termination of the affairs of all entities terminated by this subtitle and for such further measures and dispositions as may be necessary to effectuate the purposes of this subtitle.

''SEC. 144. EFFECT ON PERSONNEL.

''(a) IN GENERAL.—Except as otherwise provided by this subtitle and the Public Health Service Act [42 U.S.C. 201 et seq.], the transfer pursuant to this subtitle of full-time personnel (except special Government employees) and part-time personnel holding permanent positions shall not cause any such employee to be separated or reduced in grade or compensation for one year after the date of transfer of such employee under this subtitle.

''(b) EXECUTIVE SCHEDULE POSITIONS.—Any person who, on the day preceding the effective date of this Act [see Effective Date of 1992 Amendment note set out under section 236 of this title], held a position compensated in accordance with the Executive Schedule prescribed in chapter 53 of title 5, United States Code, and who, without a break in service, is appointed in the Substance Abuse and Mental Health Services Administration to a position having duties comparable to the duties performed immediately preceding such appointment shall continue to be compensated in such new position at not less than the rate provided for such previous position, for the duration of the service of such person in such new position.

''SEC. 145. SAVINGS PROVISIONS.

''(a) EFFECT ON PREVIOUS DETERMINATIONS.—All orders, determinations, rules, regulations, permits, contracts, certificates, licenses, and privileges that—

''(1) have been issued, made, granted, or allowed to become effective by the President, any Federal agency or official thereof, or by a court of competent jurisdiction, in the performance of functions which are transferred by this subtitle; and

''(2) are in effect on the date of enactment of this Act [July 10, 1992];

shall continue in effect according to their terms until modified, terminated, superseded, set aside, or revoked in accordance with law by the President, the Director of the National Institutes of Health, or the Administrator of the Substance Abuse and Mental Health Services Administration, as appropriate, a court of competent jurisdiction, or by operation of law.

''(b) CONTINUATION OF PROCEEDINGS.—

''(1) IN GENERAL.—The provisions of this subtitle shall not affect any proceedings, including notices of proposed rule making, or any application for any license, permit, certificate, or financial assistance pending on the date of enactment of this Act before the Department of Health and Human Services, which relates to the Alcohol, Drug Abuse and Mental Health Administration or the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, or the National Institute of Mental Health, or any office thereof with respect to functions transferred by this subtitle. Such proceedings or applications, to the extent that they relate to functions transferred, shall be continued. Orders shall be issued in such proceedings, appeals shall be taken therefrom, and payments shall be made under such orders, as if this Act [see Tables for classification] had not been enacted, and orders issued in any such proceedings shall continue in effect until modified, terminated, superseded, or revoked by the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by a court of competent jurisdiction, or by operation of law. Nothing in this subsection prohibits the discontinuance or modification of any such proceeding under the same terms and conditions and to the same extent that such proceeding could have been discontinued or modified if this subtitle had not been enacted.

''(2) REGULATIONS.—The Secretary of Health and Human Services is authorized to issue regulations providing for the orderly transfer of proceedings continued under paragraph (1).

''(c) EFFECT ON LEGAL ACTIONS.—Except as provided in subsection (e)—

''(1) the provisions of this subtitle do not affect actions commenced prior to the date of enactment of this Act [July 10, 1992]; and

''(2) in all such actions, proceedings shall be had, appeals taken, and judgments rendered in the same manner and effect as if this Act had not been enacted.

''(d) NO ABATEMENT OF ACTIONS OR PROCEEDINGS.—No action or other proceeding commenced by or against any officer in his official capacity as an officer of the Department of Health and Human Services with respect to functions transferred by this subtitle shall abate by reason of the enactment of this Act [see Tables for classification]. No cause of action by or against the Department of Health and Human Services with respect to functions transferred by this subtitle, or by or against any officer thereof in his official capacity, shall abate by reason of the enactment of this Act. Causes of action and actions with respect to a function transferred by this subtitle, or other proceedings may be asserted by or against the United States or the Administrator of the Alcohol, Drug Abuse and Mental Health Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, as may be appropriate, and, in an action pending when this Act takes effect [see Effective Date of 1992 Amendment note set out under section 236 of this title], the court may at any time, on its own motion or that of any party, enter an order which will give effect to the provisions of this subsection.

''(e) SUBSTITUTION.—If, before the date of enactment of this Act [July 10, 1992], the Department of Health and Human Services, or any officer thereof in the official capacity of such officer, is a party to an action, and under this subtitle any function of such Department, Office, or officer is transferred to the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, then such action shall be continued with the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, as the case may be, substituted or added as a party.

''(f) JUDICIAL REVIEW.—Orders and actions of the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health in the exercise of functions transferred to the Directors by this subtitle shall be subject to judicial review to the same extent and in the same manner as if such orders and actions had been by the Administrator of the Alcohol, Drug Abuse and Mental Health Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, or any office or officer thereof, in the exercise of such functions immediately preceding their transfer. Any statutory requirements relating to notice, hearings, action upon the record, or administrative review that apply to any function transferred by this subtitle shall apply to the exercise of such function by the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors.

''SEC. 146. TRANSITION.

''With the consent of the Secretary of Health and Human Services, the Administrator of the Substance Abuse and Mental Health Services Administration and the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health are authorized to utilize—

''(1) the services of such officers, employees, and other personnel of the Department with respect to functions transferred to the Administrator of the Substance Abuse and Mental Health Services Administration and the Director of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by this subtitle; and

''(2) funds appropriated to such functions for such period of time as may reasonably be needed to facilitate the orderly implementation of this subtitle.

''SEC. 147. PEER REVIEW.

''With respect to fiscal years 1993 through 1996, the peer review systems, advisory councils and scientific advisory committees utilized, or approved for utilization, by the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health prior to the transfer of such Institutes to the National Institute of Health shall be utilized by such Institutes.

''SEC. 148. MERGERS.

''Notwithstanding the provisions of section 401(c)(2) of the Public Health Service Act (42 U.S.C. 281(c)(2)), the Secretary of Health and Human Services may not merge the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse or the National Institute of Mental Health with any other institute or entity (or with each other) within the national research institutes for a 5-year period beginning on the date of enactment of this Act [July 10, 1992].

''SEC. 149. CONDUCT OF MULTI-YEAR RESEARCH PROJECTS.

''With respect to multi-year grants awarded prior to fiscal year 1993 by the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health with amounts received under section 1911(b) [former 42 U.S.C. 300x(b)], as such section existed one day prior to the date of enactment of this Act [July 10, 1992], such grants shall be continued for the entire period of the grant through the utilization of funds made available pursuant to sections 464H, 464L, and 464R [42 U.S.C.

285n, 285*o*, 285p], as appropriate, subject to satisfactory performance.

''SEC. 150. SEPARABILITY.

''If a provision of this subtitle or its application to any person or circumstance is held invalid, neither the remainder of this Act [see Tables for classification] nor the application of the provision to other persons or circumstances shall be affected.

''SEC. 151. BUDGETARY AUTHORITY.

''With respect to fiscal years 1994 and 1995, the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health shall notwithstanding section 405(a) [42 U.S.C. 284(a)], prepare and submit, directly to the President for review and transmittal to Congress, an annual budget estimate (including an estimate of the number and type of personnel needs for the Institute) for their respective Institutes, after reasonable opportunity for comment (but without change) by the Secretary of Health and Human Services, the Director of the National Institutes of Health, and the Institute's advisory council.''

FUNDING FOR COMMUNITY-BASED FUNDING FOR LOCAL BEHAVIORAL HEALTH NEEDS

Pub. L. 117–2, title II, §2707, Mar. 11, 2021, 135 Stat. 47, provided that:

''(a) IN GENERAL.—In addition to amounts otherwise available, there is appropriated to the Secretary [of Health and Human Services] for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, $50,000,000, to remain available until expended, to carry out the purpose described in subsection (b).

''(b) USE OF FUNDS.—

''(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall award grants to State, local, Tribal, and territorial governments, Tribal organizations, nonprofit community-based entities, and primary care and behavioral health organizations to address increased community behavioral health needs worsened by the COVID–19 public health emergency.

''(2) USE OF GRANT FUNDS.—Grant funds awarded under this section to eligible entities shall be used for promoting care coordination among local entities; training the mental and behavioral health workforce, relevant stakeholders, and community members; expanding evidence-based integrated models of care; addressing surge capacity for mental and behavioral health needs; providing mental and behavioral health services to individuals with mental health needs (including co-occurring substance use disorders) as delivered by behavioral and mental health professionals utilizing telehealth services; and supporting, enhancing, or expanding mental and behavioral health preventive and crisis intervention services.''

INTERDEPARTMENTAL SUBSTANCE USE DISORDERS COORDINATING COMMITTEE

Pub. L. 115–271, title VII, §7022, Oct. 24, 2018, 132 Stat. 4010, provided that:

''(a) ESTABLISHMENT.—Not later than 3 months after the date of the enactment of this Act [Oct. 24, 2018], the Secretary of Health and Human Services (in this section referred to as the 'Secretary') shall, in coordination with the Director of National Drug Control Policy, establish a committee, to be known as the Interdepartmental Substance Use Disorders Coordinating Committee (in this section referred to as the 'Committee'), to coordinate Federal activities related to substance use disorders.

''(b) MEMBERSHIP.—

''(1) FEDERAL MEMBERS.—The Committee shall be composed of the following Federal representatives, or the designees of such representatives:

''(A) The Secretary, who shall serve as the Chair of the Committee.

''(B) The Attorney General of the United States.

''(C) The Secretary of Labor.

''(D) The Secretary of Housing and Urban Development.

''(E) The Secretary of Education.

''(F) The Secretary of Veterans Affairs.

''(G) The Commissioner of Social Security.

''(H) The Assistant Secretary for Mental Health and Substance Use.

''(I) The Director of National Drug Control Policy.

''(J) Representatives of other Federal agencies that support or conduct activities or programs related to substance use disorders, as determined appropriate by the Secretary.

''(2) NON-FEDERAL MEMBERS.—The Committee shall include a minimum of 15 non-Federal members appointed by the Secretary, of which—

''(A) at least two such members shall be an individual who has received treatment for a diagnosis of a substance use disorder;

''(B) at least two such members shall be a director of a State substance abuse agency;

''(C) at least two such members shall be a representative of a leading research, advocacy, or service organization for adults with substance use disorder;

''(D) at least two such members shall—

''(i) be a physician, licensed mental health professional, advance practice registered nurse, or physician assistant; and

''(ii) have experience in treating individuals with substance use disorders;

''(E) at least one such member shall be a substance use disorder treatment professional who provides treatment services at a certified opioid treatment program;

''(F) at least one such member shall be a substance use disorder treatment professional who has research or clinical experience in working with racial and ethnic minority populations;

''(G) at least one such member shall be a substance use disorder treatment professional who has research or clinical mental health experience in working with medically underserved populations;

''(H) at least one such member shall be a State-certified substance use disorder peer support specialist;

''(I) at least one such member shall be a drug court judge or a judge with experience in adjudicating cases related to substance use disorder;

''(J) at least one such member shall be a public safety officer with extensive experience in interacting with adults with a substance use disorder; and

''(K) at least one such member shall be an individual with experience providing services for homeless individuals with a substance use disorder.

''(c) TERMS.—

''(1) IN GENERAL.—A member of the Committee appointed under subsection (b)(2) shall be appointed for a term of 3 years and may be reappointed for one or more 3-year terms.

''(2) VACANCIES.—A vacancy on the Committee shall be filled in the same manner in which the original appointment was made. Any individual appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term and may serve after the expiration of such term until a successor has been appointed.

''(d) MEETINGS.—The Committee shall meet not fewer than two times each year.

''(e) DUTIES.—The Committee shall—

''(1) identify areas for improved coordination of activities, if any, related to substance use disorders, including research, services, supports, and prevention activities across all relevant Federal agencies;

''(2) identify and provide to the Secretary recommendations for improving Federal programs for the prevention and treatment of, and recovery from, substance use disorders, including by expanding access to prevention, treatment, and recovery services;

''(3) analyze substance use disorder prevention and treatment strategies in different regions of and populations in the United States and evaluate the extent to which Federal substance use disorder prevention and treatment strategies are aligned with State and local substance use disorder prevention and treatment strategies;

''(4) make recommendations to the Secretary regarding any appropriate changes with respect to the activities and strategies described in paragraphs (1) through (3);

''(5) make recommendations to the Secretary regarding public participation in decisions relating to substance use disorders and the process by which public feedback can be better integrated into such decisions; and

''(6) make recommendations to ensure that substance use disorder research, services, supports, and prevention activities of the Department of Health and Human Services and other Federal agencies are not unnecessarily duplicative.

''(f) ANNUAL REPORT.—Not later than 1 year after the date of the enactment of this Act [Oct. 24, 2018], and annually thereafter for the life of the Committee, the Committee shall publish on the Internet website of the Department of Health and Human Services, which may include the public information dashboard established under section 1711 of the Public Health Service Act [42 U.S.C. 300u–16], as added by section 7021, a report summarizing the activities carried out by the Committee pursuant to subsection (e), including any findings resulting from such activities.

''(g) WORKING GROUPS.—The Committee may establish working groups for purposes of carrying out the duties described in subsection (e). Any such working group shall be composed of members of the Committee (or the designees of such members) and may hold such meetings as are necessary to enable the working group to carry out the duties delegated to the working group.

''(h) FEDERAL ADVISORY COMMITTEE ACT.—The Federal Advisory Committee Act ([former] 5 U.S.C. App.) [see 5 U.S.C. 1001 et seq.] shall apply to the Committee only to the extent that the provisions of such Act do not conflict with the requirements of this section.

''(i) SUNSET.—The Committee shall terminate on the date that is 6 years after the date on which the Committee is established under subsection (a).''

IMPROVING OVERSIGHT OF MENTAL AND SUBSTANCE USE DISORDERS PROGRAMS THROUGH THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

Pub. L. 114–255, div. B, title VI, § 6021, Dec. 13, 2016, 130 Stat. 1215, provided that:

''(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Planning and Evaluation, shall ensure efficient and effective planning and evaluation of mental and substance use disorders prevention and treatment programs and related activities.

''(b) EVALUATION STRATEGY.—In carrying out subsection (a), the Assistant Secretary for Planning and Evaluation shall, not later than 180 days after the date of enactment of this Act [Dec. 13, 2016], develop a strategy for conducting ongoing evaluations that identifies priority programs to be evaluated by the Assistant Secretary for Planning and Evaluation and priority programs to be evaluated by other relevant offices and agencies within the Department of Health and Human Services. The strategy shall—

''(1) include a plan for evaluating programs related to mental and substance use disorders, including co-occurring disorders, across agencies, as appropriate, including programs related to—

''(A) prevention, intervention, treatment, and recovery support services, including such services for adults with a serious mental illness or children with a serious emotional disturbance;

''(B) the reduction of homelessness and incarceration among individuals with a mental or substance use disorder; and

''(C) public health and health services; and

''(2) include a plan for assessing the use of performance metrics to evaluate activities carried out by entities receiving grants, contracts, or cooperative agreements related to mental and substance use disorders prevention and treatment services under title V or title XIX of the Public Health Service Act (42 U.S.C. 290aa et seq.; 42 U.S.C. 300w et seq.).

''(c) CONSULTATION.—In carrying out this section, the Assistant Secretary for Planning and Evaluation shall consult, as appropriate, with the Assistant Secretary for Mental Health and Substance Use, the Chief Medical Officer of the Substance Abuse and Mental Health Services Administration appointed under section 501(g) of the Public Health Service Act (42 U.S.C. 290aa(g)), as amended by section 6003, the Behavioral Health Coordinating Council of the Department of Health and Human Services, other agencies within the Department of Health and Human Services, and other relevant Federal departments and agencies.

''(d) RECOMMENDATIONS.—In carrying out this section, the Assistant Secretary for Planning and Evaluation shall provide recommendations to the Secretary of Health and Human Services, the Assistant Secretary for Mental Health and Substance Use, and the Congress on improving the quality of prevention and treatment programs and activities related to mental and substance use disorders, including recommendations for the use of performance metrics. The Assistant Secretary for Mental Health and Substance Use shall include such recommendations in the biennial report required by subsection 501(m) of the Public Health Service Act [42 U.S.C. 290aa(m)], as redesignated by section 6003 of this Act.''

ASSISTED OUTPATIENT TREATMENT GRANT PROGRAM FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

Pub. L. 113–93, title II, § 224, Apr. 1, 2014, 128 Stat. 1083, as amended by Pub. L. 114–255, div. B, title IX, § 9014, Dec. 13, 2016, 130 Stat. 1245, which related to assisted outpatient treatment grant program for individuals with serious mental illness, was editorially reclassified as section 290aa–17 of this title.

REPORT BY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Pub. L. 102–321, title VII, § 708, July 10, 1992, 106 Stat. 440, directed Administrator of Substance Abuse and Mental Health Services Administration to submit to Congress an interim report, not later than 6 months after July 10, 1992, and a final report, not later than Oct. 1, 1993, concerning current policies and barriers to provision of substance abuse and mental health services, with emphasis on barriers to health insurance and Medicaid coverage of such services, and further directed Secretary of Health and Human Services to initiate, not later than Jan. 1, 1994, research and demonstration projects which, consistent with information from reports submitted by the Administrator, explore alternative mechanisms of providing health insurance and treatment services for substance abuse and mental illness.

RELATIONSHIP BETWEEN MENTAL ILLNESS AND SUBSTANCE ABUSE

Pub. L. 100–690, title II, § 2071, Nov. 18, 1988, 102 Stat. 4214, directed Secretary of Health and Human Services to conduct a study for the purpose of determining the relationship between mental illness and substance abuse, and developing recommendations on the most effective methods of treatment for individuals with both mental illness and substance abuse problems, and, not later than 12 months after Nov. 18, 1988, to complete the study and submit to Congress the findings made as a result of the study.

REPORT WITH RESPECT TO ADMINISTRATION OF CERTAIN RESEARCH PROGRAMS

Pub. L. 100–690, title II, § 2073, Nov. 18, 1988, 102 Stat. 4215, directed Secretary of Health and Human Services

to request National Academy of Sciences to conduct a review of research activities of National Institutes of Health and the Alcohol, Drug Abuse, and Mental Health Administration and, not later than 12 months after the date on which any contract requested is entered into, provide for the completion of the review and submit to Congress a report describing the findings made as a result of the review, with Secretary of Health and Human Services authorized to enter into a contract with National Academy of Sciences to carry out the review.

CONGRESSIONAL STATEMENT OF POLICY FOR ALCOHOL AND DRUG ABUSE AMENDMENTS OF 1983

Pub. L. 98–24, §1(b), Apr. 26, 1983, 97 Stat. 175, provided that: ''It is the policy of the United States and the purpose of this Act [see Short Title of 1983 Amendment note set out under section 201 of this title] to provide leadership in the national effort to reduce the incidence of alcoholism and alcohol-related problems and drug abuse through—

''(1) a continued Federal commitment to research into the behavioral and biomedical etiology, the treatment, and the mental and physical health and social and economic consequences of alcohol abuse and alcoholism and drug abuse;

''(2) a commitment to—

''(A) extensive dissemination to States, units of local government, community organizations, and private groups of the most recent information and research findings with respect to alcohol abuse and alcoholism and drug abuse, including information with respect to the application of research findings; and

''(B) the accomplishment of such dissemination through up-to-date publications, demonstrations, educational programs, and other appropriate means;

''(3) the provision of technical assistance to research personnel; services personnel, and prevention personnel in the field of alcohol abuse and alcoholism and drug abuse;

''(4) the development and encouragement of prevention programs designed to combat the spread of alcoholism, alcohol abuse, drug abuse, and the abuse of other legal and illegal substances;

''(5) the development and encouragement of effective occupational prevention and treatment programs within Government and in cooperation with the private sector; and

''(6) the provision of a Federal response to alcohol abuse and alcoholism and drug abuse which encourages the greatest participation by the private sector, both financially and otherwise, and concentrates on carrying out functions relating to alcohol abuse and alcoholism and drug abuse which are truly national in scope.''

ALCOHOL AND DRUG ABUSE AND MENTAL HEALTH REPORTS BY THE SECRETARY

Pub. L. 98–24, §3, Apr. 26, 1983, 97 Stat. 182, directed Secretary of Health and Human Services to submit to Congress, on or before Jan. 15, 1984, a report describing the extent to which Federal and State programs, departments, and agencies are concerned and are dealing effectively with problems of alcohol abuse and alcoholism, problems of drug abuse, and mental illness.

TRANSFER OF BALANCES IN WORKING CAPITAL FUND, NARCOTIC HOSPITALS, TO SURPLUS FUND

Act July 8, 1947, ch. 210, title II, §201, 61 Stat. 269, provided: ''That as of June 30, 1947, and the end of each fiscal year thereafter any balances in the 'Working capital fund, narcotic hospitals,' in excess of $150,000 shall be transferred to the surplus fund of the Treasury.''

[Section 201 of act July 8, 1947, set out above, was formerly classified to section 258a of this title.]

Executive Documents

EX. ORD. NO. 13954. SAVING LIVES THROUGH INCREASED SUPPORT FOR MENTAL- AND BEHAVIORAL-HEALTH NEEDS

Ex. Ord. No. 13954, Oct. 3, 2020, 85 F.R. 63977, provided:

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

SECTION 1. *Purpose*. My Administration is committed to preventing the tragedy of suicide, ending the opioid crisis, and improving mental and behavioral health. Before the COVID–19 pandemic, these urgent issues were prioritized through significant initiatives, including the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS), expanded access to medication-assisted treatment and life-saving naloxone, and budget requests for significant investments in the funding of evidence-based treatment for mental- and behavioral-health needs.

During the COVID–19 pandemic, the Federal Government has dedicated billions of dollars and thousands of hours in resources to help Americans, including approximately $425 million in emergency funds to address mental and substance use disorders through the Substance Abuse and Mental Health Services Administration. The pandemic has also exacerbated mental- and behavioral-health conditions as a result of stress from prolonged lockdown orders, lost employment, and social isolation. Survey data from the Centers for Disease Control and Prevention show that during the last week of June, 40.9 percent of Americans struggled with mental-health or substance-abuse issues and 10.7 percent reported seriously considering suicide. We must enhance the ability of the Federal Government, as well as its State, local, and Tribal partners, to appropriately address these ongoing mental- and behavioral-health concerns.

SEC. 2. *Policy*. It is the policy of the United States to prevent suicides, drug-related deaths, and poor behavioral-health outcomes, particularly those that are induced or made worse by prolonged State and local COVID–19 shutdown orders. I am therefore issuing a national call to action to:

(a) Engage the resources of the Federal Government to address the mental- and behavioral-health needs of vulnerable Americans, including by:

(i) providing crisis-intervention services to treat those in immediate life-threatening situations; and

(ii) increasing the availability of and access to quality continuing care following initial crisis resolution to improve behavioral-health outcomes;

(b) Permit and encourage safe in-person mentorship programs; support-group participation; and attendance at communal facilities, including schools, civic centers, and houses of worship;

(c) Increase the availability of telehealth and online mental-health and substance-use tools and services; and

(d) Marshal public and private resources to address deteriorating mental health, such as factors that contribute to prolonged unemployment and social isolation.

SEC. 3. *Establishment of a Coronavirus Mental Health Working Group*. The Coronavirus Mental Health Working Group (Working Group) is hereby established to facilitate an ''all-of-government'' response to the mental-health conditions induced or exacerbated by the pandemic, including issues related to suicide prevention. The Working Group will be co-chaired by the Secretary of Health and Human Services, or his designee, and the Assistant to the President for Domestic Policy, or her designee. The Working Group shall be composed of representatives from the Department of Defense, the Department of Justice, the Department of Agriculture, the Department of Labor, the Department of Housing and Urban Development, the Department of Education, the Department of Veterans Affairs, the Small Business Administration, the Office of National Drug Control Policy, the Office of Management and Budget (OMB), and such representatives of other executive depart-

ments, agencies, and offices as the Co-Chairs may, from time to time, designate with the concurrence of the head of the department, agency, or office concerned. All members of the Working Group shall be full-time, or permanent part-time, officers or employees of the Federal Government.

SEC. 4. *Responsibilities of the Coronavirus Mental Health Working Group*. (a) As part of the Working Group's efforts, it shall consider the mental- and behavioral-health conditions of those vulnerable populations affected by the pandemic, including: minorities, seniors, veterans, small business owners, children, and individuals potentially affected by domestic violence or physical abuse; those living with disabilities; and those with a substance use disorder. The Working Group shall examine existing protocols and evidence-based programs that may serve as models to better support these at-risk groups, including implementation and broader application of the PREVENTS, and the Department of Labor's Employer Assistance and Resource Network on Disability Inclusion's Mental Health Toolkit and Centralized Accommodation Programs.

(b) Within 45 days of the date of this order [Oct. 3, 2020], the Working Group shall develop and submit to the President a report that outlines a plan for improved service coordination between all relevant public and private stakeholders and executive departments and agencies (agencies) to assist individuals in crisis so that they receive effective treatment and recovery services.

SEC. 5. *Grant Funding for States and Organizations that Permit In-Person Treatment and Recovery Support Activities for Mental and Behavioral Health*. The heads of agencies, in consultation with the Director of OMB, shall:

(a) Examine their existing grant programs that fund mental-health, medical, or related services and, consistent with applicable law, take steps to encourage grantees to consider adopting policies, where appropriate, that have been shown to improve mental health and reduce suicide risk, including the following:

(i) Safe in-person and telehealth participation in support groups for people in recovery from substance use disorders, mental-health issues, or other ailments that benefit from communal support; and peer-to-peer services that support underserved communities;

(ii) Safe face-to-face therapeutic services, including group therapy, to remediate poor behavioral health; and

(iii) Safe participation in communal support—both faith-based and secular—including educational programs, civic activities, and in-person religious services.

(b) Maximize use of existing agency authorities to award contracts or grants to community organizations or other local entities to enhance mental-health and suicide-prevention services, such as outreach, education, and case management, to vulnerable Americans.

SEC. 6. *General Provisions*. (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

DONALD J. TRUMP.

§ 290aa–0. National Mental Health and Substance Use Policy Laboratory

(a) In general

There shall be established within the Administration a National Mental Health and Substance Use Policy Laboratory (referred to in this section as the ''Laboratory'').

(b) Responsibilities

The Laboratory shall—

(1) continue to carry out the authorities and activities that were in effect for the Office of Policy, Planning, and Innovation as such Office existed prior to December 13, 2016;

(2) identify, coordinate, and facilitate the implementation of policy changes likely to have a significant effect on mental health, mental illness, recovery supports, and the prevention and treatment of substance use disorder services;

(3) work with the Center for Behavioral Health Statistics and Quality to collect, as appropriate, information from grantees under programs operated by the Administration in order to evaluate and disseminate information on evidence-based practices, including culturally and linguistically appropriate services, as appropriate, and service delivery models;

(4) provide leadership in identifying and coordinating policies and programs, including evidence-based programs, related to mental and substance use disorders;

(5) periodically review programs and activities operated by the Administration relating to the diagnosis or prevention of, treatment for, and recovery from, mental and substance use disorders to—

(A) identify any such programs or activities that are duplicative;

(B) identify any such programs or activities that are not evidence-based, effective, or efficient; and

(C) formulate recommendations for coordinating, eliminating, or improving programs or activities identified under subparagraph (A) or (B) and merging such programs or activities into other successful programs or activities;

(6) issue and periodically update information for entities applying for grants or cooperative agreements from the Substance Abuse and Mental Health Services Administration in order to—

(A) encourage the implementation and replication of evidence-based practices; and

(B) provide technical assistance to applicants for funding, including with respect to justifications for such programs and activities; and

(7) carry out other activities as deemed necessary to continue to encourage innovation and disseminate evidence-based programs and practices.

(c) Evidence-based practices and service delivery models

(1) In general

In carrying out subsection (b)(3), the Laboratory—

(A) may give preference to models that improve—

(i) the coordination between mental health and physical health providers;

(ii) the coordination among such providers and the justice and corrections system; and

(iii) the cost effectiveness, quality, effectiveness, and efficiency of health care services furnished to adults with a serious mental illness, children with a serious emotional disturbance, or individuals in a mental health crisis; and

(B) may include clinical protocols and practices that address the needs of individuals with early serious mental illness.

(2) Consultation

In carrying out this section, the Laboratory shall consult with—

(A) the Chief Medical Officer appointed under section 290aa(g) of this title;

(B) representatives of the National Institute of Mental Health, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism, on an ongoing basis;

(C) other appropriate Federal agencies;

(D) clinical and analytical experts with expertise in psychiatric medical care and clinical psychological care, health care management, education, corrections health care, and mental health court systems, as appropriate; and

(E) other individuals and agencies as determined appropriate by the Assistant Secretary.

(d) Deadline for beginning implementation

The Laboratory shall begin implementation of this section not later than January 1, 2018.

(e) Promoting innovation

(1) In general

The Assistant Secretary, in coordination with the Laboratory, may award grants to States, local governments, Indian Tribes or Tribal organizations (as such terms are defined in section 5304 of title 25), educational institutions, and nonprofit organizations to develop evidence-based interventions, including culturally and linguistically appropriate services, as appropriate, for—

(A) evaluating a model that has been scientifically demonstrated to show promise, but would benefit from further applied development, for—

(i) enhancing the prevention, diagnosis, intervention, and treatment of, and recovery from, mental illness, serious emotional disturbances, substance use disorders, and co-occurring illness or disorders; or

(ii) integrating or coordinating physical health services and mental and substance use disorders services; and

(B) expanding, replicating, or scaling evidence-based programs across a wider area to enhance effective screening, early diagnosis, intervention, and treatment with respect to mental illness, serious mental illness, serious emotional disturbances, and substance use disorders, primarily by—

(i) applying such evidence-based programs to the delivery of care, including by training staff in effective evidence-based treatments; or

(ii) integrating such evidence-based programs into models of care across specialties and jurisdictions.

(2) Consultation

In awarding grants under this subsection, the Assistant Secretary shall, as appropriate, consult with the Chief Medical Officer, appointed under section 290aa(g) of this title, the advisory councils described in section 290aa–1 of this title, the National Institute of Mental Health, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism, as appropriate.

(f) Authorization of appropriations

To carry out this section, there is authorized to be appropriated $10,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, §501A, as added Pub. L. 114–255, div. B, title VII, §7001, Dec. 13, 2016, 130 Stat. 1220; amended Pub. L. 115–271, title VII, §7111, Oct. 24, 2018, 132 Stat. 4042; Pub. L. 117–328, div. FF, title I, §1121(a), Dec. 29, 2022, 136 Stat. 5647.)

Editorial Notes

AMENDMENTS

2022—Subsec. (e)(1). Pub. L. 117–328, §1121(a)(1), substituted ''Indian Tribes or Tribal organizations'' for ''Indian tribes or tribal organizations'' in introductory provisions.

Subsec. (e)(3). Pub. L. 117–328, §1121(a)(2), struck out par. (3) which authorized appropriations for grants for fiscal years 2018 through 2020.

Subsec. (f). Pub. L. 117–328, §1121(a)(3), added subsec. (f).

2018—Subsec. (b)(6), (7). Pub. L. 115–271 added par. (6) and redesignated former par. (6) as (7).

§ 290aa–0a. Behavioral health crisis coordinating office

(a) In general

The Secretary shall establish, within the Substance Abuse and Mental Health Services Administration, an office to coordinate work relating to behavioral health crisis care across the operating divisions and agencies of the Department of Health and Human Services, including the Substance Abuse and Mental Health Services Administration, the Centers for Medicare & Medicaid Services, and the Health Resources and Services Administration, and external stakeholders.

(b) Duty

The office established under subsection (a) shall—

(1) convene Federal, State, Tribal, local, and private partners;

(2) launch and manage Federal workgroups charged with making recommendations regarding issues related to mental health and substance use disorder crises, including with respect to health care best practices, workforce development, health disparities, data collection, technology, program oversight, public awareness, and engagement; and

(3) support technical assistance, data analysis, and evaluation functions in order to assist States, localities, Territories, Indian Tribes, and Tribal organizations in developing crisis care systems and identifying best practices with the objective of expanding the ca-

pacity of, and access to, local crisis call centers, mobile crisis care, crisis stabilization, psychiatric emergency services, and rapid post-crisis follow-up care provided by—

(A) the National Suicide Prevention and Mental Health Crisis Hotline and Response System;

(B) the Veterans Crisis Line;

(C) community mental health centers (as defined in section 1395x(ff)(3)(B) of this title);

(D) certified community behavioral health clinics, as described in section 223 of the Protecting Access to Medicare Act of 2014; and

(E) other community mental health and substance use disorder providers.

(c) Authorization of appropriations

There is authorized to be appropriated to carry out this section $5,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 501B, as added Pub. L. 117–328, div. FF, title I, § 1101, Dec. 29, 2022, 136 Stat. 5635.)

Editorial Notes

REFERENCES IN TEXT

Section 223 of the Protecting Access to Medicare Act of 2014, referred to in subsec. (b)(3)(D), is section 223 of Pub. L. 113–93, which is set out as a note under section 1396a of this title.

Statutory Notes and Related Subsidiaries

CRISIS RESPONSE CONTINUUM OF CARE

Pub. L. 117–328, div. FF, title I, § 1102, Dec. 29, 2022, 136 Stat. 5635, provided that:

''(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall facilitate the identification and publication of best practices for a crisis response continuum of care related to mental health and substance use disorders for use by health care providers, crisis services administrators, and crisis services providers in responding to individuals (including children and adolescents) experiencing mental health crises, substance-related crises, and crises arising from co-occurring disorders.

''(b) BEST PRACTICES.—

''(1) IN GENERAL.—The best practices published under subsection (a) shall, as appropriate, address best practices related to crisis response services for the range of entities that furnish such services, taking into consideration such services that—

''(A) do not require prior authorization from an insurance provider or group health plan nor a referral from a health care provider prior to the delivery of services;

''(B) provide for serving all individuals regardless of age or ability to pay;

''(C) provide for operating 24 hours a day, 7 days a week;

''(D) provide for care and support through resources described in paragraph (2)(A) until the individual has been stabilized or transferred to the next level of crisis care; and

''(E) address psychiatric stabilization, including for—

''(i) individuals screened over the phone, text, and chat; and

''(ii) individuals stabilized on the scene by mobile teams.

''(2) IDENTIFICATION OF FUNCTIONS.—The best practices published under subsection (a) shall consider the functions of the range of services in the crisis response continuum, including the following:

''(A) Identification of resources for referral and enrollment in continuing mental health, substance use, or other human services relevant for the individual in crisis where necessary.

''(B) A description of access and entry points to services within the crisis response continuum.

''(C) Identification, as appropriate and consistent with State laws, of any protocols and agreements for the transfer and receipt of individuals to and from other segments of the crisis response continuum segments as needed, and from outside referrals, including health care providers, first responders (including law enforcement, paramedics, and firefighters), education institutions, and community-based organizations.

''(D) Description of the qualifications of the range of crisis services staff, including roles for physicians, licensed clinicians, case managers, and peers (in accordance with State licensing requirements or requirements applicable to Tribal health professionals).

''(E) The convening of collaborative meetings of relevant crisis response system partners, such as crisis response service providers, first responders (including law enforcement, paramedics, and firefighters), and community partners (including the National Suicide Prevention Lifeline or 9–8–8 call centers, 9–1–1 public service answering points, and local mental health and substance use disorder treatment providers), operating in a common region for the discussion of case management, best practices, and general performance improvement.

''(3) SERVICE CAPACITY AND QUALITY BEST PRACTICES.—The best practices under subsection (a) may include recommendations on—

''(A) the volume of services to meet population need;

''(B) appropriate timely response; and

''(C) capacity to meet the needs of different patient populations that may experience a mental health or substance use crisis, including children, families, and all age groups, racial and ethnic minorities, veterans, individuals with co-occurring mental health and substance use disorders, individuals with disabilities, and individuals with chronic illness.

''(4) IMPLEMENTATION TIMEFRAME.—The Secretary shall—

''(A) not later than 1 year after the date of enactment of this section [Dec. 29, 2022], publish and maintain the best practices required by subsection (a); and

''(B) after 3 years, facilitate the identification of any updates to such best practices, as appropriate.

''(5) EVALUATIONS.—Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, an assessment of relevant programs related to mental health and substance use disorder crises authorized under title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) in order to assess the extent to which such programs meet objectives and performance metrics, as determined by the Secretary. Such evaluation may, as appropriate, include data on—

''(A) the type and variety of services provided when responding to mental health and substance use-related crises;

''(B) the impact on emergency department facility use and length of stay, including for patients who require further psychiatric care;

''(C) the impact on access to crisis care centers and crisis bed services;

''(D) the impact on linkage to appropriate post-crisis care; and

''(E) the use of best practices and recommendations identified under this section.''

§ 290aa–0b. Interdepartmental Serious Mental Illness Coordinating Committee

(a) Establishment

(1) In general

The Secretary, or the designee of the Secretary, shall establish a committee to be known as the Interdepartmental Serious Mental Illness Coordinating Committee (in this section referred to as the ''Committee'').

(2) Federal Advisory Committee Act

Except as provided in this section, the provisions of the Federal Advisory Committee Act (5 U.S.C. App.)[1] shall apply to the Committee.

(b) Meetings

The Committee shall meet not fewer than 2 times each year.

(c) Responsibilities

Not later than each of 1 year and 5 years after December 29, 2022, the Committee shall submit to Congress and any other relevant Federal department or agency a report including—

(1) a summary of advances in serious mental illness and serious emotional disturbance research related to the prevention of, diagnosis of, intervention in, and treatment and recovery of serious mental illnesses, serious emotional disturbances, and advances in access to services and support for adults with a serious mental illness or children with a serious emotional disturbance;

(2) an evaluation of the effect Federal programs related to serious mental illness have on public health, including outcomes such as—

(A) rates of suicide, suicide attempts, incidence and prevalence of serious mental illnesses, serious emotional disturbances, and substance use disorders, overdose, overdose deaths, emergency hospitalizations, emergency department boarding, preventable emergency department visits, interaction with the criminal justice system, homelessness, and unemployment;

(B) increased rates of employment and enrollment in educational and vocational programs;

(C) quality of mental and substance use disorders treatment services; or

(D) any other criteria as may be determined by the Secretary; and

(3) specific recommendations for actions that agencies can take to better coordinate the administration of mental health services for adults with a serious mental illness or children with a serious emotional disturbance.

(d) Membership

(1) Federal members

The Committee shall be composed of the following Federal representatives, or the designees of such representatives—

(A) the Secretary of Health and Human Services, who shall serve as the Chair of the Committee;

(B) the Assistant Secretary for Mental Health and Substance Use;

(C) the Attorney General;

(D) the Secretary of Veterans Affairs;

(E) the Secretary of Defense;

(F) the Secretary of Housing and Urban Development;

(G) the Secretary of Education;

(H) the Secretary of Labor;

(I) the Administrator of the Centers for Medicare & Medicaid Services;

(J) the Administrator of the Administration for Community Living; and

(K) the Commissioner of Social Security.

(2) Non-Federal members

The Committee shall also include not less than 14 non-Federal public members appointed by the Secretary of Health and Human Services, of which—

(A) at least 2 members shall be an individual who has received treatment for a diagnosis of a serious mental illness;

(B) at least 1 member shall be a parent or legal guardian of an adult with a history of a serious mental illness or a child with a history of a serious emotional disturbance;

(C) at least 1 member shall be a representative of a leading research, advocacy, or service organization for adults with a serious mental illness;

(D) at least 2 members shall be—

(i) a licensed psychiatrist with experience in treating serious mental illnesses;

(ii) a licensed psychologist with experience in treating serious mental illnesses or serious emotional disturbances;

(iii) a licensed clinical social worker with experience treating serious mental illnesses or serious emotional disturbances; or

(iv) a licensed psychiatric nurse, nurse practitioner, or physician assistant with experience in treating serious mental illnesses or serious emotional disturbances;

(E) at least 1 member shall be a licensed mental health professional with a specialty in treating children and adolescents with a serious emotional disturbance;

(F) at least 1 member shall be a mental health professional who has research or clinical mental health experience in working with minorities;

(G) at least 1 member shall be a mental health professional who has research or clinical mental health experience in working with medically underserved populations;

(H) at least 1 member shall be a State certified mental health peer support specialist;

(I) at least 1 member shall be a judge with experience in adjudicating cases related to criminal justice or serious mental illness;

(J) at least 1 member shall be a law enforcement officer or corrections officer with extensive experience in interfacing with adults with a serious mental illness, children with a serious emotional disturbance, or individuals in a mental health crisis; and

(K) at least 1 member shall have experience providing services for homeless individuals and working with adults with a serious mental illness, children with a serious emotional disturbance, or individuals in a mental health crisis.

[1] See References in Text note below.

(3) Terms

A member of the Committee appointed under paragraph (2) shall serve for a term of 3 years, and may be reappointed for 1 or more additional 3-year terms. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has been appointed.

(e) Working groups

In carrying out its functions, the Committee may establish working groups. Such working groups shall be composed of Committee members, or their designees, and may hold such meetings as are necessary.

(f) Sunset

The Committee shall terminate on September 30, 2027.

(July 1, 1944, ch. 373, title V, § 501C, as added Pub. L. 117–328, div. FF, title I, § 1121(c)(1), Dec. 29, 2022, 136 Stat. 5648.)

Editorial Notes

REFERENCES IN TEXT

The Federal Advisory Committee Act, referred to in subsec. (a)(2), is Pub. L. 92–463, Oct. 6, 1972, 86 Stat. 770, which was set out in the Appendix to Title 5, Government Organization and Employees, and was substantially repealed and restated in chapter 10 (§ 1001 et seq.) of Title 5 by Pub. L. 117–286, §§ 3(a), 7, Dec. 27, 2022, 136 Stat. 4197, 4361. For disposition of sections of the Act into chapter 10 of Title 5, see Disposition Table preceding section 101 of Title 5.

§ 290aa–1. Advisory councils

(a) Appointment

(1) In general

The Secretary shall appoint an advisory council for—

(A) the Substance Abuse and Mental Health Services Administration;

(B) the Center for Substance Abuse Treatment;

(C) the Center for Substance Abuse Prevention; and

(D) the Center for Mental Health Services.

Each such advisory council shall advise, consult with, and make recommendations to the Secretary and the Assistant Secretary or Director of the Administration or Center for which the advisory council is established concerning matters relating to the activities carried out by and through the Administration or Center and the policies respecting such activities.

(2) Function and activities

An advisory council—

(A)(i) may on the basis of the materials provided by the organization respecting activities conducted at the organization, make recommendations to the Assistant Secretary or Director of the Administration or Center for which it was established respecting such activities;

(ii) shall review applications submitted for grants and cooperative agreements for activities for which advisory council approval is required under section 290aa–3(d)(2) of this title and recommend for approval applications for projects that show promise of making valuable contributions to the Administration's mission; and

(iii) may review any grant, contract, or cooperative agreement proposed to be made or entered into by the organization;

(B) may collect, by correspondence or by personal investigation, information as to studies and services that are being carried on in the United States or any other country as to the diseases, disorders, or other aspects of human health with respect to which the organization was established and with the approval of the Assistant Secretary or Director, whichever is appropriate, make such information available through appropriate publications for the benefit of public and private health entities and health professions personnel and for the information of the general public; and

(C) may appoint subcommittees and convene workshops and conferences.

(b) Membership

(1) In general

Each advisory council shall consist of nonvoting ex officio members and not more than 12 members to be appointed by the Secretary under paragraph (3).

(2) Ex officio members

The ex officio members of an advisory council shall consist of—

(A) the Secretary;

(B) the Assistant Secretary;

(C) the Director of the Center for which the council is established;

(D) the Under Secretary for Health of the Department of Veterans Affairs;

(E) the Assistant Secretary for Defense for Health Affairs (or the designates of such officers);

(F) the Chief Medical Officer, appointed under section 290aa(g) of this title;

(G) the Director of the National Institute of Mental Health for the advisory councils appointed under subsections (a)(1)(A) and (a)(1)(D);

(H) the Director of the National Institute on Drug Abuse for the advisory councils appointed under subsections (a)(1)(A), (a)(1)(B), and (a)(1)(C);

(I) the Director of the National Institute on Alcohol Abuse and Alcoholism for the advisory councils appointed under subsections (a)(1)(A), (a)(1)(B), and (a)(1)(C); and

(J) such additional officers or employees of the United States as the Secretary determines necessary for the advisory council to effectively carry out its functions.

(3) Appointed members

Individuals shall be appointed to an advisory council under paragraph (1) as follows:

(A) Nine of the members shall be appointed by the Secretary from among the leading representatives of the health disciplines (including public health and behavioral and social sciences) relevant to the activities of

the Administration or Center for which the advisory council is established.

(B) Three of the members shall be appointed by the Secretary from the general public and shall include leaders in fields of public policy, public relations, law, health policy economics, or management.

(C) Not less than half of the members of the advisory council appointed under subsection (a)(1)(D)—

(i) shall—

(I) have a medical degree;

(II) have a doctoral degree in psychology; or

(III) have an advanced degree in nursing or social work from an accredited graduate school or be a certified physician assistant; and

(ii) shall specialize in the mental health field.

(D) Not less than half of the members of the advisory councils appointed under subsections (a)(1)(B) and (a)(1)(C)—

(i) shall—

(I) have a medical degree;

(II) have a doctoral degree; or

(III) have an advanced degree in nursing, public health, behavioral or social sciences, or social work from an accredited graduate school or be a certified physician assistant; and

(ii) shall have experience in the provision of substance use disorder services or the development and implementation of programs to prevent substance misuse.

(4) Compensation

Members of an advisory council who are officers or employees of the United States shall not receive any compensation for service on the advisory council. The remaining members of an advisory council shall receive, for each day (including travel time) they are engaged in the performance of the functions of the advisory council, compensation at rates not to exceed the daily equivalent to the annual rate in effect for grade GS–18 of the General Schedule.

(c) Terms of office

(1) In general

The term of office of a member of an advisory council appointed under subsection (b) shall be 4 years, except that any member appointed to fill a vacancy for an unexpired term shall serve for the remainder of such term. The Secretary shall make appointments to an advisory council in such a manner as to ensure that the terms of the members not all expire in the same year. A member of an advisory council may serve after the expiration of such member's term until a successor has been appointed and taken office.

(2) Reappointments

A member who has been appointed to an advisory council for a term of 4 years may not be reappointed to an advisory council during the 2-year period beginning on the date on which such 4-year term expired.

(3) Time for appointment

If a vacancy occurs in an advisory council among the members under subsection (b), the Secretary shall make an appointment to fill such vacancy within 90 days from the date the vacancy occurs.

(d) Chair

The Secretary shall select a member of an advisory council to serve as the chair of the council. The Secretary may so select an individual from among the appointed members, or may select the Assistant Secretary or the Director of the Center involved. The term of office of the chair shall be 2 years.

(e) Meetings

An advisory council shall meet at the call of the chairperson or upon the request of the Assistant Secretary or Director of the Administration or Center for which the advisory council is established, but in no event less than 2 times during each fiscal year. The location of the meetings of each advisory council shall be subject to the approval of the Assistant Secretary or Director of Administration or Center for which the council was established.

(f) Executive Secretary and staff

The Assistant Secretary or Director of the Administration or Center for which the advisory council is established shall designate a member of the staff of the Administration or Center for which the advisory council is established to serve as the Executive Secretary of the advisory council. The Assistant Secretary or Director shall make available to the advisory council such staff, information, and other assistance as it may require to carry out its functions. The Assistant Secretary or Director shall provide orientation and training for new members of the advisory council to provide for their effective participation in the functions of the advisory council.

(July 1, 1944, ch. 373, title V, § 502, formerly § 505, as added Pub. L. 99–570, title IV, § 4004(a), Oct. 27, 1986, 100 Stat. 3207–109; amended Pub. L. 100–527, § 10(4), Oct. 25, 1988, 102 Stat. 2641; Pub. L. 101–381, title I, § 102(6), Aug. 18, 1990, 104 Stat. 586; renumbered § 502 and amended Pub. L. 102–321, title I, § 102, July 10, 1992, 106 Stat. 331; Pub. L. 102–352, § 2(a)(6), Aug. 26, 1992, 106 Stat. 938; Pub. L. 103–446, title XII, § 1203(a)(1), Nov. 2, 1994, 108 Stat. 4689; Pub. L. 106–310, div. B, title XXXIV, § 3402, Oct. 17, 2000, 114 Stat. 1219; Pub. L. 114–255, div. B, title VI, §§ 6001(c)(2), 6008, Dec. 13, 2016, 130 Stat. 1203, 1214.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 290aa–3a of this title prior to renumbering by Pub. L. 102–321.

PRIOR PROVISIONS

A prior section 290aa–1, act July 1, 1944, ch. 373, title V, § 502, formerly Pub. L. 91–616, title I, § 101, Dec. 31, 1970, 84 Stat. 1848, as amended Pub. L. 93–282, title II, § 203(a), May 14, 1974, 88 Stat. 135; Pub. L. 96–180, § 3, Jan. 2, 1980, 93 Stat. 1302; Pub. L. 97–35, title IX, § 966(a), Aug. 13, 1981, 95 Stat. 595; renumbered § 502 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98–24, § 2(b)(3), 97

Stat. 177; Oct. 19, 1984, Pub. L. 98–509, title II, § 205(b)(2), 98 Stat. 2361; Oct. 27, 1986, Pub. L. 99–570, title IV, § 4005(b)(1), 100 Stat. 3207–114, related to National Institute on Alcohol Abuse and Alcoholism, prior to repeal by Pub. L. 102–321, title I, § 101(b), July 10, 1992, 106 Stat. 331. See section 285n of this title.

A prior section 502 of act July 1, 1944, which was classified to section 220 of this title, was successively renumbered by subsequent acts and transferred, see section 238a of this title.

AMENDMENTS

2016—Subsec. (a)(1). Pub. L. 114–255, § 6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' in concluding provisions.

Subsec. (a)(2)(A)(i), (B). Pub. L. 114–255, § 6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (b)(2)(B). Pub. L. 114–255, § 6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (b)(2)(F) to (J). Pub. L. 114–255, § 6008(1), added subpars. (F) to (I) and redesignated former subpar. (F) as (J).

Subsec. (b)(3)(C), (D). Pub. L. 114–255, § 6008(2), added subpars. (C) and (D).

Subsecs. (d) to (f). Pub. L. 114–255, § 6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' wherever appearing.

2000—Subsec. (e). Pub. L. 106–310 substituted ''2 times during each fiscal year'' for ''3 times during each fiscal year''.

1994—Subsec. (b)(2)(D). Pub. L. 103–446 amended subpar. (D) generally. Prior to amendment, subpar. (D) read as follows: ''the Chief Medical Director of the Veterans Administration; and''.

1992—Pub. L. 102–352 substituted ''or management'' for ''and management'' in subsec. (b)(3)(B).

Pub. L. 102–321 amended section generally, substituting provisions relating to appointment of advisory councils to Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Center for Substance Abuse Prevention, and Center for Mental Health Services for provisions appointing advisory councils for National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, and National Institute of Mental Health.

1990—Subsec. (a)(2). Pub. L. 101–381 made technical amendment to reference to section 300aaa of this title to reflect renumbering of corresponding section of original act.

1988—Subsec. (b)(2)(A). Pub. L. 100–527 substituted ''Chief Medical Director of the Department of Veterans Affairs'' for ''Chief Medical Director of the Veterans' Administration''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENTS

Amendment by Pub. L. 102–352 effective immediately upon effectuation of amendment made by Pub. L. 102–321, see section 3(1) of Pub. L. 102–352, set out as a note under section 285n of this title.

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

EFFECTIVE DATE OF 1988 AMENDMENT

Amendment by Pub. L. 100–527 effective Mar. 15, 1989, see section 18(a) of Pub. L. 100–527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans' Benefits.

TERMINATION OF ADVISORY COUNCILS

Advisory councils established after Jan. 5, 1973, to terminate not later than the expiration of the 2-year period beginning on the date of their establishment, unless, in the case of a council established by the President or an officer of the Federal Government, such council is renewed by appropriate action prior to the expiration of such 2-year period, or in the case of a council established by Congress, its duration is otherwise provided by law. See sections 1001(2) and 1013 of Title 5, Government Organization and Employees.

Pub. L. 93–641, § 6, Jan. 4, 1975, 88 Stat. 2275, set out as a note under section 217a of this title, provided that an advisory committee established pursuant to the Public Health Service Act shall terminate at such time as may be specifically prescribed by an Act of Congress enacted after Jan. 4, 1975.

REFERENCES IN OTHER LAWS TO GS–16, 17, OR 18 PAY RATES

References in laws to the rates of pay for GS–16, 17, or 18, or to maximum rates of pay under the General Schedule, to be considered references to rates payable under specified sections of Title 5, Government Organization and Employees, see section 529 [title I, § 101(c)(1)] of Pub. L. 101–509, set out in a note under section 5376 of Title 5.

CONTINUATION OF EXISTING ADVISORY COUNCILS

Pub. L. 99–570, title IV, § 4004(b), Oct. 27, 1986, 100 Stat. 3207–111, provided that: ''The amendment made by subsection (a) [enacting this section and renumbering this section and section 290aa–5 of this title] does not terminate the membership of any advisory council for the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, or the National Institute of Mental Health which was in existence on the date of enactment of this Act [Oct. 27, 1986]. After such date—

''(1) the Secretary of Health and Human Services shall make appointments to each such advisory council in such a manner as to bring about as soon as practicable the composition for such council prescribed by section 505 [now 502] of the Public Health Service Act [42 U.S.C. 290aa–1];

''(2) each advisory council shall organize itself in accordance with such section and exercise the functions prescribed by such section; and

''(3) the Director of each such institute shall perform for such advisory council the functions prescribed by such section.''

§ 290aa–2. Omitted

Editorial Notes

CODIFICATION

Section, act July 1, 1944, ch. 373, title V, § 503, formerly § 505, as added Pub. L. 98–24, § 2(b)(7), Apr. 26, 1983, 97 Stat. 178; renumbered § 506, Pub. L. 99–570, title IV, § 4004(a), Oct. 27, 1986, 100 Stat. 3207–109; renumbered § 503, Pub. L. 102–321, title I, § 103, July 10, 1992, 106 Stat. 333, which required the Secretary of Health and Human Services to submit triennial reports to Congress on the health consequences of using alcoholic beverages, the health consequences and extent of drug abuse in the United States, and current research findings made with respect to drug abuse, including current findings on the health effects of marihuana and the addictive property of tobacco, terminated, effective May 15, 2000, pursuant to section 3003 of Pub. L. 104–66, as amended, set out as a note under section 1113 of Title 31, Money and Finance. See, also, pages 92 and 93 of House Document No. 103–7.

Section was formerly classified to section 290aa–4 of this title prior to renumbering by Pub. L. 102–321.

A prior section 290aa–2, act July 1, 1944, ch. 373, title V, § 503, formerly Pub. L. 92–255, title IV, § 406(a), title V, § 501, Mar. 21, 1972, 86 Stat. 78, 85; amended Pub. L. 93–282, title II, § 204, May 14, 1974, 88 Stat. 136; Pub. L. 94–237, § 12(a), Mar. 19, 1976, 90 Stat. 247; Pub. L. 96–181, § 10, Jan. 2, 1980, 93 Stat. 1314; Pub. L. 97–35, title IX, §§ 968(a), 973(f), Aug. 13, 1981, 95 Stat. 595, 598; renumbered § 503 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98–24, § 2(b)(4), (5), 97 Stat. 177; Oct. 19, 1984, Pub.

L. 98–509, title II, §§ 202, 205(b)(1), 98 Stat. 2360, 2361; Oct. 27, 1986, Pub. L. 99–570, title IV, § 4005(b)(2), 100 Stat. 3207–114, related to National Institute on Drug Abuse, prior to repeal by Pub. L. 102–321, title I, § 101(b), July 10, 1992, 106 Stat. 331. See section 285*o* of this title.

A prior section 503 of act July 1, 1944, which was classified to section 221 of this title, was successively renumbered by subsequent acts and transferred, see section 238b of this title.

§ 290aa–2a. Report on individuals with co-occurring mental illness and substance abuse disorders

(a) In general

Not later than 2 years after October 17, 2000, the Secretary shall, after consultation with organizations representing States, mental health and substance abuse treatment providers, prevention specialists, individuals receiving treatment services, and family members of such individuals, prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report on prevention and treatment services for individuals who have co-occurring mental illness and substance abuse disorders.

(b) Report content

The report under subsection (a) shall be based on data collected from existing Federal and State surveys regarding the treatment of co-occurring mental illness and substance abuse disorders and shall include—

(1) a summary of the manner in which individuals with co-occurring disorders are receiving treatment, including the most up-to-date information available regarding the number of children and adults with co-occurring mental illness and substance abuse disorders and the manner in which funds provided under sections 300x and 300x–21 of this title are being utilized, including the number of such children and adults served with such funds;

(2) a summary of improvements necessary to ensure that individuals with co-occurring mental illness and substance abuse disorders receive the services they need;

(3) a summary of practices for preventing substance abuse among individuals who have a mental illness and are at risk of having or acquiring a substance abuse disorder; and

(4) a summary of evidenced-based practices for treating individuals with co-occurring mental illness and substance abuse disorders and recommendations for implementing such practices.

(c) Funds for report

The Secretary may obligate funds to carry out this section with such appropriations as are available.

(July 1, 1944, ch. 373, title V, § 503A, as added Pub. L. 106–310, div. B, title XXXIV, § 3406, Oct. 17, 2000, 114 Stat. 1221.)

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

§ 290aa–3. Peer review

(a) In general

The Secretary, after consultation with the Assistant Secretary, shall require appropriate peer review of grants, cooperative agreements, and contracts to be administered through the agency which exceed the simple acquisition threshold as defined in section 134 of title 41.

(b) Members

The members of any peer review group established under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than one-fourth of the members of any such peer review group shall be officers or employees of the United States. In the case of any such peer review group that is reviewing a grant, cooperative agreement, or contract related to mental illness treatment, not less than half of the members of such peer review group shall be licensed and experienced professionals in the prevention, diagnosis, or treatment of, or recovery from, mental illness or co-occurring mental illness and substance use disorders and have a medical degree, a doctoral degree in psychology, or an advanced degree in nursing or social work from an accredited program, and the Secretary, in consultation with the Assistant Secretary, shall, to the extent possible, ensure such peer review groups include broad geographic representation, including both urban and rural representatives.

(c) Advisory council review

If the direct cost of a grant or cooperative agreement (described in subsection (a)) exceeds the simple acquisition threshold as defined by section 134 of title 41, the Secretary may make such a grant or cooperative agreement only if such grant or cooperative agreement is recommended—

(1) after peer review required under subsection (a); and

(2) by the appropriate advisory council.

(d) Conditions

The Secretary may establish limited exceptions to the limitations contained in this section regarding participation of Federal employees and advisory council approval. The circumstances under which the Secretary may make such an exception shall be made public.

(July 1, 1944, ch. 373, title V, § 504, formerly § 506, as added Pub. L. 98–24, § 2(b)(7), Apr. 26, 1983, 97 Stat. 178; amended Pub. L. 99–158, § 3(c), Nov. 20, 1985, 99 Stat. 879; renumbered § 507 and amended Pub. L. 99–570, title IV, §§ 4004(a), 4007, Oct. 27, 1986, 100 Stat. 3207–109, 3207–115; renumbered § 504 and amended Pub. L. 102–321, title I, § 104, July 10, 1992, 106 Stat. 333; Pub. L. 102–352, § 2(a)(7), Aug. 26, 1992, 106 Stat. 938; Pub. L. 105–392, title IV, § 412, Nov. 13, 1998, 112 Stat. 3590; Pub. L. 106–310, div. B, title XXXIV, § 3401(b), Oct. 17, 2000, 114 Stat. 1218; Pub. L. 114–255, div. B, title VI, §§ 6001(c)(2), 6009, Dec. 13, 2016, 130 Stat. 1203, 1215.)

Editorial Notes

CODIFICATION

In subsecs. (a) and (c), ''section 134 of title 41'' substituted for ''section 4(11) of the Office of Federal Procurement Policy Act'' on authority of Pub. L. 111–350, § 6(c), Jan. 4, 2011, 124 Stat. 3854, which Act enacted Title 41, Public Contracts.

Section was formerly classified to section 290aa–5 of this title prior to renumbering by Pub. L. 102–321.

PRIOR PROVISIONS

A prior section 290aa–3, act July 1, 1944, ch. 373, title V, § 504, formerly title IV, § 455, as added May 14, 1974, Pub. L. 93–282, title II, § 202, 88 Stat. 135; amended Oct. 7, 1980, Pub. L. 96–398, title III, § 325, title IV, § 401(a), title VIII, § 804(a), 94 Stat. 1596, 1597, 1608; Aug. 13, 1981, Pub. L. 97–35, title IX, § 902(g)(1), 95 Stat. 560; renumbered title V, § 504, Apr. 26, 1983, Pub. L. 98–24, § 2(b)(6), 97 Stat. 177; Oct. 19, 1984, Pub. L. 98–509, title II, §§ 203, 204, 98 Stat. 2360, 2361; Oct. 7, 1985, Pub. L. 99–117, § 11(b), 99 Stat. 495; Oct. 27, 1986, Pub. L. 99–570, title IV, §§ 4011(a), 4012, 4013, 4021(a), (b)(1), 100 Stat. 3207–115, 3207–116, 3207–124; Nov. 14, 1986, Pub. L. 99–660, title V, § 504, 100 Stat. 3797; Nov. 18, 1988, Pub. L. 100–690, title II, § 2057(1), (2), 102 Stat. 4211, related to National Institute of Mental Health, prior to repeal by Pub. L. 102–321, title I, § 101(b), July 10, 1992, 106 Stat. 331. See section 285p of this title.

A prior section 504 of act July 1, 1944, which was classified to section 222 of this title, was renumbered section 2104 of act July 1, 1944, by Pub. L. 98–24 and transferred to section 300aa–3 of this title, renumbered section 2304 of act July 1, 1944, by Pub. L. 99–660 and transferred to section 300cc–3 of this title, prior to repeal by Pub. L. 98–621, § 10(s), Nov. 8, 1984, 98 Stat. 3381.

AMENDMENTS

2016—Subsec. (a). Pub. L. 114–255, § 6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (b). Pub. L. 114–255, § 6009, inserted at end: ''In the case of any such peer review group that is reviewing a grant, cooperative agreement, or contract related to mental illness treatment, not less than half of the members of such peer review group shall be licensed and experienced professionals in the prevention, diagnosis, or treatment of, or recovery from, mental illness or co-occurring mental illness and substance use disorders and have a medical degree, a doctoral degree in psychology, or an advanced degree in nursing or social work from an accredited program, and the Secretary, in consultation with the Assistant Secretary, shall, to the extent possible, ensure such peer review groups include broad geographic representation, including both urban and rural representatives.''

2000—Pub. L. 106–310 reenacted section catchline without change and amended text generally, substituting, in subsec. (a), provisions requiring, after consultation with the Administrator of the Substance Abuse and Mental Health Services Administration, appropriate peer review of grants, cooperative agreements, and contracts to be administered through the agency that exceed the simple acquisition threshold as defined in section 403 of title 41 for provisions requiring such peer review after consultation with the Directors of the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services, in subsec. (b), provisions relating to members of peer groups qualified to perform review functions under subsec. (a) for similar provisions in former subsec. (b) but which included reference to regulatory establishment of such groups, in subsec. (c), provisions relating to advisory council review for provisions relating to requirements and specification of regulations promulgated under subsec. (a), and in subsec. (d), provisions relating to Secretary's authority to establish exceptions to the limitations in section regarding participation of Federal employees and advisory council approval for provisions relating to recommendations.

1998—Subsec. (d)(2). Pub. L. 105–392 substituted ''or cooperative agreement'' for ''cooperative agreement, or contract'' wherever appearing in introductory provisions.

1992—Pub. L. 102–352 struck out ''by regulation'' after ''Center for Mental Health Services, shall'' in subsec. (a).

Pub. L. 102–321 amended section generally, substituting provisions relating to peer review of grants, cooperative agreements, and contracts administered through the Centers for Substance Abuse Treatment, Substance Abuse Prevention, and Mental Health Services for provisions relating to peer review of biomedical and behavioral research and development grants, cooperative agreements, and contracts administered through the National Institutes of Mental Health, Alcohol Abuse and Alcoholism, and Drug Abuse.

1986—Subsec. (b). Pub. L. 99–570, § 4007, inserted ''applications made for'' before ''grants, cooperative'' in introductory text.

1985—Subsec. (e). Pub. L. 99–158 added subsec. (e).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENTS

Amendment by Pub. L. 102–352 effective immediately upon effectuation of amendment made by Pub. L. 102–321, see section 3(1) of Pub. L. 102–352, set out as a note under section 285n of this title.

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

§ 290aa–3a. Transferred

Editorial Notes

CODIFICATION

Section, act July 1, 1944, ch. 373, title V, § 505, as added Oct. 27, 1986, Pub. L. 99–570, title IV, § 4004(a), 100 Stat. 3207–109, and amended, which related to advisory councils for the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, was renumbered section 502 of act July 1, 1944, by Pub. L. 102–321, title I, § 102(1), July 10, 1992, 106 Stat. 331, and transferred to section 290aa–1 of this title.

§ 290aa–4. Center for behavioral health statistics and quality

(a) In general

The Assistant Secretary shall maintain within the Administration a Center for Behavioral Health Statistics and Quality (in this section referred to as the ''Center''). The Center shall be headed by a Director (in this section referred to as the ''Director'') appointed by the Secretary from among individuals with extensive experience and academic qualifications in research and analysis in behavioral health care or related fields.

(b) Requirement of annual collection of data on mental illness and substance abuse

The Director shall—

(1) coordinate the Administration's integrated data strategy, including by collecting data each year on—

(A) the national incidence and prevalence of the various forms of mental illness and substance abuse; and

(B) the incidence and prevalence of such various forms in major metropolitan areas selected by the Director.

(2) provide statistical and analytical support for activities of the Administration;

(3) recommend a core set of performance metrics to evaluate activities supported by the Administration; and

(4) coordinate with the Assistant Secretary, the Assistant Secretary for Planning and Evaluation, and the Chief Medical Officer appointed under section 290aa(g) of this title, as appropriate, to improve the quality of services provided by programs of the Administration and the evaluation of activities carried out by the Administration.

(c) Mental health

With respect to the activities of the Director under subsection (b)(1) relating to mental health, the Director shall ensure that such activities include, at a minimum, the collection of data on—

(1) the number and variety of public and nonprofit private treatment programs;

(2) the number and demographic characteristics of individuals receiving treatment through such programs;

(3) the type of care received by such individuals; and

(4) such other data as may be appropriate.

(d) Substance abuse

(1) In general

With respect to the activities of the Director under subsection (b)(1) relating to substance abuse, the Director shall ensure that such activities include, at a minimum, the collection of data on—

(A) the number of individuals admitted to the emergency rooms of hospitals as a result of the abuse of alcohol or other drugs;

(B) the number of deaths occurring as a result of substance abuse, as indicated in reports by coroners in coordination with the Centers for Disease Control and Prevention;

(C) the number and variety of public and private nonprofit treatment programs, including the number and type of patient slots available;

(D) the number of individuals seeking treatment through such programs, the number and demographic characteristics of individuals receiving such treatment, the percentage of individuals who complete such programs, and, with respect to individuals receiving such treatment, the length of time between an individual's request for treatment and the commencement of treatment;

(E) the number of such individuals who return for treatment after the completion of a prior treatment in such programs and the method of treatment utilized during the prior treatment;

(F) the number of individuals receiving public assistance for such treatment programs;

(G) the costs of the different types of treatment modalities for drug and alcohol abuse and the aggregate relative costs of each such treatment modality provided within a State in each fiscal year;

(H) to the extent of available information, the number of individuals receiving treatment for alcohol or drug abuse who have private insurance coverage for the costs of such treatment;

(I) the extent of alcohol and drug abuse among high school students and among the general population; and

(J) the number of alcohol and drug abuse counselors and other substance abuse treatment personnel employed in public and private treatment facilities.

(2) Annual surveys; public availability of data

Annual surveys shall be carried out in the collection of data under this subsection. Summaries and analyses of the data collected shall be made available to the public.

(e) Consultation

After consultation with the States and with appropriate national organizations, the Assistant Secretary shall use existing standards and best practices to develop uniform criteria for the collection of data, using the best available technology, pursuant to this section.

(July 1, 1944, ch. 373, title V, § 505, formerly § 509D, as added Pub. L. 100–690, title II, § 2052(a), Nov. 18, 1988, 102 Stat. 4207; amended Pub. L. 101–93, § 3(b), Aug. 16, 1989, 103 Stat. 609; renumbered § 505, Pub. L. 102–321, title I, § 105, July 10, 1992, 106 Stat. 334; Pub. L. 103–43, title XX, § 2010(b)(7), June 10, 1993, 107 Stat. 214; Pub. L. 114–255, div. B, title VI, §§ 6001(c)(2), 6004, Dec. 13, 2016, 130 Stat. 1203, 1207.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 290aa–11 of this title prior to renumbering by Pub. L. 102–321.

PRIOR PROVISIONS

A prior section 290aa–4, act July 1, 1944, ch. 373, title V, § 506, formerly § 505, as added Apr. 26, 1983, Pub. L. 98–24, § 2(b)(7), 97 Stat. 178; renumbered § 506, Oct. 27, 1986, Pub. L. 99–570, title IV, § 4004(a), 100 Stat. 3207–109, which related to reports on alcoholism and alcohol and drug abuse, was renumbered section 503 of act July 1, 1944, by Pub. L. 102–321 and transferred to section 290aa–2 of this title.

A prior section 505 of act July 1, 1944, was renumbered section 502 by section 102 of Pub. L. 102–321 and is classified to section 290aa–1 of this title.

Another prior section 505 of act July 1, 1944, which was classified to section 223 of this title, was renumbered section 2105 of act July 1, 1944, by Pub. L. 98–24 and transferred to section 300aa–4 of this title, renumbered section 2305 of act July 1, 1944, by Pub. L. 99–660 and transferred to section 300cc–4 of this title, prior to repeal by Pub. L. 99–117, § 12(f), Oct. 7, 1985, 99 Stat. 495.

AMENDMENTS

2016—Pub. L. 114–255, § 6004(1), substituted ''Center for behavioral health statistics and quality'' for ''Data collection'' in section catchline.

Subsec. (a). Pub. L. 114–255, § 6004(3), added subsec. (a). Former subsec. (a) redesignated (b).

Pub. L. 114–255, § 6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' in introductory provisions and in par. (2).

Subsec. (b). Pub. L. 114–255, § 6004(4), substituted ''The Director shall—'' for ''The Secretary, acting through the Assistant Secretary, shall collect data each year on—'', added par. (1), redesignated former pars. (1) and (2) as subpars. (A) and (B) of par. (1), respectively, substituted ''Director'' for ''Assistant Secretary'' in subpar. (B), and added pars. (2) to (4).

Pub. L. 114–255, § 6004(2), redesignated subsec. (a) as (b). Former subsec. (b) redesignated (c).

Pub. L. 114–255, § 6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' in two places in introductory provisions.

Subsec. (c). Pub. L. 114–255, § 6004(5), inserted heading and in introductory provisions substituted ''subsection (b)(1)'' for ''subsection (a)'' and ''Director'' for ''Assistant Secretary'' in two places.

Pub. L. 114–255, § 6004(2), redesignated subsec. (b) as (c). Former subsec. (c) redesignated (d).

Subsec. (c)(1). Pub. L. 114–255, § 6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' in two places in introductory provisions.

Subsec. (d). Pub. L. 114–255, § 6004(6), inserted heading, in par. (1) inserted heading and in introductory provisions substituted ''subsection (b)(1)'' for ''subsection (a)'' and ''Director'' for ''Assistant Secretary'' in two places, in par. (1)(B) inserted ''in coordination with the Centers for Disease Control and Prevention'' before semicolon at end, and in par. (2) inserted heading.

Pub. L. 114–255, § 6004(2), redesignated subsec. (c) as (d). Former subsec. (d) redesignated (e)

Pub. L. 114–255, § 6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Subsec. (e). Pub. L. 114–255, § 6004(7), inserted heading and substituted ''Assistant Secretary shall use existing standards and best practices to develop'' for ''Assistant Secretary shall develop''.

Pub. L. 114–255, § 6004(2), redesignated subsec. (d) as (e).

1993—Pub. L. 103–43, § 2010(b)(7), which directed the substitution of ''section 238 of this title'' for ''section 300aaa of this title'' in section 505(a)(2) of act July 1, 1944 (this section), could not be executed because the language did not appear. Amendment was probably intended for prior section 505 which was renumbered section 502 and amended generally by Pub. L. 102–321, § 102, which is classified to section 290aa–1 of this title.

1989—Subsec. (c)(1)(A). Pub. L. 101–93, § 3(b)(1), substituted ''alcohol or'' for ''alcohol and''.

Subsec. (c)(2). Pub. L. 101–93, § 3(b)(2), substituted ''this subsection'' for ''this section''.

Statutory Notes and Related Subsidiaries

NATIONAL SURVEY ON DRUG USE AND HEALTH

Pub. L. 108–358, § 5, Oct. 22, 2004, 118 Stat. 1664, provided that:

''(a) IN GENERAL.—The Secretary of Health and Human Services shall ensure that the National Survey on Drug Use and Health includes questions concerning the use of anabolic steroids.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $1,000,000 for each of fiscal years 2005 through 2010.''

REPORTS ON CONSUMPTION OF METHAMPHETAMINE AND OTHER ILLICIT DRUGS

Pub. L. 106–310, div. B, title XXXVI, § 3641, Oct. 17, 2000, 114 Stat. 1237, provided that: ''The Secretary of Health and Human Services shall include in each National Household Survey on Drug Abuse appropriate prevalence data and information on the consumption of methamphetamine and other illicit drugs in rural areas, metropolitan areas, and consolidated metropolitan areas.''

PUBLIC HEALTH MONITORING OF METHAMPHETAMINE ABUSE

Pub. L. 104–237, title V, § 502, Oct. 3, 1996, 110 Stat. 3112, provided that: ''The Secretary of Health and Human Services shall develop a public health monitoring program to monitor methamphetamine abuse in the United States. The program shall include the collection and dissemination of data related to methamphetamine abuse which can be used by public health officials in policy development.''

§ 290aa–5. Grants for the benefit of homeless individuals

(a) In general

The Secretary shall award grants, contracts and cooperative agreements to community-based public and private nonprofit entities for the purposes of providing mental health and substance use disorder services for homeless individuals. In carrying out this section, the Secretary shall consult with the Interagency Council on the Homeless[1], established under section 11311 of this title.

(b) Preferences

In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall give a preference to—

(1) entities that provide integrated primary health, substance use disorder, and mental health services to homeless individuals;

(2) entities that demonstrate effectiveness in serving runaway, homeless, and street youth;

(3) entities that have experience in providing substance use disorder and mental health services to homeless individuals;

(4) entities that demonstrate experience in providing housing for individuals in treatment for or in recovery from mental illness or a substance use disorder; and

(5) entities that demonstrate effectiveness in serving homeless veterans.

(c) Services for certain individuals

In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall not—

(1) prohibit the provision of services under such subsection to homeless individuals who are suffering from a substance use disorder and are not suffering from a mental health disorder; and

(2) make payments under subsection (a) to any entity that has a policy of—

(A) excluding individuals from mental health services due to the existence or suspicion of a substance use disorder; or

(B) has a policy of excluding individuals from substance use disorder services due to the existence or suspicion of mental illness.

(d) Term of the awards

No entity may receive a grant, contract, or cooperative agreement under subsection (a) for more than 5 years.

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section $41,304,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 506, formerly § 512, as added Pub. L. 98–509, title II, § 206(a), Oct. 19, 1984, 98 Stat. 2361; amended Pub. L. 100–77, title VI, § 613(a), (b), July 22, 1987, 101 Stat. 524; renumbered § 506 and amended Pub. L. 102–321, title I, § 106, July 10, 1992, 106 Stat. 334; Pub. L. 106–310, div. B, title XXXII, § 3202, Oct. 17, 2000, 114 Stat. 1190; Pub. L. 106–400, § 2, Oct. 30, 2000, 114 Stat. 1675; Pub. L. 114–255, div. B, title IX, § 9001, Dec. 13, 2016, 130 Stat. 1234; Pub. L. 117–328,

[1] See Change of Name note below.

div. FF, title I, § 1211, Dec. 29, 2022, 136 Stat. 5661.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 290bb–1a of this title prior to renumbering by Pub. L. 102–321.

PRIOR PROVISIONS

A prior section 290aa–5, act July 1, 1944, ch. 373, title V, § 507, formerly § 506, as added Apr. 26, 1983, Pub. L. 98–24, § 2(b)(7), 97 Stat. 178; amended Nov. 20, 1985, Pub. L. 99–158, § 3(c), 99 Stat. 879; renumbered § 507 and amended Oct. 27, 1986, Pub. L. 99–570, title IV, §§ 4004(a), 4007, 100 Stat. 3207–109, 3207–115, which related to peer review of biomedical and behavioral research and development grants, was renumbered section 504 of act July 1, 1944, by Pub. L. 102–321 and transferred to section 290aa–3 of this title.

A prior section 506 of act July 1, 1944, which was classified to section 224 of this title, was successively renumbered by subsequent acts, and transferred, see section 238c of this title.

AMENDMENTS

2022—Subsec. (e). Pub. L. 117–328 substituted ''2023 through 2027'' for ''2018 through 2022''.

2016—Subsec. (a). Pub. L. 114–255, § 9001(1), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (b)(1), (3). Pub. L. 114–255, § 9001(2)(A), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (b)(4). Pub. L. 114–255, § 9001(2)(B), substituted ''a substance use disorder'' for ''substance abuse''.

Subsec. (c)(1). Pub. L. 114–255, § 9001(3)(A), substituted ''substance use disorder'' for ''substance abuse disorder''.

Subsec. (c)(2)(A). Pub. L. 114–255, § 9001(3)(B)(i), substituted ''a substance use disorder'' for ''substance abuse''.

Subsec. (c)(2)(B). Pub. L. 114–255, § 9001(3)(B)(ii), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (e). Pub. L. 114–255, § 9001(4), substituted ''$41,304,000 for each of fiscal years 2018 through 2022'' for '', $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003''.

2000—Pub. L. 106–310 amended section catchline and text generally, substituting present provisions for provisions, in subsec. (a), authorizing Secretary to make grants for benefit of homeless individuals through the Administrator of Substance Abuse and Mental Health Services Administration, in subsec. (b), relating to preferences for grants to entities providing integrated primary health, substance abuse, and mental health services, in subsec. (c), relating to services for certain individuals, in subsec. (d), relating to 5-year grants with renewals, and in subsec. (e), authorizing appropriations for fiscal years 1993 and 1994.

Subsec. (a). Pub. L. 106–400 made technical amendment to reference in original act which appears in text as reference to section 11311 of this title.

1992—Pub. L. 102–321 amended section generally, substituting provisions relating to grants for benefit of homeless individuals for provisions relating to alcohol abuse and alcoholism demonstration projects.

1987—Subsecs. (c), (d). Pub. L. 100–77 added subsec. (c), redesignated former subsec. (c) as (d), and substituted ''subsection (a) or (c)'' for ''subsection (a)''.

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

Interagency Council on the Homeless changed to United States Interagency Council on Homelessness by Pub. L. 108–199, div. G, title II, § 216, Jan. 23, 2004, 118 Stat. 394.

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

§ 290aa–5a. Behavioral health and substance use disorder resources for Native Americans

(a) Definitions

In this section:

(1) The term ''eligible entity'' means any health program administered directly by the Indian Health Service, a Tribal health program, an Indian Tribe, a Tribal organization, an Urban Indian organization, and a Native Hawaiian health organization.

(2) The terms ''Indian Tribe'', ''Tribal health program'', ''Tribal organization'', and ''Urban Indian organization'' have the meanings given to the terms ''Indian tribe'', ''Tribal[1] health program'', ''tribal organization'', and ''Urban Indian organization'' in section 1603 of title 25.

(3) The term ''health program administered directly by the Indian Health Service'' means a ''health program administered by the Service''[2] as such term is used in section 1603(12)(A) of title 25.

(4) The term ''Native Hawaiian health organization'' means ''Papa Ola Lokahi'' as defined in section 11711 of this title.

(b) Grant program

(1) In general

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, and in consultation with the Director of the Indian Health Service, as appropriate, shall award funds to eligible entities, in amounts developed in accordance with paragraph (2), to be used by the eligible entity to provide services for the prevention of, treatment of, and recovery from mental health and substance use disorders among American Indians, Alaska Natives, and Native Hawaiians.

(2) Formula

The Secretary, in consultation with the Director of the Indian Health Service, using the process described in subsection (d), shall develop a formula to determine the amount of an award under paragraph (1).

(3) Delivery of funds

On request from an Indian Tribe or Tribal organization, the Secretary, acting through the Assistant Secretary for Mental Health and Substance Use and in coordination with the Director of the Indian Health Service, may award funds under this section through a contract or compact under, as applicable, title I or V of the Indian Self-Determination and Education Assistance Act.

(c) Technical assistance and program evaluation

(1) In general

The Secretary shall—

(A) provide technical assistance to applicants and awardees under this section; and

[1] So in original. Probably should be ''tribal''.

[2] So in original. Probably should be '' 'health program administered directly by the Service' ''.

(B) in consultation with Indian Tribes and Tribal organizations, conference with Urban Indian organizations, and engagement with a Native Hawaiian health organization, identify and establish appropriate mechanisms for Indian Tribes and Tribal organizations, Urban Indian organizations, and a Native Hawaiian health organization to demonstrate outcomes and report data as required for participation in the program under this section.

(2) Data submission and reporting

As a condition of receipt of funds under this section, an applicant shall agree to submit program evaluation data and reports consistent with the data submission and reporting requirements developed under this subsection.

(d) Consultation

The Secretary shall, using an accountable process, consult with Indian Tribes and Tribal organizations, confer with Urban Indian organizations, and engage with a Native Hawaiian health organization regarding the development of funding allocations pursuant to subsection (b)(2) and program evaluation and reporting requirements pursuant to subsection (c). In establishing such requirements, the Secretary shall seek to minimize administrative burden for eligible entities, as practicable.

(e) Application

An entity desiring an award under subsection (b) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(f) Report

Not later than 3 years after December 29, 2022, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report describing the services provided pursuant to this section.

(g) Authorization of appropriations

There are authorized to be appropriated to carry out this section, $80,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, §506A, as added Pub. L. 106–310, div. B, title XXXIII, §3306, Oct. 17, 2000, 114 Stat. 1215; amended Pub. L. 117–328, div. FF, title I, §1201, Dec. 29, 2022, 136 Stat. 5659.)

Editorial Notes

REFERENCES IN TEXT

The Indian Self-Determination and Education Assistance Act, referred to in subsec. (b)(3), is Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2203. Title I of the Act, also known as the Indian Self-Determination Act, is classified principally to subchapter I (§5321 et seq.) of chapter 46 of Title 25, Indians. Title V of the Act is classified generally to subchapter V (§5381 et seq.) of such chapter. For complete classification of this Act to the Code, see section 1 of Pub. L. 93–638, set out as a Short Title note under section 5301 of Title 25 and Tables.

AMENDMENTS

2022—Pub. L. 117–328 amended section generally. Prior to amendment, section related to alcohol and drug prevention or treatment services for Indians and Native Alaskans.

§ 290aa–5b. Repealed. Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248

Section, act July 1, 1944, ch. 373, title V, §506B, as added Pub. L. 106–310, div. B, title XXXVI, §3665(a), Oct. 17, 2000, 114 Stat. 1244, related to grants for ecstasy and other club drugs abuse prevention.

§§ 290aa–6 to 290aa–8. Transferred

Editorial Notes

CODIFICATION

Section 290aa–6, act July 1, 1944, ch. 373, title V, §508, as added Oct. 27, 1986, Pub. L. 99–570, title IV, §4005(a), 100 Stat. 3207–111, and amended, which related to the Office of Substance Abuse Prevention, was renumbered section 515 of act July 1, 1944, by Pub. L. 102–321, title I, §113(b), July 10, 1992, 106 Stat. 345, and transferred to section 290bb–21 of this title.

Section 290aa–7, act July 1, 1944, ch. 373, title V, §509, as added Oct. 27, 1986, Pub. L. 99–570, title IV, §4005(a), 100 Stat. 3207–112, which related to Alcohol and Drug Abuse Information Clearinghouse, was renumbered section 516 of act July 1, 1944, by Pub. L. 102–321, title I, §113(f)(1)–(3), July 10, 1992, 106 Stat. 345, and transferred to section 290bb–22 of this title.

Section 290aa–8, act July 1, 1944, ch. 373, title V, §509A, as added Oct. 27, 1986, Pub. L. 99–570, title IV, §4005(a), 100 Stat. 3207–113, and amended, which related to alcohol and drug abuse prevention, treatment, and rehabilitation model projects for high risk youth, was renumbered section 517 of act July 1, 1944, by Pub. L. 102–321, title I, §114(a), July 10, 1992, 106 Stat. 346, transferred to section 290bb–23 of this title, and repealed by Pub. L. 114–255, div. B, title IX, §9017, Dec. 13, 2016, 130 Stat. 1248.

§§ 290aa–9, 290aa–10. Repealed. Pub. L. 102–321, title I, § 120(a), July 10, 1992, 106 Stat. 358

Section 290aa–9, act July 1, 1944, ch. 373, title V, §509B, as added Oct. 27, 1986, Pub. L. 99–570, title IV, §4006, 100 Stat. 3207–114; amended Oct. 27, 1992, Pub. L. 102–531, title III, §312(d)(11), 106 Stat. 3505, related to research on public health emergencies.

Section 290aa–10, act July 1, 1944, ch. 373, title V, §509C, as added Oct. 27, 1986, Pub. L. 99–570, title IV, §420 [4020], 100 Stat. 3207–122, related to guidelines for use of animals in research.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 290aa–11. Transferred

Editorial Notes

CODIFICATION

Section, act July 1, 1944, ch. 373, title V, §509D, as added Nov. 18, 1988, Pub. L. 100–690, title II, §2052(a), 102 Stat. 4207, and amended, which related to the collection of data on mental illness and substance abuse, was renumbered section 505 of act July 1, 1944, by Pub. L. 102–321, title I, §105, July 10, 1992, 106 Stat. 334, and transferred to section 290aa–4 of this title.

§§ 290aa–12 to 290aa–14. Repealed. Pub. L. 102–321, title I, § 120(a), July 10, 1992, 106 Stat. 358

Section 290aa–12, act July 1, 1944, ch. 373, title V, §509E, as added Nov. 18, 1988, Pub. L. 100–690, title II,

§ 2053, 102 Stat. 4208; amended Aug. 16, 1989, Pub. L. 101–93, § 3(c), 103 Stat. 610; Aug. 15, 1990, Pub. L. 101–374, § 2(a)–(c)(2), 104 Stat. 456, related to reduction of waiting periods for drug abuse treatment.

Section 290aa–13, act July 1, 1944, ch. 373, title V, § 509F, as added Nov. 18, 1988, Pub. L. 100–690, title II, § 2054, 102 Stat. 4209, related to model projects for pregnant and post partum women and their infants.

Section 290aa–14, act July 1, 1944, ch. 373, title V, § 509G, as added Nov. 18, 1988, Pub. L. 100–690, title II, § 2055, 102 Stat. 4210; amended Aug. 16, 1989, Pub. L. 101–93, § 3(d), 103 Stat. 610, related to drug abuse demonstration projects of national significance.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 290aa–15. Department of Health and Human Services grant accountability

(1) Definitions

In this section:

(A) Applicable committees

The term ''applicable committees'' means—

(i) the Committee on Health, Education, Labor and Pensions of the Senate; and

(ii) the Committee on Energy and Commerce of the House of Representatives.

(B) Covered grant

The term ''covered grant'' means a grant awarded by the Secretary under a program established under this Act (or an amendment made by this Act, other than sections 703 through 707), including any grant administered by the Administrator of the Substance Abuse and Mental Health Services Administration under section 1536 of title 21.

(C) Grantee

The term ''grantee'' means the recipient of a covered grant.

(D) Secretary

The term ''Secretary'' means the Secretary of Health and Human Services.

(2) Accountability measures

Each covered grant shall be subject to the following accountability requirements:

(A) Effectiveness report

The Secretary shall require grantees to report on the effectiveness of the activities carried out with amounts made available to carry out the program under which the covered grant is awarded, including the number of persons served by such grant, if applicable, the number of persons seeking services who could not be served by such grant, and such other information as the Secretary may prescribe.

(B) Report on prevention of fraud, waste, and abuse

(i) In general

Not later than 1 year after July 22, 2016, the Secretary, in coordination with the Inspector General of the Department of Health and Human Services, shall submit to the applicable committees a report on the policies and procedures the Department has in place to prevent waste, fraud, and abuse in the administration of covered grants.

(ii) Contents

The policies and procedures referred to in clause (i) shall include policies and procedures that are designed to—

(I) prevent grantees from utilizing funds awarded through a covered grant for unauthorized expenditures or otherwise unallowable costs; and

(II) ensure grantees will not receive unwarranted duplicate grants for the same purpose.

(C) Conference expenditures

(i) In general

No amounts made available to the Secretary under this Act (or in a provision of law amended by this Act, other than sections 703 through 707) may be used by the Secretary, or by any individual or entity awarded discretionary funds through a cooperative agreement under a program established under this Act (or in a provision of law amended by this Act), to host or support any expenditure for conferences that uses more than $20,000 in funds made available by the Secretary, unless the head of the relevant operating division or program office provides prior written authorization that the funds may be expended to host or support the conference. Such written authorization shall include a written estimate of all costs associated with the conference, including the cost of all food, beverages, audio-visual equipment, honoraria for speakers, and entertainment.

(ii) Report

The Secretary (or the Secretary's designee) shall submit to the applicable committees an annual report on all conference expenditures approved by the Secretary under this subparagraph.

(Pub. L. 114–198, title VII, § 701(c), July 22, 2016, 130 Stat. 738.)

Editorial Notes

REFERENCES IN TEXT

This Act, referred to in pars. (1)(B) and (2)(C)(i), is Pub. L. 114–198, July 22, 2016, 130 Stat. 695, known as the Comprehensive Addiction and Recovery Act of 2016. Section 703 of the Act is not classified to the Code, and sections 704 to 707 of the Act enacted section 1320a–7n of this title, amended sections 1395w–101, 1395w–104, 1395w–152, 1395ddd, 1395iii, 1396a, 1396r–8, 1396w–1, and 1397bb of this title, and enacted provisions set out as notes under sections 1395w–101 and 1396r–8 of this title. For complete classification of this Act to the Code, see Short Title of 2016 Amendment note set out under section 201 of this title and Tables.

CODIFICATION

Section was enacted as part of the Comprehensive Addiction and Recovery Act of 2016, and not as part of the Public Health Service Act which comprises this chapter.

Statutory Notes and Related Subsidiaries

ADDITIONAL REPORT

Pub. L. 114–198, title VII, §701(e), July 22, 2016, 130 Stat. 740, provided that: ''In the case of a report submitted under subsection (c) [enacting this section] to the applicable committees, if such report pertains to a grant under section 103 [21 U.S.C. 1536], that report shall also be submitted, in the same manner and at the same time, to the Committee on Oversight and Government Reform [now Committee on Oversight and Accountability] of the House of Representatives and to the Committee on the Judiciary of the Senate.''

§ 290aa–16. Evaluation of performance of Department of Health and Human Services programs

(1) Evaluations

(A) In general

Not later than 5 years after July 22, 2016, except as otherwise provided in this section,[1] the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall complete an evaluation of any program administered by the Secretary included in this Act (or an amendment made by this Act, excluding sections 703 through 707), including any grant administered by the Administrator of the Substance Abuse and Mental Health Services Administration under section 1536 of title 21, that provides grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse based upon the outcomes and metrics identified under paragraph (2).

(B) Publication

With respect to each evaluation completed under subparagraph (A), the Secretary shall, not later than 90 days after the date on which such evaluation is completed, publish the results of such evaluation and issue a report on such evaluation to the appropriate committees. Such report shall also be published along with the data used to make such evaluation.

(2) Metrics and outcomes

(A) In general

Not later than 180 days after July 22, 2016, the Secretary shall identify—

(i) outcomes that are to be achieved by activities funded by the programs described in paragraph (1)(A); and

(ii) the metrics by which the achievement of such outcomes shall be determined.

(B) Publication

The Secretary shall, not later than 30 days after completion of the requirement under subparagraph (A), publish the outcomes and metrics identified under such subparagraph.

(3) Metrics data collection

The Secretary shall require grantees under the programs described in paragraph (1)(A) to collect, and annually report to the Secretary, data based upon the metrics identified under paragraph (2)(A).

(4) Independent evaluation

For purposes of paragraph (1), the Secretary shall—

(A) enter into an arrangement with the National Academy of Sciences; or

(B) enter into a contract or cooperative agreement with an entity that—

(i) is not an agency of the Federal Government; and

(ii) is qualified to conduct and evaluate research pertaining to opioid use and abuse and draw conclusions about overall opioid use and abuse on the basis of that research.

(5) Exception

If a program described in paragraph (1)(A) is subject to an evaluation similar to the evaluation required under such paragraph pursuant to another provision of Federal law, the Secretary may opt not to conduct an evaluation under such paragraph with respect to such program.

(Pub. L. 114–198, title VII, §701(d), July 22, 2016, 130 Stat. 739.)

Editorial Notes

REFERENCES IN TEXT

This section, the first time appearing in par. (1)(A), is section 701 of Pub. L. 114–198, July 22, 2016, 130 Stat. 739, which enacted this section, section 290aa–15 of this title, sections 10706 and 10707 of Title 34, Crime Control and Law Enforcement, and provisions set out as a note under section 290aa–15 of this title.

This Act, referred to in par. (1)(A), is Pub. L. 114–198, July 22, 2016, 130 Stat. 695, known as the Comprehensive Addiction and Recovery Act of 2016. Section 703 of the Act is not classified to the Code, and sections 704 to 707 of the Act enacted section 1320a–7n of this title, amended sections 1395w–101, 1395w–104, 1395w–152, 1395ddd, 1395iii, 1396a, 1396r–8, 1396w–1, and 1397bb of this title, and enacted provisions set out as notes under sections 1395w–101 and 1396r–8 of this title. For complete classification of this Act to the Code, see Short Title of 2016 Amendment note set out under section 201 of this title and Tables.

CODIFICATION

Section was enacted as part of the Comprehensive Addiction and Recovery Act of 2016, and not as part of the Public Health Service Act which comprises this chapter.

§ 290aa–17. Assisted outpatient treatment grant program for individuals with serious mental illness

(a) In general

The Secretary shall establish a program to award not more than 50 grants each year to eligible entities for assisted outpatient treatment programs for individuals with serious mental illness.

(b) Consultation

The Secretary shall carry out this section in consultation with the Director of the National Institute of Mental Health, the Attorney General of the United States, the Administrator of the Administration for Community Living, and the Administrator of the Substance Abuse and Mental Health Services Administration.

(c) Selecting among applicants

The Secretary—

(1) may only award grants under this section to applicants that have not previously implemented an assisted outpatient treatment program; and

[1] See References in Text note below.

(2) shall evaluate applicants based on their potential to reduce hospitalization, homelessness, incarceration, and interaction with the criminal justice system while improving the health and social outcomes of the patient.

(d) Use of grant

An assisted outpatient treatment program funded with a grant awarded under this section shall include—

(1) evaluating the medical and social needs of the patients who are participating in the program;

(2) preparing and executing treatment plans for such patients that—

(A) include criteria for completion of court-ordered treatment; and

(B) provide for monitoring of the patient's compliance with the treatment plan, including compliance with medication and other treatment regimens;

(3) providing for such patients case management services that support the treatment plan;

(4) ensuring appropriate referrals to medical and social service providers;

(5) evaluating the process for implementing the program to ensure consistency with the patient's needs and State law; and

(6) measuring treatment outcomes, including health and social outcomes such as rates of incarceration, health care utilization, and homelessness.

(e) Report

Not later than the end of fiscal year 2023, and biennially thereafter, the Secretary shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the grant program under this section. Each such report shall include an evaluation of the following:

(1) Cost savings and public health outcomes such as mortality, suicide, substance abuse, hospitalization, and use of services.

(2) Rates of incarceration by patients.

(3) Rates of homelessness among patients.

(4) Patient and family satisfaction with program participation.

(5) Demographic information regarding participation of those served by the grant compared to demographic information in the population of the grant recipient.

(f) Definitions

In this section:

(1) The term ''assisted outpatient treatment'' means medically prescribed mental health treatment that a patient receives while living in a community under the terms of a law authorizing a State or local court to order such treatment.

(2) The term ''eligible entity'' means a county, city, mental health system, mental health court, or any other entity with authority under the law of the State in which the grantee is located to implement, monitor, and oversee assisted outpatient treatment programs.

(3) The term ''Secretary'' means the Secretary of Health and Human Services.

(g) Funding

(1) Amount of grants

A grant under this section shall be in an amount that is not more than $1,000,000 for each of fiscal years 2023 through 2027. Subject to the preceding sentence, the Secretary shall determine the amount of each grant based on the population of the area, including estimated patients, to be served under the grant.

(2) Authorization of appropriations

There is authorized to be appropriated to carry out this section $22,000,000 for each of fiscal years 2023 through 2027.

(Pub. L. 113–93, title II, §224, Apr. 1, 2014, 128 Stat. 1083; Pub. L. 114–255, div. B, title IX, §9014, Dec. 13, 2016, 130 Stat. 1245; Pub. L. 117–328, div. FF, title I, §1123(b)(1), Dec. 29, 2022, 136 Stat. 5653.)

Editorial Notes

CODIFICATION

Section was formerly classified as a note under section 290aa of this title prior to editorial reclassification and renumbering as this section.

Section was enacted as part of the Protecting Access to Medicare Act of 2014, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2022—Subsec. (a). Pub. L. 117–328, §1123(b)(1)(A), struck out ''4-year pilot'' before ''program''.

Subsec. (e). Pub. L. 117–328, §1123(b)(1)(B), in introductory provisions, substituted ''fiscal year 2023, and biennially thereafter'' for ''each of fiscal years 2016, 2017, 2018, 2019, 2020, 2021, and 2022'' and ''Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives'' for ''appropriate congressional committees''.

Subsec. (e)(5). Pub. L. 117–328, §1123(b)(1)(C), added par. (5).

Subsec. (g)(1). Pub. L. 117–328, §1123(b)(1)(D)(i), substituted ''2023 through 2027'' for ''2015 through 2022''.

Subsec. (g)(2). Pub. L. 117–328, §1123(b)(1)(D)(ii), amended par. (2) generally. Prior to amendment, text read as follows: ''There are authorized to be appropriated to carry out this section $15,000,000 for each of fiscal years 2015 through 2017, $20,000,000 for fiscal year 2018, $19,000,000 for each of fiscal years 2019 and 2020, and $18,000,000 for each of fiscal years 2021 and 2022.''

2016—Subsec. (e). Pub. L. 114–255, §9014(1), substituted ''2018, 2019, 2020, 2021, and 2022,'' for ''and 2018,'' in introductory provisions.

Subsec. (g)(1). Pub. L. 114–255, §9014(2)(A), substituted ''2022'' for ''2018''.

Subsec. (g)(2). Pub. L. 114–255, §9014(2)(B), substituted ''are authorized to be appropriated to carry out this section $15,000,000 for each of fiscal years 2015 through 2017, $20,000,000 for fiscal year 2018, $19,000,000 for each of fiscal years 2019 and 2020, and $18,000,000 for each of fiscal years 2021 and 2022'' for ''is authorized to be appropriated to carry out this section $15,000,000 for each of fiscal years 2015 through 2018''.

§ 290aa–18. Limitations on authority

In carrying out any program of the Substance Abuse and Mental Health Services Administration whose statutory authorization is enacted or amended by this title, the Secretary of Health and Human Services shall not allocate funding, or require award recipients to prioritize, dedicate, or allocate funding, without consideration

of the incidence, prevalence, or determinants of mental health or substance use issues, unless such allocation or requirement is consistent with statute, regulation, or other Federal law.

(Pub. L. 117–328, div. FF, title I, § 1501, Dec. 29, 2022, 136 Stat. 5706.)

Editorial Notes

REFERENCES IN TEXT

This title, referred to in text, is title I of div. FF of Pub. L. 117–328, Dec. 29, 2022, 136 Stat. 5634. For complete classification of title I to the Code, see Tables.

CODIFICATION

Section was enacted as part of the Restoring Hope for Mental Health and Well-Being Act of 2022 and also as part of the Health Extenders, Improving Access to Medicare, Medicaid, and CHIP, and Strengthening Public Health Act of 2022, and not as part of the Public Health Service Act which comprises this chapter.

PART B—CENTERS AND PROGRAMS

SUBPART 1—CENTER FOR SUBSTANCE ABUSE TREATMENT

§ 290bb. Center for Substance Abuse Treatment

(a) Establishment

There is established in the Administration a Center for Substance Abuse Treatment (hereafter in this section referred to as the ''Center''). The Center shall be headed by a Director (hereafter in this section referred to as the ''Director'') appointed by the Secretary from among individuals with extensive experience or academic qualifications in the treatment of substance use disorders or in the evaluation of substance use disorder treatment systems.

(b) Duties

The Director of the Center shall—

(1) administer the substance use disorder treatment block grant program authorized in section 300x–21 of this title;

(2) ensure that emphasis is placed on children and adolescents in the development of treatment programs;

(3) collaborate with the Attorney General to develop programs to provide substance use disorder treatment services to individuals who have had contact with the Justice system, especially adolescents;

(4) collaborate with the Director of the Center for Substance Abuse Prevention in order to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to pregnant and postpartum women and their infants and to individuals who illicitly use drugs intravenously;

(5) collaborate with the Director of the National Institute on Drug Abuse, with the Director of the National Institute on Alcohol Abuse and Alcoholism, and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services;

(6) collaborate with the Administrator of the Health Resources and Services Administration and the Administrator of the Centers for Medicare & Medicaid Services to promote the increased integration into the mainstream of the health care system of the United States of programs for providing treatment services;

(7) evaluate plans submitted by the States pursuant to section 300x–32(a)(6) of this title in order to determine whether the plans adequately provide for the availability, allocation, and effectiveness of treatment services;

(8) sponsor regional workshops on improving the quality and availability of treatment services;

(9) provide technical assistance to public and nonprofit private entities that provide treatment services, including technical assistance with respect to the process of submitting to the Director applications for any program of grants or contracts;

(10) carry out activities to educate individuals on the need for establishing treatment facilities within their communities;

(11) encourage public and private entities that provide health insurance to provide benefits for outpatient treatment services and other nonhospital-based treatment services;

(12) evaluate treatment programs to determine the quality and appropriateness of various forms of treatment, which shall be carried out through grants, contracts, or cooperative agreements provided to public or nonprofit private entities;

(13) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded;

(14) work with States, providers, and individuals in recovery, and their families, to promote the expansion of recovery support services and systems of care oriented toward recovery;

(15) in cooperation with the Secretary, implement and disseminate, as appropriate, the recommendations in the report entitled ''Protecting Our Infants Act: Final Strategy'' issued by the Department of Health and Human Services in 2017; and

(16) in cooperation with relevant stakeholders, and through public-private partnerships, encourage education about substance use disorders for pregnant women and health care providers who treat pregnant women and babies.

(c) Grants and contracts

In carrying out the duties established in subsection (b), the Director may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities.

(July 1, 1944, ch. 373, title V, § 507, as added Pub. L. 102–321, title I, § 107(2), July 10, 1992, 106 Stat. 335; amended Pub. L. 106–310, div. B, title XXXI, § 3112(a), Oct. 17, 2000, 114 Stat. 1188; Pub. L. 108–173, title IX, § 900(e)(2)(B), Dec. 8, 2003, 117 Stat. 2372; Pub. L. 114–255, div. B, title VI, § 6007(c), Dec. 13, 2016, 130 Stat. 1214; Pub. L. 115–271, title VII, § 7063(b), (c), Oct. 24, 2018, 132 Stat. 4020.)

Editorial Notes

PRIOR PROVISIONS

A prior section 290bb, act July 1, 1944, ch. 373, title V, § 510, formerly Pub. L. 91–616, title V, § 501, as added Pub. L. 94–371, § 7, July 26, 1976, 90 Stat. 1038; amended Pub. L. 95–622, title II, § 268(c), (d), Nov. 9, 1978, 92 Stat. 3437; Pub. L. 96–180, § 14, Jan. 2, 1980, 93 Stat. 1305; renumbered § 510 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98–24, § 2(b)(9), 97 Stat. 179; Oct. 19, 1984, Pub. L. 98–509, title II, §§ 205(a)(1), 206(c)(1), 98 Stat. 2361, 2362, related to encouragement of alcohol abuse and alcoholism research, prior to repeal by Pub. L. 102–321, § 122(b)(1). Prior to repeal, section 510(b) of act July 1, 1944, was renumbered section 464H(b) by Pub. L. 102–321 and transferred to section 285n(b) of this title.

A prior section 507 of act July 1, 1944, which was classified to section 290aa–5 of this title, was renumbered section 504 of act July 1, 1944, by Pub. L. 102–321 and transferred to section 290aa–3 of this title.

AMENDMENTS

2018—Subsec. (b)(15). Pub. L. 115–271, § 7063(b), added subsec. (b)(15).

Subsec. (b)(16). Pub. L. 115–271, § 7063(c), added par. (16).

2016—Subsec. (a). Pub. L. 114–255, § 6007(c)(1), substituted ''treatment of substance use disorders'' for ''treatment of substance abuse'' and ''use disorder treatment systems'' for ''abuse treatment systems''.

Subsec. (b)(1). Pub. L. 114–255, § 6007(c)(2)(A), substituted ''use disorder'' for ''abuse''.

Subsec. (b)(3). Pub. L. 114–255, § 6007(c)(2)(B), substituted ''use disorder'' for ''abuse''.

Subsec. (b)(4). Pub. L. 114–255, § 6007(c)(2)(C), substituted ''individuals who illicitly use drugs'' for ''individuals who abuse drugs''.

Subsec. (b)(9). Pub. L. 114–255, § 6007(c)(2)(D), struck out ''carried out by the Director'' before semicolon at end.

Subsec. (b)(10) to (14). Pub. L. 114–255, § 6007(c)(2)E–(H), added pars. (13) and (14), redesignated pars. (11) to (14) as (10) to (13), respectively, struck out former par. (10), which related to encouraging the States to expand the availability (relative to fiscal year 1992) of programs providing treatment services, and struck out par. (13), as redesignated, which related to assessing the quality, appropriateness, and costs of various treatment forms.

2003—Subsec. (b)(6). Pub. L. 108–173 substituted ''Centers for Medicare & Medicaid Services'' for ''Health Care Financing Administration''.

2000—Subsec. (b)(2) to (6). Pub. L. 106–310, § 3112(a)(1), (2), added pars. (2) and (3) and redesignated former pars. (2) to (4) as (4) to (6), respectively. Former pars. (5) and (6) redesignated (7) and (8), respectively.

Subsec. (b)(7). Pub. L. 106–310, § 3112(a)(1), (3), redesignated par. (5) as (7) and substituted ''services'' for ''services, and monitor the use of revolving loan funds pursuant to section 300x–25 of this title''. Former par. (7) redesignated (9).

Subsec. (b)(8) to (12). Pub. L. 106–310, § 3112(a)(1), redesignated pars. (6) to (10) as (8) to (12), respectively. Former pars. (11) and (12) redesignated (13) and (14), respectively.

Subsec. (b)(13). Pub. L. 106–310, § 3112(a)(1), (4), redesignated par. (11) as (13) and substituted ''treatment, which shall'' for ''treatment, including the effect of living in housing provided by programs established under section 300x–25 of this title, which shall''.

Subsec. (b)(14). Pub. L. 106–310, § 3112(a)(1), (5), redesignated par. (12) as (14) and substituted ''paragraph (13)'' for ''paragraph (11)''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 290bb–1. Residential treatment programs for pregnant and postpartum women

(a) In general

The Director of the Center for Substance Abuse Treatment (referred to in this section as the ''Director'') shall provide awards of grants, including the grants under subsection (r), cooperative agreements or contracts to public and nonprofit private entities for the purpose of providing to pregnant and postpartum women treatment for substance use disorders through programs in which, during the course of receiving treatment—

(1) the women reside in or receive outpatient treatment services from facilities provided by the programs;

(2) the minor children of the women reside with the women in such facilities, if the women so request; and

(3) the services described in subsection (d) are available to or on behalf of the women.

(b) Availability of services for each participant

A funding agreement for an award under subsection (a) for an applicant is that, in the program operated pursuant to such subsection—

(1) treatment services and each supplemental service will be available through the applicant, either directly or through agreements with other public or nonprofit private entities; and

(2) the services will be made available to each woman admitted to the program and her children.

(c) Individualized plan of services

A funding agreement for an award under subsection (a) for an applicant is that—

(1) in providing authorized services for an eligible woman pursuant to such subsection, the applicant will, in consultation with the women, prepare an individualized plan for the provision of services for the woman and her children; and

(2) treatment services under the plan will include—

(A) individual, group, and family counseling, as appropriate, regarding substance use disorders; and

(B) follow-up services to assist the woman in preventing a relapse into such a disorder.

(d) Required supplemental services

In the case of an eligible woman, the services referred to in subsection (a)(3) are as follows:

(1) Prenatal and postpartum health care.

(2) Referrals for necessary hospital services.

(3) For the infants and children of the woman—

(A) pediatric health care, including treatment for any perinatal effects of a maternal substance use disorder and including screenings regarding the physical and mental development of the infants and children;

(B) counseling and other mental health services, in the case of children; and

(C) comprehensive social services.

(4) Providing therapeutic, comprehensive child care for children during the periods in which the woman is engaged in therapy or in other necessary health and rehabilitative activities.

(5) Training in parenting.

(6) Counseling on the human immunodeficiency virus and on acquired immune deficiency syndrome.

(7) Counseling on domestic violence and sexual abuse.

(8) Counseling on obtaining employment, including the importance of graduating from a secondary school.

(9) Reasonable efforts to preserve and support the family unit of the woman, including promoting the appropriate involvement of parents and others, and counseling the children of the woman.

(10) Planning for and counseling to assist reentry into society, both before and after discharge, including referrals to any public or nonprofit private entities in the community involved that provide services appropriate for the woman and the children of the woman.

(11) Case management services, including—

(A) assessing the extent to which authorized services are appropriate for the woman and any child of such woman;

(B) in the case of the services that are appropriate, ensuring that the services are provided in a coordinated manner;

(C) assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services; and

(D) family reunification with children in kinship or foster care arrangements, where safe and appropriate.

(e) Minimum qualifications for receipt of award

(1) Certification by relevant State agency

With respect to the principal agency of the State involved that administers programs relating to substance use disorders, the Director may make an award under subsection (a) to an applicant only if the agency has certified to the Director that—

(A) the applicant has the capacity to carry out a program described in subsection (a);

(B) the plans of the applicant for such a program are consistent with the policies of such agency regarding the treatment of substance use disorders; and

(C) the applicant, or any entity through which the applicant will provide authorized services, meets all applicable State licensure or certification requirements regarding the provision of the services involved.

(2) Status as medicaid provider

(A) In general

Subject to subparagraphs (B) and (C), the Director may make an award under subsection (a) only if, in the case of any authorized service that is available pursuant to the State plan approved under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.] for the State involved—

(i) the applicant for the award will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

(ii) the applicant will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement plan and is qualified to receive such payments.

(B) Waiver of participation agreements

(i) In general

In the case of an entity making an agreement pursuant to subparagraph (A)(ii) regarding the provision of services, the requirement established in such subparagraph regarding a participation agreement shall be waived by the Director if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits plan.

(ii) Donations

A determination by the Director of whether an entity referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the entity accepts voluntary donations regarding the provision of services to the public.

(C) Nonapplication of certain requirements

With respect to any authorized service that is available pursuant to the State plan described in subparagraph (A), the requirements established in such subparagraph shall not apply to the provision of any such service by an institution for mental diseases to an individual who has attained 21 years of age and who has not attained 65 years of age. For purposes of the preceding sentence, the term ''institution for mental diseases'' has the meaning given such term in section 1905(i) of the Social Security Act [42 U.S.C. 1396d(i)].

(f) Requirement of matching funds

(1) In general

With respect to the costs of the program to be carried out by an applicant pursuant to subsection (a), a funding agreement for an award under such subsection is that the applicant will make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

(A) for the first fiscal year for which the applicant receives payments under an award under such subsection, is not less than $1 for each $9 of Federal funds provided in the award;

(B) for any second such fiscal year, is not less than $1 for each $9 of Federal funds provided in the award; and

(C) for any subsequent such fiscal year, is not less than $1 for each $3 of Federal funds provided in the award.

(2) Determination of amount contributed

Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or serv-

ices. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(g) Outreach

A funding agreement for an award under subsection (a) for an applicant is that the applicant will provide outreach services in the community involved to identify women who have a substance use disorder and to encourage the women to undergo treatment for such disorder.

(h) Accessibility of program; cultural context of services

A funding agreement for an award under subsection (a) for an applicant is that—

(1) the program operated pursuant to such subsection will be operated at a location that is accessible to low-income pregnant and postpartum women; and

(2) authorized services will be provided in the language and the cultural context that is most appropriate.

(i) Continuing education

A funding agreement for an award under subsection (a) is that the applicant involved will provide for continuing education in treatment services for the individuals who will provide treatment in the program to be operated by the applicant pursuant to such subsection.

(j) Imposition of charges

A funding agreement for an award under subsection (a) for an applicant is that, if a charge is imposed for the provision of authorized services to or on behalf of an eligible woman, such charge—

(1) will be made according to a schedule of charges that is made available to the public;

(2) will be adjusted to reflect the income of the woman involved; and

(3) will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 9902(2) of this title.

(k) Reports to Director

A funding agreement for an award under subsection (a) is that the applicant involved will submit to the Director a report—

(1) describing the utilization and costs of services provided under the award;

(2) specifying the number of women served, the number of infants served, and the type and costs of services provided; and

(3) providing such other information as the Director determines to be appropriate.

(*l*) Requirement of application

The Director may make an award under subsection (a) only if an application for the award is submitted to the Director containing such agreements, and the application is in such form, is made in such manner, and contains such other agreements and such assurances and information as the Director determines to be necessary to carry out this section.

(m) Allocation of awards

In making awards under subsection (a), the Director shall give priority to an applicant that agrees to use the award for a program serving an area that is a rural area, an area designated under section 254e of this title by the Secretary as a health professional shortage area, or an area determined by the Director to have a shortage of family-based substance use disorder treatment options.

(n) Duration of award

The period during which payments are made to an entity from an award under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Director of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This subsection may not be construed to establish a limitation on the number of awards under such subsection that may be made to an entity.

(*o*) Evaluations; dissemination of findings

The Director shall, directly or through contract, provide for the conduct of evaluations of programs carried out pursuant to subsection (a). The Director shall disseminate to the States the findings made as a result of the evaluations.

(p) Reports to Congress

Not later than October 1, 1994, the Director shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing programs carried out pursuant to this section (other than subsection (r)). Every 2 years thereafter, the Director shall prepare a report describing such programs carried out during the preceding 2 years, and shall submit the report to the Assistant Secretary for inclusion in the biennial report under section 290aa(m) of this title. Each report under this subsection shall include a summary of any evaluations conducted under subsection (m) during the period with respect to which the report is prepared.

(q) Definitions

For purposes of this section:

(1) The term ''authorized services'' means treatment services and supplemental services.

(2) The term ''eligible woman'' means a woman who has been admitted to a program operated pursuant to subsection (a).

(3) The term ''funding agreement'', with respect to an award under subsection (a), means that the Director may make the award only if the applicant makes the agreement involved.

(4) The term ''treatment services'' means treatment for a substance use disorder, including the counseling and services described in subsection (c)(2).

(5) The term ''supplemental services'' means the services described in subsection (d).

(r) Pilot program for State substance abuse agencies

(1) In general

From amounts made available under subsection (s), the Director of the Center for Substance Abuse Treatment shall carry out a pilot program under which competitive grants are made by the Director to State substance abuse agencies—

(A) to enhance flexibility in the use of funds designed to support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;

(B) to help State substance abuse agencies address identified gaps in services furnished to such women along the continuum of care, including services provided to women in nonresidential-based settings; and

(C) to promote a coordinated, effective, and efficient State system managed by State substance abuse agencies by encouraging new approaches and models of service delivery.

(2) Requirements

In carrying out the pilot program under this subsection, the Director shall—

(A) require State substance abuse agencies to submit to the Director applications, in such form and manner and containing such information as specified by the Director, to be eligible to receive a grant under the program;

(B) identify, based on such submitted applications, State substance abuse agencies that are eligible for such grants;

(C) require services proposed to be furnished through such a grant to support family-based treatment and other services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;

(D) not require that services furnished through such a grant be provided solely to women that reside in facilities;

(E) not require that grant recipients under the program make available through use of the grant all the services described in subsection (d); and

(F) consider not applying the requirements described in paragraphs (1) and (2) of subsection (f) to an applicant, depending on the circumstances of the applicant.

(3) Required services

(A) In general

The Director shall specify a minimum set of services required to be made available to eligible women through a grant awarded under the pilot program under this subsection. Such minimum set of services—

(i) shall include the services requirements described in subsection (c) and be based on the recommendations submitted under subparagraph (B); and

(ii) may be selected from among the services described in subsection (d) and include other services as appropriate.

(B) Stakeholder input

The Director shall convene and solicit recommendations from stakeholders, including State substance abuse agencies, health care providers, persons in recovery from substance abuse, and other appropriate individuals, for the minimum set of services described in subparagraph (A).

(4) Evaluation and report to Congress

(A) In general

The Director of the Center for Behavioral Health Statistics and Quality shall evaluate the pilot program at the conclusion of the first grant cycle funded by the pilot program.

(B) Report

Not later than September 30, 2026, the Director of the Center for Behavioral Health Statistics and Quality, in coordination with the Director of the Center for Substance Abuse Treatment shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the evaluation under subparagraph (A). The report shall include, at a minimum—

(i) outcomes information from the pilot program, including any resulting reductions in the use of alcohol and other drugs;

(ii) engagement in treatment services;

(iii) retention in the appropriate level and duration of services;

(iv) increased access to the use of medications approved by the Food and Drug Administration for the treatment of substance use disorders in combination with counseling; and

(v) other appropriate measures.

(C) Recommendation

The report under subparagraph (B) shall include a recommendation by the Director of the Center for Substance Abuse Treatment as to whether the pilot program under this subsection should be extended.

(5) State substance abuse agencies defined

For purposes of this subsection, the term ''State substance abuse agency'' means, with respect to a State, the agency in such State that manages the Substance Abuse Prevention and Treatment Block Grant under part B of subchapter XVII.

(s) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $29,931,000 for each of fiscal years 2019 through 2023. Of the amounts made available for a year pursuant to the previous sentence to carry out this section, not more than 25 percent of such amounts shall be made available for such year to carry out subsection (r), other than paragraph (5) of such subsection. Notwithstanding the preceding sentence, no funds shall be made available to carry out subsection (r) for a fiscal year unless the amount made available to carry out this section for such fiscal year is more than the amount made available to carry out this section for fiscal year 2016.

(July 1, 1944, ch. 373, title V, § 508, as added Pub. L. 102–321, title I, § 108(a), July 10, 1992, 106 Stat. 336; amended Pub. L. 106–310, div. B, title XXXIII, § 3301(a), Oct. 17, 2000, 114 Stat. 1207; Pub. L. 114–198, title V, § 501, July 22, 2016, 130 Stat. 724; Pub. L. 114–255, div. B, title VI, §§ 6001(c)(2), 6006(b), Dec. 13, 2016, 130 Stat. 1203, 1212; Pub. L. 115–271, title VII, § 7062(b), Oct. 24, 2018, 132 Stat. 4020; Pub. L. 117–328, div. FF, title I, § 1114, Dec. 29, 2022, 136 Stat. 5647.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (e)(2)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XIX of the Act is classified generally to subchapter XIX (§1396 et seq.) of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

PRIOR PROVISIONS

A prior section 290bb–1, act July 1, 1944, ch. 373, title V, §511, formerly Pub. L. 91–616, title V, §503, formerly §504, as added Pub. L. 94–371, §7, July 26, 1976, 90 Stat. 1039; amended Pub. L. 95–622, title I, §110(d), Nov. 9, 1978, 92 Stat. 3420; Pub. L. 96–180, §16, Jan. 2, 1980, 93 Stat. 1305; renumbered §503 of Pub. L. 91–616 and amended Pub. L. 97–35, title IX, §965(b), (c), Aug. 13, 1981, 95 Stat. 594; renumbered §511 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98–24, §2(b)(9), 97 Stat. 179; Oct. 27, 1986, Pub. L. 99–570, title IV, §4008, 100 Stat. 3207–115, which related to National Alcohol Research Centers and a mandatory grant for research of the effects of alcohol on the elderly, was renumbered section 464J of title IV of act July 1, 1944, by Pub. L. 102–321 and transferred to section 285n–2 of this title.

A prior section 508 of act July 1, 1944, which was classified to section 290aa–6 of this title, was renumbered section 515 of act July 1, 1944, by Pub. L. 102–321 and transferred to section 290bb–21 of this title.

AMENDMENTS

2022—Subsec. (r)(4). Pub. L. 117–328, §1114(1), (2), redesignated par. (5) as (4) and struck out former par. (4). Prior to amendment, text of par. (4) read as follows: ''The pilot program under this subsection shall not exceed 5 years.''

Subsec. (r)(4)(B). Pub. L. 117–328, §1114(3), in introductory provisions, substituted ''Not later than September 30, 2026, the Director'' for ''The Director'' and ''the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives'' for ''the relevant committees of jurisdiction of the House of Representatives and the Senate''.

Subsec. (r)(5), (6). Pub. L. 117–328, §1114(2), redesignated pars. (5) and (6) as (4) and (5), respectively.

2018—Subsec. (s). Pub. L. 115–271 substituted ''$29,931,000 for each of fiscal years 2019 through 2023'' for ''$16,900,000 for each of fiscal years 2017 through 2021''.

2016—Subsec. (a). Pub. L. 114–198, §501(a)(1)(A), in introductory provisions, inserted ''(referred to in this section as the 'Director')'' after ''Substance Abuse Treatment'' and substituted ''grants, including the grants under subsection (r), cooperative agreements'' for ''grants, cooperative agreement,'' and ''for substance use disorders'' for ''for substance abuse''.

Subsec. (a)(1). Pub. L. 114–198, §501(a)(1)(B), inserted ''or receive outpatient treatment services from'' after ''reside in''.

Subsec. (b)(2). Pub. L. 114–198, §501(a)(2), inserted ''and her children'' before period at end.

Subsec. (c)(1). Pub. L. 114–198, §501(a)(3)(A), substituted ''of services for the woman and her children'' for ''to the woman of the services''.

Subsec. (c)(2)(A). Pub. L. 114–198, §501(a)(3)(B)(i), substituted ''substance use disorders'' for ''substance abuse''.

Subsec. (c)(2)(B). Pub. L. 114–198, §501(a)(3)(B)(ii), substituted ''such a disorder'' for ''such abuse''.

Subsec. (d)(3)(A). Pub. L. 114–198, §501(a)(4)(A), substituted ''a maternal substance use disorder'' for ''maternal substance abuse''.

Subsec. (d)(4). Pub. L. 114–198, §501(a)(4)(B), amended par. (4) generally. Prior to amendment, par. (4) read as follows: ''Providing supervision of children during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities.''

Subsec. (d)(9). Pub. L. 114–198, §501(a)(4)(C), (D), substituted ''unit'' for ''units'' and ''woman'' for ''women'' in two places.

Subsec. (d)(10). Pub. L. 114–198, §501(a)(4)(C), substituted ''woman'' for ''women'' in two places.

Subsec. (d)(11)(A). Pub. L. 114–198, §501(a)(4)(C), (E)(i), substituted ''the woman'' for ''the women'' and ''any child of such woman'' for ''their children''.

Subsec. (d)(11)(D). Pub. L. 114–198, §501(a)(4)(E)(ii)–(iv), added subpar. (D).

Subsec. (e)(1). Pub. L. 114–198, §501(a)(5)(A), substituted ''substance use disorders'' for ''substance abuse'' in introductory provisions and in subpar. (B).

Subsec. (e)(2). Pub. L. 114–198, §501(a)(5)(B), inserted headings for subpars. (A) to (C) and for cls. (i) and (ii) of subpar. (B).

Subsec. (g). Pub. L. 114–198, §501(a)(6), substituted ''who have a substance use disorder'' for ''who are engaging in substance abuse'' and ''such disorder'' for ''such abuse''.

Subsec. (j). Pub. L. 114–198, §501(a)(7)(A), substituted ''to or on'' for ''to on'' in introductory provisions.

Subsec. (j)(3). Pub. L. 114–198, §501(a)(7)(B), substituted ''Office of'' for ''Office for''.

Subsec. (m). Pub. L. 114–198, §501(a)(8), amended subsec. (m) generally. Prior to amendment, text read as follows: ''In making awards under subsection (a) of this section, the Director shall ensure that the awards are equitably allocated among the principal geographic regions of the United States, subject to the availability of qualified applicants for the awards.''

Subsec. (p). Pub. L. 114–255, §6006(b), substituted ''section 290aa(m)'' for ''section 290aa(k)''.

Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator''.

Pub. L. 114–198, §501(b)(1), inserted ''(other than subsection (r))'' after ''pursuant to this section''.

Subsec. (q)(3). Pub. L. 114–198, §501(a)(9)(A), substituted ''funding agreement'' for ''funding agreement under subsection (a)''.

Subsec. (q)(4). Pub. L. 114–198, §501(a)(9)(B), substituted ''a substance use disorder'' for ''substance abuse''.

Subsec. (r). Pub. L. 114–198, §501(c)(1)(B), added subsec. (r). Former subsec. (r) redesignated (s).

Pub. L. 114–198, §501(b)(2), substituted ''$16,900,000 for each of fiscal years 2017 through 2021'' for ''such sums as may be necessary to fiscal years 2001 through 2003''.

Subsec. (s). Pub. L. 114–198, §501(c)(1)(A), (2), redesignated subsec. (r) as (s) and inserted at end ''Of the amounts made available for a year pursuant to the previous sentence to carry out this section, not more than 25 percent of such amounts shall be made available for such year to carry out subsection (r), other than paragraph (5) of such subsection. Notwithstanding the preceding sentence, no funds shall be made available to carry out subsection (r) for a fiscal year unless the amount made available to carry out this section for such fiscal year is more than the amount made available to carry out this section for fiscal year 2016.''

2000—Subsec. (r). Pub. L. 106–310 reenacted heading without change and amended text generally, substituting provisions authorizing appropriations for fiscal years 2001 to 2003 for provisions authorizing appropriations for fiscal years 1993 and 1994 and authorizing appropriations from the special forfeiture fund of the Director of the Office of National Drug Control Policy.

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

Committee on Energy and Commerce of House of Representatives treated as referring to Committee on Commerce of House of Representatives by section 1(a) of Pub. L. 104–14, set out as a note preceding section 21

of Title 2, The Congress. Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

TRANSITIONAL AND SAVINGS PROVISIONS

Pub. L. 102–321, title I, §108(b), July 10, 1992, 106 Stat. 341, provided that:

''(1) SAVINGS PROVISION FOR COMPLETION OF CURRENT PROJECTS.—

''(A) Subject to paragraph (2), in the case of any project for which a grant under former section 509F [former 42 U.S.C. 290aa–13] was provided for fiscal year 1992, the Secretary of Health and Human Services may continue in effect the grant for fiscal year 1993 and subsequent fiscal years, subject to the duration of any such grant not exceeding the period determined by the Secretary in first approving the grant. Subject to approval by the Administrator, such grants may be administered by the Center for Substance Abuse Prevention.

''(B) Subparagraph (A) shall apply with respect to a project notwithstanding that the project is not eligible to receive a grant under current section 508 or 509 [42 U.S.C. 290bb–1, 290bb–2].

''(2) LIMITATION ON FUNDING FOR CERTAIN PROJECTS.—With respect to the amounts appropriated for any fiscal year under current section 508, any such amounts appropriated in excess of the amount appropriated for fiscal year 1992 under former section 509F shall be available only for grants under current section 508.

''(3) DEFINITIONS.—For purposes of this subsection:

''(A) The term 'former section 509F' means section 509F of the Public Health Service Act [former 42 U.S.C. 290aa–13], as in effect for fiscal year 1992.

''(B) The term 'current section 508' means section 508 of the Public Health Service Act [42 U.S.C. 290bb–1], as in effect for fiscal year 1993 and subsequent fiscal years.

''(C) The term 'current section 509' means section 509 of the Public Health Service Act [42 U.S.C. 290bb–2], as in effect for fiscal year 1993 and subsequent fiscal years.''

REPORT ON IMPLEMENTATION OF STRATEGY RELATING TO PRENATAL OPIOID USE

Pub. L. 115–271, title VII, §7062(a), Oct. 24, 2018, 132 Stat. 4019, provided that:

''(1) IN GENERAL.—Not later than 60 days after the date of enactment of this Act [Oct. 24, 2018], the Secretary of Health and Human Services (referred to in this section as the 'Secretary') shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and make available to the public on the Internet website of the Department of Health and Human Services, a report regarding the implementation of the recommendations in the strategy relating to prenatal opioid use, including neonatal abstinence syndrome, developed pursuant to section 2 of the Protecting Our Infants Act of 2015 (Public Law 114–91) [129 Stat. 723]. Such report shall include—

''(A) an update on the implementation of the recommendations in the strategy, including information regarding the agencies involved in the implementation; and

''(B) information on additional funding or authority the Secretary requires, if any, to implement the strategy, which may include authorities needed to coordinate implementation of such strategy across the Department of Health and Human Services.

''(2) PERIODIC UPDATES.—The Secretary shall periodically update the report under paragraph (1).''

§ 290bb–1a. Transferred

Editorial Notes

CODIFICATION

Section, act July 1, 1944, ch. 373, title V, §512, as added Oct. 19, 1984, Pub. L. 98–509, title II, §206(a), 98 Stat. 2361, and amended, which related to alcohol abuse and alcoholism demonstration projects, was renumbered section 506 of act July 1, 1944, by Pub. L. 102–321, title I, §106(a), July 10, 1992, 106 Stat. 334, and transferred to section 290aa–5 of this title.

§ 290bb–2. Priority substance use disorder treatment needs of regional and national significance

(a) Projects

The Secretary shall address priority substance use disorder treatment needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

(1) knowledge development and application projects for treatment and rehabilitation and the conduct or support of evaluations of such projects;

(2) training and technical assistance; and

(3) targeted capacity response programs that permit States, local governments, communities, and Indian Tribes and Tribal organizations (as such terms are defined in section 5304 of title 25) to focus on emerging trends in substance use disorders and co-occurrence of substance use disorders with mental illness or other conditions.

The Secretary may carry out the activities described in this section directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian tribes or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other public or nonprofit private entities.

(b) Priority substance use disorder treatment needs

(1) In general

Priority substance use disorder treatment needs of regional and national significance shall be determined by the Secretary after consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

(2) Special consideration

In developing program priorities under paragraph (1), the Secretary shall give special consideration to promoting the integration of substance use disorder treatment services into primary health care systems.

(c) Requirements

(1) In general

Recipients of grants, contracts, or cooperative agreements under this section shall com-

ply with information and application requirements determined appropriate by the Secretary.

(2) Duration of award

With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

(3) Matching funds

The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(4) Maintenance of effort

With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

(d) Evaluation

The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(e) Information and education

The Secretary shall establish comprehensive information and education programs to disseminate and apply the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public, to health professionals and other interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance use disorder prevention and treatment programs.

(f) Authorization of appropriation

There are authorized to be appropriated to carry out this section, $521,517,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 509, as added Pub. L. 102–321, title I, § 108(a), July 10, 1992, 106 Stat. 341; amended Pub. L. 106–310, div. B, title XXXIII, § 3301(b), Oct. 17, 2000, 114 Stat. 1207; Pub. L. 114–255, div. B, title VII, § 7004, Dec. 13, 2016, 130 Stat. 1223; Pub. L. 117–328, div. FF, title I, § 1212, Dec. 29, 2022, 136 Stat. 5661.)

Editorial Notes

PRIOR PROVISIONS

A prior section 290bb–2, act July 1, 1944, ch. 373, title V, § 513, formerly § 512, formerly Pub. L. 91–616, title V, § 504, formerly § 503, as added Pub. L. 94–371, § 7, July 26, 1976, 90 Stat. 1039; amended Pub. L. 96–180, § 15, Jan. 2, 1980, 93 Stat. 1305; renumbered § 504 of Pub. L. 91–616 and amended Pub. L. 97–35, title IX, § 965(a), (c), Aug. 13, 1981, 95 Stat. 594; Pub. L. 97–414, § 9(e), Jan. 4, 1983, 96 Stat. 2064; renumbered § 512 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98–24, § 2(b)(9), 97 Stat. 179; renumbered § 513 and amended Oct. 19, 1984, Pub. L. 98–509, title II, §§ 206(a), 207(a), 98 Stat. 2361, 2362; Oct. 27, 1986, Pub. L. 99–570, title IV, § 4010(a), 100 Stat. 3207–115; July 22, 1987, Pub. L. 100–77, title VI, § 613(c), 101 Stat. 524; Nov. 4, 1988, Pub. L. 100–607, title VIII, § 822, 102 Stat. 3171; Nov. 7, 1988, Pub. L. 100–628, title VI, § 622, 102 Stat. 3244; Nov. 18, 1988, Pub. L. 100–690, title II, § 2056(a), 102 Stat. 4211; Aug. 16, 1989, Pub. L. 101–93, § 5(t)(1), 103 Stat. 615; Nov. 29, 1990, Pub. L. 101–645, title V, § 522, 104 Stat. 4734, authorized appropriations to carry out alcohol abuse and alcoholism research, prior to repeal by Pub. L. 102–321, § 122(d)[(e)].

A prior section 509 of act July 1, 1944, which was classified to section 290aa–7 of this title, was renumbered section 516 of act July 1, 1944, by Pub. L. 102–321 and transferred to section 290bb–22 of this title.

AMENDMENTS

2022—Pub. L. 117–328, § 1212(1), substituted ''use disorder'' for ''abuse'' in section catchline.

Subsec. (a)(3). Pub. L. 117–328, § 1212(2), substituted ''Tribes and Tribal organizations (as such terms are defined'' for ''tribes and tribal organizations (as the terms 'Indian tribes' and 'tribal organizations' are defined'' and ''in substance use disorders'' for ''in substance abuse''.

Subsec. (b). Pub. L. 117–328, § 1212(3), substituted ''use disorder'' for ''abuse'' in heading.

Subsec. (f). Pub. L. 117–328, § 1212(4), substituted ''$521,517,000 for each of fiscal years 2023 through 2027'' for ''$333,806,000 for each of fiscal years 2018 through 2022''.

2016—Subsec. (a). Pub. L. 114–255, § 7004(1)(A), (C), in introductory provisions, substituted ''use disorder'' for ''abuse'' and, in concluding provisions, inserted '', contracts,'' before ''or cooperative agreements'' and substituted ''Indian tribes or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or'' for ''Indian tribes and tribal organizations,''.

Subsec. (a)(3). Pub. L. 114–255, § 7004(1)(B), inserted before period at end ''that permit States, local governments, communities, and Indian tribes and tribal organizations (as the terms 'Indian tribes' and 'tribal organizations' are defined in section 5304 of title 25) to focus on emerging trends in substance abuse and co-occurrence of substance use disorders with mental illness or other conditions''.

Subsec. (b). Pub. L. 114–255, § 7004(2), substituted ''use disorder'' for ''abuse'' in pars. (1) and (2).

Subsec. (e). Pub. L. 114–255, § 7004(3), substituted ''use disorder'' for ''abuse''.

Subsec. (f). Pub. L. 114–255, § 7004(4), substituted ''$333,806,000 for each of fiscal years 2018 through 2022.'' for ''$300,000,000 for fiscal year 2001 and such sums as may be necessary for each of the fiscal years 2002 and 2003.''

2000—Pub. L. 106–310 amended section catchline and text generally, substituting provisions relating to priority substance abuse treatment needs of regional and national significance for provisions relating to outpatient treatment programs for pregnant and postpartum women.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 290bb–2a. Medical treatment of narcotics addiction; report to Congress

The Secretary of Health and Human Services, after consultation with the Attorney General and with national organizations representative of persons with knowledge and experience in the treatment of narcotic addicts, shall determine the appropriate methods of professional practice in the medical treatment of the narcotic addiction of various classes of narcotic addicts, and shall report thereon from time to time to the Congress.

(Pub. L. 91–513, title I, § 4, Oct. 27, 1970, 84 Stat. 1241; Pub. L. 96–88, title V, § 509(b), Oct. 17, 1979, 93 Stat. 695.)

Editorial Notes

CODIFICATION

Section was not enacted as part of the Public Health Service Act which comprises this chapter.

Section was formerly classified to section 257a of this title.

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

''Secretary of Health and Human Services'' substituted in text for ''Secretary of Health, Education, and Welfare'' pursuant to section 509(b) of Pub. L. 96–88, which is classified to section 3508(b) of Title 20, Education.

§§ 290bb–3 to 290bb–5. Repealed. Pub. L. 106–310, div. B, title XXXIII, § 3301(c)(1)–(3), Oct. 17, 2000, 114 Stat. 1209

Section 290bb–3, act July 1, 1944, ch. 373, title V, § 510, as added Pub. L. 102–321, title I, § 109, July 10, 1992, 106 Stat. 342, related to demonstration projects of national significance.

A prior section 510 of act July 1, 1944, was classified to section 290bb of this title, prior to repeal by Pub. L. 102–321, § 122(b)(1). Prior to repeal, section 510(b) of act July 1, 1944, was renumbered section 464H(b) by Pub. L. 102–321 and transferred to section 285n(b) of this title.

Another prior section 510 of act July 1, 1944, which was classified to section 228 of this title, was successively renumbered by subsequent acts and transferred, see section 238g of this title.

Section 290bb–4, act July 1, 1944, ch. 373, title V, § 511, as added Pub. L. 102–321, title I, § 110, July 10, 1992, 106 Stat. 343, related to grants for substance abuse treatment in State and local criminal justice systems.

A prior section 511 of act July 1, 1944, which was classified to section 290bb–1 of this title, was renumbered section 464J of act July 1, 1944, by Pub. L. 102–321 and transferred to section 285n–2 of this title.

Another prior section 511 of act July 1, 1944, which was classified to section 229 of this title, was successively renumbered by subsequent acts and transferred, see section 238h of this title.

Section 290bb–5, act July 1, 1944, ch. 373, title V, § 512, as added Pub. L. 102–321, title I, § 111, July 10, 1992, 106 Stat. 344, related to training in provision of treatment services.

A prior section 512 of act July 1, 1944, which was classified to section 290bb–1a of this title, was renumbered section 506 of act July 1, 1944, by Pub. L. 102–321 and transferred to section 290aa–5 of this title.

Another prior section 512 of act July 1, 1944, was renumbered section 513 by Pub. L. 98–509 and classified to section 290bb–2 of this title, prior to repeal by Pub. L. 102–321, § 122(d)[(e)].

Another prior section 512 of act July 1, 1944, which was classified to section 229a of this title, was successively renumbered by subsequent acts and transferred, see section 238i of this title.

§ 290bb–6. Action by Center for Substance Abuse Treatment and States concerning military facilities

(a) Center for Substance Abuse Treatment

The Director of the Center for Substance Abuse Treatment shall—

(1) coordinate with the agencies represented on the Commission on Alternative Utilization of Military Facilities the utilization of military facilities or parts thereof, as identified by such Commission, established under the National Defense Authorization Act of 1989, that could be utilized or renovated to house nonviolent persons for drug treatment purposes;

(2) notify State agencies responsible for the oversight of drug abuse treatment entities and programs of the availability of space at the installations identified in paragraph (1); and

(3) assist State agencies responsible for the oversight of drug abuse treatment entities and programs in developing methods for adapting the installations described in paragraph (1) into residential treatment centers.

(b) States

With regard to military facilities or parts thereof, as identified by the Commission on Alternative Utilization of Military Facilities established under section 3042 of the Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988,[1] that could be utilized or renovated to house nonviolent persons for drug treatment purposes, State agencies responsible for the oversight of drug abuse treatment entities and programs shall—

(1) establish eligibility criteria for the treatment of individuals at such facilities;

(2) select treatment providers to provide drug abuse treatment at such facilities;

(3) provide assistance to treatment providers selected under paragraph (2) to assist such providers in securing financing to fund the cost of the programs at such facilities; and

(4) establish, regulate, and coordinate with the military official in charge of the facility, work programs for individuals receiving treatment at such facilities.

(c) Reservation of space

Prior to notifying States of the availability of space at military facilities under subsection (a)(2), the Director may reserve space at such facilities to conduct research or demonstration projects.

(July 1, 1944, ch. 373, title V, § 513, formerly § 561, as added Pub. L. 100–690, title II, § 2081(a), Nov. 18, 1988, 102 Stat. 4215; renumbered § 513 and amended Pub. L. 102–321, title I, § 112(a), (b)(1), July 10, 1992, 106 Stat. 344, 345.)

[1] See References in Text note below.

Editorial Notes

REFERENCES IN TEXT

The National Defense Authorization Act of 1989, referred to in subsec. (a)(1), probably means the National Defense Authorization Act, Fiscal Year 1989, Pub. L. 100–456, Sept. 29, 1988, 102 Stat. 1918. For complete classification of this Act to the Code, see Tables.

Section 3042 of the Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988, referred to in subsec. (b), probably should be a reference to section 2819 of the National Defense Authorization Act, Fiscal Year 1989, Pub. L. 100–456, div. B, title XXVIII, Sept. 29, 1988, 102 Stat. 2119, which established the Commission on Alternative Utilization of Military Facilities and which was set out as a note under section 2391 of Title 10, Armed Forces, prior to repeal by Pub. L. 105–261, div. A, title X, §1031(b), Oct. 17, 1998, 112 Stat. 2123. The Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988 is subtitle A of title II of Pub. L. 100–690, Nov. 18, 1988, 102 Stat. 4193, and does not contain a section 3042.

CODIFICATION

Section was formerly classified to section 290ff of this title prior to renumbering by Pub. L. 102–321.

PRIOR PROVISIONS

A prior section 513 of act July 1, 1944, was classified to section 290bb–2 of this title prior to repeal by Pub. L. 102–321, title I, §122(d)[(e)], July 10, 1992, 106 Stat. 360.

Another prior section 513 of act July 1, 1944, which was classified to section 229b of this title, was successively renumbered by subsequent acts and transferred, see section 238j of this title.

AMENDMENTS

1992—Subsec. (a). Pub. L. 102–321, §112(b)(1), substituted provisions relating to Center for Substance Abuse Treatment for provisions relating to National Institute on Drug Abuse in heading and text.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

§ 290bb–7. Substance use disorder treatment and early intervention services for children, adolescents, and young adults

(a) In general

The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Indian Tribes or Tribal organizations (as such terms are defined in section 5304 of title 25), or health facilities or programs operated by or in accordance with a contract or grant with the Indian Health Service, for the purpose of—

(1) providing early identification and services to meet the needs of children, adolescents, and young adults who are at risk of substance use disorders;

(2) providing substance use disorder treatment services for children, adolescents, and young adults, including children, adolescents, and young adults with co-occurring mental illness and substance use disorders; and

(3) providing assistance to pregnant women, and parenting women, with substance use disorders, in obtaining treatment services, linking mothers to community resources to support independent family lives, and staying in recovery so that children are in safe, stable home environments and receive appropriate health care services.

(b) Priority

In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants who propose to—

(1) apply evidence-based and cost-effective methods;

(2) coordinate the provision of services with other social service agencies in the community, including educational, juvenile justice, child welfare, substance abuse, and mental health agencies;

(3) provide a continuum of integrated treatment services, including case management, for children, adolescents, and young adults with substance use disorders, including children, adolescents, and young adults with co-occurring mental illness and substance use disorders, and their families;

(4) provide treatment that is gender-specific and culturally appropriate;

(5) involve and work with families of children, adolescents, and young adults receiving services; and

(6) provide aftercare services for children, adolescents, and young adults and their families after completion of treatment.

(c) Duration of grants

The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for periods not to exceed 5 fiscal years.

(d) Application

An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(e) Evaluation

An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate.

(f) Authorization of appropriations

There are authorized to be appropriated to carry out this section, $29,605,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, §514, as added Pub. L. 106–310, div. B, title XXXI, §3104(a), Oct. 17, 2000, 114 Stat. 1171; amended Pub. L. 114–255, div. B, title X, §10003, Dec. 13, 2016, 130 Stat. 1264; Pub. L. 115–271, title VII, §7102(a), Oct. 24, 2018, 132 Stat. 4038; Pub. L. 117–328, div. FF, title I, §1412, Dec. 29, 2022, 136 Stat. 5701.)

Editorial Notes

CODIFICATION

Another section 514 of act July 1, 1944, was classified to section 290bb–9 of this title prior to repeal by Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248.

AMENDMENTS

2022—Subsec. (a). Pub. L. 117–328, § 1412(1), substituted ''Indian Tribes or Tribal organizations'' for ''Indian tribes or tribal organizations'' in introductory provisions.

Subsec. (f). Pub. L. 117–328, § 1412(2), substituted ''2023 through 2027'' for ''2018 through 2022''.

2018—Pub. L. 115–271, § 7102(a)(3), substituted ''children, adolescents, and young adults'' for ''children and adolescents'' wherever appearing.

Pub. L. 115–271, § 7102(a)(1), substituted ''children, adolescents, and young adults'' for ''children and adolescents'' in section catchline.

Subsec. (a)(2). Pub. L. 115–271, § 7102(a)(2), substituted ''children, adolescents, and young adults, including'' for ''children, including''.

2016—Pub. L. 114–255, § 10003(1), substituted ''use disorder treatment and early intervention'' for ''abuse treatment'' in section catchline.

Subsec. (a). Pub. L. 114–255, § 10003(2), added subsec. (a) and struck out former subsec. (a). Prior to amendment, text read as follows: ''The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing substance abuse treatment services for children and adolescents.''

Subsec. (b)(1). Pub. L. 114–255, § 10003(3)(A), added par. (1) and struck out former par. (1) which read as follows: ''apply evidenced-based and cost effective methods for the treatment of substance abuse among children and adolescents;''.

Subsec. (b)(2). Pub. L. 114–255, § 10003(3)(B), struck out ''treatment'' after ''provision of'' and inserted ''substance abuse,'' after ''child welfare,''.

Subsec. (b)(3). Pub. L. 114–255, § 10003(3)(C), substituted ''substance use disorders, including children and adolescents with co-occurring mental illness and substance use disorders,'' for ''substance abuse disorders''.

Subsec. (b)(5). Pub. L. 114–255, § 10003(3)(D), substituted ''services; and'' for ''treatment;''.

Subsec. (b)(6). Pub. L. 114–255, § 10003(3)(E), substituted ''treatment.'' for ''substance abuse treatment; and''.

Subsec. (b)(7). Pub. L. 114–255, § 10003(3)(F), struck out par. (7) which read as follows: ''address the relationship between substance abuse and violence.''

Subsec. (f). Pub. L. 114–255, § 10003(4), substituted ''$29,605,000 for each of fiscal years 2018 through 2022.'' for ''$40,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.''

§ 290bb–7a. Youth prevention and recovery

(a) Omitted

(b) Resource center

The Secretary of Health and Human Services (referred to in this section as the ''Secretary'', except as otherwise provided), in consultation with the Secretary of Education and other heads of agencies, including the Assistant Secretary for Mental Health and Substance Use and the Administrator of the Health Resources and Services Administration, as appropriate, shall establish a resource center to provide technical support to recipients of grants under subsection (c).

(c) Youth prevention and recovery initiative

(1) In general

The Secretary, in consultation with the Secretary of Education, shall administer a program to provide support for communities to support the prevention of, treatment of, and recovery from, substance use disorders for children, adolescents, and young adults.

(2) Definitions

In this subsection:

(A) Eligible entity

The term ''eligible entity'' means—

(i) a local educational agency that is seeking to establish or expand substance use prevention or recovery support services at one or more high schools;

(ii) a State educational agency;

(iii) an institution of higher education (or consortia of such institutions), which may include a recovery program at an institution of higher education;

(iv) a local board or one-stop operator;

(v) a nonprofit organization with appropriate expertise in providing services or programs for children, adolescents, or young adults, excluding a school;

(vi) a State, political subdivision of a State, Indian tribe, or tribal organization; or

(vii) a high school or dormitory serving high school students that receives funding from the Bureau of Indian Education.

(B) Foster care

The term ''foster care'' has the meaning given such term in section 1355.20(a) of title 45, Code of Federal Regulations (or any successor regulations).

(C) High school

The term ''high school'' has the meaning given such term in section 7801 of title 20.

(D) Homeless youth

The term ''homeless youth'' has the meaning given the term ''homeless children or youths'' in section 11434a of this title.

(E) Indian tribe; tribal organization

The terms ''Indian tribe'' and ''tribal organization'' have the meanings given such terms in section 5304 of title 25.

(F) Institution of higher education

The term ''institution of higher education'' has the meaning given such term in section 1001 of title 20 and includes a ''postsecondary vocational institution'' as defined in section 1002(c) of such title.

(G) Local educational agency

The term ''local educational agency'' has the meaning given such term in section 7801 of title 20.

(H) Local board; one-stop operator

The terms ''local board'' and ''one-stop operator'' have the meanings given such terms in section 3102 of title 29.

(I) Out-of-school youth

The term ''out-of-school youth'' has the meaning given such term in section 3164(a)(1)(B) of title 29.

(J) Recovery program

The term ''recovery program'' means a program—

(i) to help children, adolescents, or young adults who are recovering from substance use disorders to initiate, stabilize, and maintain healthy and productive lives in the community; and

(ii) that includes peer-to-peer support delivered by individuals with lived experience in recovery, and communal activities to build recovery skills and supportive social networks.

(K) State educational agency

The term ''State educational agency'' has the meaning given such term in section 7801 of title 20.

(3) Best practices

The Secretary, in consultation with the Secretary of Education, shall—

(A) identify or facilitate the development of evidence-based best practices for prevention of substance misuse and abuse by children, adolescents, and young adults, including for specific populations such as youth in foster care, homeless youth, out-of-school youth, and youth who are at risk of or have experienced trafficking that address—

(i) primary prevention;

(ii) appropriate recovery support services;

(iii) appropriate use of medication-assisted treatment for such individuals, if applicable, and ways of overcoming barriers to the use of medication-assisted treatment in such population; and

(iv) efficient and effective communication, which may include the use of social media, to maximize outreach efforts;

(B) disseminate such best practices to State educational agencies, local educational agencies, schools and dormitories funded by the Bureau of Indian Education, institutions of higher education, recovery programs at institutions of higher education, local boards, one-stop operators, family and youth homeless providers, and nonprofit organizations, as appropriate;

(C) conduct a rigorous evaluation of each grant funded under this subsection, particularly its impact on the indicators described in paragraph (7)(B); and

(D) provide technical assistance for grantees under this subsection.

(4) Grants authorized

The Secretary, in consultation with the Secretary of Education, shall award 3-year grants, on a competitive basis, to eligible entities to enable such entities, in coordination with Indian tribes, if applicable, and State agencies responsible for carrying out substance use disorder prevention and treatment programs, to carry out evidence-based programs for—

(A) prevention of substance misuse and abuse by children, adolescents, and young adults, which may include primary prevention;

(B) recovery support services for children, adolescents, and young adults, which may include counseling, job training, linkages to community-based services, family support groups, peer mentoring, and recovery coaching; or

(C) treatment or referrals for treatment of substance use disorders, which may include the use of medication-assisted treatment, as appropriate.

(5) Special consideration

In awarding grants under this subsection, the Secretary shall give special consideration to the unique needs of tribal, urban, suburban, and rural populations.

(6) Application

To be eligible for a grant under this subsection, an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require. Such application shall include—

(A) a description of—

(i) the impact of substance use disorders in the population that will be served by the grant program;

(ii) how the eligible entity has solicited input from relevant stakeholders, which may include faculty, teachers, staff, families, students, and experts in substance use disorder prevention, treatment, and recovery in developing such application;

(iii) the goals of the proposed project, including the intended outcomes;

(iv) how the eligible entity plans to use grant funds for evidence-based activities, in accordance with this subsection to prevent, provide recovery support for, or treat substance use disorders amongst such individuals, or a combination of such activities; and

(v) how the eligible entity will collaborate with relevant partners, which may include State educational agencies, local educational agencies, institutions of higher education, juvenile justice agencies, prevention and recovery support providers, local service providers, including substance use disorder treatment programs, providers of mental health services, youth serving organizations, family and youth homeless providers, child welfare agencies, and primary care providers, in carrying out the grant program; and

(B) an assurance that the eligible entity will participate in the evaluation described in paragraph (3)(C).

(7) Reports to the Secretary

Each eligible entity awarded a grant under this subsection shall submit to the Secretary a report at such time and in such manner as the Secretary may require. Such report shall include—

(A) a description of how the eligible entity used grant funds, in accordance with this subsection, including the number of children, adolescents, and young adults reached through programming; and

(B) a description, including relevant data, of how the grant program has made an impact on the intended outcomes described in paragraph (6)(A)(iii), including—

(i) indicators of student success, which, if the eligible entity is an educational institution, shall include student well-being and academic achievement;

(ii) substance use disorders amongst children, adolescents, and young adults, including the number of overdoses and deaths amongst children, adolescents, and young adults served by the grant during the grant period; and

(iii) other indicators, as the Secretary determines appropriate.

(8) Report to Congress

The Secretary shall, not later than October 1, 2022, submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce and the Committee on Education and the Workforce of the House of Representatives a report summarizing the effectiveness of the grant program under this subsection, based on the information submitted in reports required under paragraph (7).

(9) Authorization of appropriations

There is authorized to be appropriated $10,000,000 to carry out this subsection for each of fiscal years 2019 through 2023.

(Pub. L. 115–271, title VII, § 7102, Oct. 24, 2018, 132 Stat. 4038.)

Editorial Notes

CODIFICATION

Section is comprised of section 7102 of Pub. L. 115–271. Subsec. (a) of section 7102 of Pub. L. 115–271 amended section 290bb–7 of this title.

Section was enacted as part of the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act, and not as part of the Public Health Service Act which comprises this chapter.

§§ 290bb–8, 290bb–9. Repealed. Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248

Section 290bb–8, act July 1, 1944, ch. 373, title V, § 514A, as added Pub. L. 106–310, div. B, title XXXI, § 3104(a), Oct. 17, 2000, 114 Stat. 1172, related to early intervention services for children and adolescents.

Section 290bb–9, act July 1, 1944, ch. 373, title V, § 514, as added Pub. L. 106–310, div. B, title XXXVI, § 3632, Oct. 17, 2000, 114 Stat. 1236, related to methamphetamine and amphetamine treatment initiative. Another section 514 of act July 1, 1944, is classified to section 290bb–7 of this title.

§ 290bb–10. Evidence-based prescription opioid and heroin treatment and interventions demonstration

(a) Grants to expand access

(1) Authority to award grants

The Secretary shall award grants, contracts, or cooperative agreements to State substance use disorder agencies, units of local government, nonprofit organizations, and Indian Tribes and Tribal organizations (as defined in section 5304 of title 25) that have a high rate, or have had a rapid increase, in the use of heroin or other opioids, in order to permit such entities to expand activities, including an expansion in the availability of evidence-based medication-assisted treatment and other clinically appropriate services, with respect to the treatment of substance use disorders in the specific geographical areas of such entities where there is a high rate or rapid increase in the use of heroin or other opioids, such as in rural areas.

(2) Nature of activities

Funds awarded under paragraph (1) shall be used for activities that are based on reliable scientific evidence of efficacy in the treatment of problems related to heroin or other opioids.

(b) Application

To be eligible for a grant, contract, or cooperative agreement under subsection (a), an entity shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(c) Evaluation

An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or agreement a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and an evaluation at the completion of such project as the Secretary determines to be appropriate.

(d) Geographic distribution

In awarding grants, contracts, and cooperative agreements under this section, the Secretary shall ensure that not less than 15 percent of funds are awarded to eligible entities that are not located in metropolitan statistical areas (as defined by the Office of Management and Budget). The Secretary shall take into account the unique needs of rural communities, including communities with an incidence of individuals with opioid use disorder that is above the national average and communities with a shortage of prevention and treatment services.

(e) Additional activities

In administering grants, contracts, and cooperative agreements under subsection (a), the Secretary shall—

(1) evaluate the activities supported under such subsection;

(2) disseminate information, as appropriate, derived from evaluations as the Secretary considers appropriate;

(3) provide States, Indian Tribes and Tribal organizations, and providers with technical assistance in connection with the provision of treatment of problems related to heroin and other opioids; and

(4) fund only those applications that specifically support recovery services as a critical component of the program involved.

(f) Authorization of appropriations

To carry out this section, there are authorized to be appropriated $25,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 514B, as added Pub. L. 114–198, title III, § 301, July 22, 2016, 130

Stat. 717; amended Pub. L. 117–328, div. FF, title I, § 1213, Dec. 29, 2022, 136 Stat. 5661.)

Editorial Notes

AMENDMENTS

2022—Subsec. (a)(1). Pub. L. 117–328, § 1213(1), substituted ''substance use disorder'' for ''substance abuse'', ''Tribes and Tribal organizations'' for ''tribes and tribal organizations'', and ''substance use disorders'' for ''addiction''.

Subsec. (e)(3). Pub. L. 117–328, § 1213(2), substituted ''Tribes and Tribal organizations'' for ''tribes and tribal organizations''.

Subsec. (f). Pub. L. 117–328, § 1213(3), substituted ''2023 through 2027'' for ''2017 through 2021''.

§ 290bb–11. Building capacity for family-focused residential treatment

(a) Definitions

In this section:

(1) Eligible entity

The term ''eligible entity'' means a State, county, local, or tribal health or child welfare agency, a private nonprofit organization, a research organization, a treatment service provider, an institution of higher education (as defined under section 1001 of title 20), or another entity specified by the Secretary.

(2) Family-focused residential treatment program

The term ''family-focused residential treatment program'' means a trauma-informed residential program primarily for substance use disorder treatment for pregnant and postpartum women and parents and guardians that allows children to reside with such women or their parents or guardians during treatment to the extent appropriate and applicable.

(3) Secretary

The term ''Secretary'' means the Secretary of Health and Human Services.

(b) Support for the development of evidence-based family-focused residential treatment programs

(1) Authority to award grants

The Secretary shall award grants to eligible entities for purposes of developing, enhancing, or evaluating family-focused residential treatment programs to increase the availability of such programs that meet the requirements for promising, supported, or well-supported practices specified in section 671(e)(4)(C) of this title)[1] (as added by the Family First Prevention Services Act enacted under title VII of division E of Public Law 115–123).

(2) Evaluation requirement

The Secretary shall require any evaluation of a family-focused residential treatment program by an eligible entity that uses funds awarded under this section for all or part of the costs of the evaluation be designed to assist in the determination of whether the program may qualify as a promising, supported, or well-supported practice in accordance with the requirements of such section 671(e)(4)(C).

[1] So in original.

(c) Authorization of appropriations

There is authorized to be appropriated to the Secretary to carry out this section, $20,000,000 for fiscal year 2019, which shall remain available through fiscal year 2023.

(Pub. L. 115–271, title VIII, § 8083, Oct. 24, 2018, 132 Stat. 4102.)

Editorial Notes

REFERENCES IN TEXT

Family First Prevention Services Act, referred to in subsec. (b)(1), is title VII of Pub. L. 115–123, div. E, Feb. 9, 2018, 132 Stat. 232. For complete classification of this Act to the Code, see Tables.

CODIFICATION

Section was enacted as part of the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act, and not as part of the Public Health Service Act which comprises this chapter.

Statutory Notes and Related Subsidiaries

SUPPORTING FAMILY-FOCUSED RESIDENTIAL TREATMENT

Pub. L. 115–271, title VIII, § 8081, Oct. 24, 2018, 132 Stat. 4097, provided that:

''(a) DEFINITIONS.—In this section:

''(1) FAMILY-FOCUSED RESIDENTIAL TREATMENT PROGRAM.—The term 'family-focused residential treatment program' means a trauma-informed residential program primarily for substance use disorder treatment for pregnant and postpartum women and parents and guardians that allows children to reside with such women or their parents or guardians during treatment to the extent appropriate and applicable.

''(2) MEDICAID PROGRAM.—The term 'Medicaid program' means the program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

''(3) SECRETARY.—The term 'Secretary' means the Secretary of Health and Human Services.

''(4) TITLE IV–E PROGRAM.—The term 'title IV–E program' means the program for foster care, prevention, and permanency established under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.).

''(b) GUIDANCE ON FAMILY-FOCUSED RESIDENTIAL TREATMENT PROGRAMS.—

''(1) IN GENERAL.—Not later than 180 days after the date of enactment of this Act [Oct. 24, 2018], the Secretary, in consultation with divisions of the Department of Health and Human Services administering substance use disorder or child welfare programs, shall develop and issue guidance to States identifying opportunities to support family-focused residential treatment programs for the provision of substance use disorder treatment. Before issuing such guidance, the Secretary shall solicit input from representatives of States, health care providers with expertise in addiction medicine, obstetrics and gynecology, neonatology, child trauma, and child development, health plans, recipients of family-focused treatment services, and other relevant stakeholders.

''(2) ADDITIONAL REQUIREMENTS.—The guidance required under paragraph (1) shall include descriptions of the following:

''(A) Existing opportunities and flexibilities under the Medicaid program, including under waivers authorized under section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), for States to receive Federal Medicaid funding for the provision of substance use disorder treatment for pregnant and postpartum women and parents and guardians and, to the extent applicable, their children, in family-focused residential treatment programs.

''(B) How States can employ and coordinate funding provided under the Medicaid program, the title IV-E program, and other programs administered by the Secretary to support the provision of treatment and services provided by a family-focused residential treatment facility such as substance use disorder treatment and services, including medication-assisted treatment, family, group, and individual counseling, case management, parenting education and skills development, the provision, assessment, or coordination of care and services for children, including necessary assessments and appropriate interventions, non-emergency transportation for necessary care provided at or away from a program site, transitional services and supports for families leaving treatment, and other services.

''(C) How States can employ and coordinate funding provided under the Medicaid program and the title IV–E program (including as amended by the Family First Prevention Services Act enacted under title VII of division E of Public Law 115–123 [132 Stat. 232], and particularly with respect to the authority under subsections (a)(2)(C) and (j) of section 472 and section 474(a)(1) of the Social Security Act (42 U.S.C. 672, 674(a)(1)) (as amended by section 50712 of Public Law 115–123) to provide foster care maintenance payments for a child placed with a parent who is receiving treatment in a licensed residential family-based treatment facility for a substance use disorder) to support placing children with their parents in family-focused residential treatment programs.''

SUBPART 2—CENTER FOR SUBSTANCE ABUSE PREVENTION

§ 290bb–21. Center for Substance Abuse Prevention

(a) Establishment; Director

There is established in the Administration a Center for Substance Abuse Prevention (hereafter referred to in this part as the ''Prevention Center''). The Prevention Center shall be headed by a Director appointed by the Secretary from individuals with extensive experience or academic qualifications in the prevention of drug or alcohol abuse.

(b) Duties of Director

The Director of the Prevention Center shall—

(1) sponsor regional workshops on the prevention of drug and alcohol abuse through the reduction of risk and the promotion of resiliency;

(2) coordinate the findings of research sponsored by agencies of the Service on the prevention of drug and alcohol abuse;

(3) collaborate with the Director of the National Institute on Drug Abuse, the Director of the National Institute on Alcohol Abuse and Alcoholism, and States to promote the study of substance abuse prevention and the dissemination and implementation of research findings that will improve the delivery and effectiveness of substance abuse prevention activities;

(4) develop effective drug and alcohol abuse prevention literature (including educational information on the effects of drugs abused by individuals, including drugs that are emerging as abused drugs);

(5) in cooperation with the Secretary of Education, assure the widespread dissemination of prevention materials among States, political subdivisions, and school systems;

(6) support clinical training programs for health professionals who provide substance use and misuse prevention and treatment services and other health professionals involved in illicit drug use education and prevention;

(7) in cooperation with the Director of the Centers for Disease Control and Prevention, develop and disseminate educational materials to increase awareness for individuals at greatest risk for substance use disorders to prevent the transmission of communicable diseases, such as HIV, hepatitis, tuberculosis, and other communicable diseases;

(8) conduct training, technical assistance, data collection, and evaluation activities of programs supported under the Drug Free Schools and Communities Act of 1986;

(9) support the development of model, innovative, community-based programs that reduce the risk of alcohol and drug abuse among young people and promote resiliency;

(10) collaborate with the Attorney General of the Department of Justice to develop programs to prevent drug abuse among high risk youth;

(11) prepare for distribution documentary films and public service announcements for television and radio to educate the public, especially adolescent audiences, concerning the dangers to health resulting from the consumption of alcohol and drugs and, to the extent feasible, use appropriate private organizations and business concerns in the preparation of such announcements;

(12) develop and support innovative demonstration programs designed to identify and deter the improper use or abuse of anabolic steroids by students, especially students in secondary schools;

(13) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded;

(14) assist and support States in preventing illicit drug use, including emerging illicit drug use issues; and

(15) in consultation with relevant stakeholders and in collaboration with the Director of the Centers for Disease Control and Prevention, develop educational materials for clinicians to use with pregnant women for shared decision making regarding pain management and the prevention of substance use disorders during pregnancy.

(c) Grants, contracts and cooperative agreements

The Director may make grants and enter into contracts and cooperative agreements in carrying out subsection (b).

(d) National data base

The Director of the Prevention Center shall establish a national data base providing information on programs for the prevention of substance abuse. The data base shall contain information appropriate for use by public entities and information appropriate for use by nonprofit private entities.

(July 1, 1944, ch. 373, title V, § 515, formerly § 508, as added Pub. L. 99–570, title IV, § 4005(a), Oct. 27, 1986, 100 Stat. 3207–111; amended Pub. L. 100–690,

title II, § 2051(a)–(c), Nov. 18, 1988, 102 Stat. 4206; Pub. L. 101–93, § 3(a), Aug. 16, 1989, 103 Stat. 609; Pub. L. 101–647, title XIX, § 1906, Nov. 29, 1990, 104 Stat. 4854; renumbered § 515 and amended Pub. L. 102–321, title I, § 113(b)–(e), July 10, 1992, 106 Stat. 345; Pub. L. 102–531, title III, § 312(d)(10), Oct. 27, 1992, 106 Stat. 3505; Pub. L. 106–310, div. B, title XXXI, § 3112(b), Oct. 17, 2000, 114 Stat. 1188; Pub. L. 114–255, div. B, title VI, § 6007(b), Dec. 13, 2016, 130 Stat. 1212; Pub. L. 115–271, title VII, § 7063(a), Oct. 24, 2018, 132 Stat. 4020.)

Editorial Notes

REFERENCES IN TEXT

The Drug-Free Schools and Communities Act of 1986, referred to in subsec. (b)(8), means title V of Pub. L. 89–10 as added by Pub. L. 100–297, title I, § 1001, Apr. 28, 1988, 102 Stat. 252, which was classified generally to subchapter V (§ 3171 et seq.) of chapter 47 of Title 20, Education, prior to the general amendment of Pub. L. 89–10 by Pub. L. 103–382, title I, § 101, Oct. 20, 1994, 108 Stat. 3519.

CODIFICATION

Section was formerly classified to section 290aa–6 of this title prior to renumbering by Pub. L. 102–321.

PRIOR PROVISIONS

A prior section 515 of act July 1, 1944, was classified to section 290cc of this title, prior to repeal by Pub. L. 102–321, title I, § 123(c), July 10, 1992, 106 Stat. 363.

Another prior section 515 of act July 1, 1944, which was classified to section 229d of this title, was successively renumbered by subsequent acts and transferred, see section 238*l* of this title.

AMENDMENTS

2018—Subsec. (b)(15). Pub. L. 115–271 added par. (15).

2016—Pub. L. 114–255, § 6007(b)(1), substituted ''Center'' for ''Office'' in section catchline.

Subsec. (a). Pub. L. 114–255, § 6007(b)(2), substituted ''a Center'' for ''an Office'' and ''The Prevention Center'' for ''The Office''.

Subsec. (b)(1). Pub. L. 114–255, § 6007(b)(3)(A), inserted ''through the reduction of risk and the promotion of resiliency'' before semicolon.

Subsec. (b)(3). Pub. L. 114–255, § 6007(b)(3)(C), added par. (3). Former par. (3) redesignated (4).

Subsec. (b)(4). Pub. L. 114–255, § 6007(b)(3)(B), (D), redesignated par. (3) as (4) and substituted ''educational information on the effects of drugs abused by individuals, including drugs that are emerging as abused drugs'' for ''literature on the adverse effects of cocaine free base (known as 'crack')''. Former par. (4) redesignated (5).

Subsec. (b)(5). Pub. L. 114–255, § 6007(b)(3)(B), redesignated par. (4) as (5). Former par. (5) redesignated (6).

Subsec. (b)(6). Pub. L. 114–255, § 6007(b)(3)(B), (E), redesignated par. (5) as (6) and substituted ''health professionals who provide substance use and misuse prevention and treatment services'' for ''substance abuse counselors'' and ''illicit drug use education and prevention'' for ''drug abuse education, prevention,''. Former par. (6) redesignated (7).

Subsec. (b)(7). Pub. L. 114–255, § 6007(b)(3)(B), (F), redesignated par. (6) as (7) and amended par. (7) generally. Prior to amendment, par. (7) read as follows: ''in cooperation with the Director of the Centers for Disease Control and Prevention, develop educational materials to reduce the risks of acquired immune deficiency syndrome among intravenous drug abusers;''. Former par. (7) redesignated (8).

Subsec. (b)(8). Pub. L. 114–255, § 6007(b)(3)(B), redesignated par. (7) as (8). Former par. (8) redesignated (9).

Subsec. (b)(9). Pub. L. 114–255, § 6007(b)(3)(B), (G), redesignated par. (8) as (9) and substituted ''that reduce the risk of'' for ''to discourage'' and inserted ''and promote resiliency'' before semicolon. Former par. (9) redesignated (10).

Subsec. (b)(10) to (12). Pub. L. 114–255, § 6007(b)(3)(B), redesignated pars. (9) to (11) as (10) to (12), respectively.

Subsec. (b)(13), (14). Pub. L. 114–255, § 6007(b)(3)(H)–(J), added pars. (13) and (14).

2000—Subsec. (b)(9). Pub. L. 106–310, § 3112(b)(2), added par. (9). Former par. (9) redesignated (10).

Subsec. (b)(10). Pub. L. 106–310, § 3112(b)(1), (3), redesignated par. (9) as (10) and substituted ''educate the public, especially adolescent audiences, concerning'' for ''educate the public concerning''. Former par. (10) redesignated (11).

Subsec. (b)(11). Pub. L. 106–310, § 3112(b)(1), redesignated par. (10) as (11).

1992—Subsec. (a). Pub. L. 102–321, § 113(e)(1), substituted ''(hereafter referred to in this part as the 'Prevention Center')'' for ''(hereafter in this part referred to as the 'Office')''.

Subsec. (b). Pub. L. 102–321, § 113(e)(2), substituted ''Prevention Center'' for ''Office'' in introductory provisions.

Subsec. (b)(5). Pub. L. 102–321, § 113(c)(1), struck out ''and intervention'' after ''prevention,''.

Subsec. (b)(6). Pub. L. 102–531, which directed the amendment of ''section 508(b)(6) (42 U.S.C. 290aa–6(b)(6))'' of act July 1, 1944, by substituting ''Centers for Disease Control and Prevention'' for ''Centers for Disease Control'', was executed to subsec. (b)(6) of this section to reflect the probable intent of Congress and the intervening renumbering of section 508 of act July 1, 1944, as section 515 of that act by Pub. L. 102–321, § 113(b)(2).

Subsec. (b)(9). Pub. L. 102–321, § 113(c)(4), inserted ''and'' after semicolon at end.

Subsec. (b)(10) to (12). Pub. L. 102–321, § 113(c)(2)–(4), redesignated par. (12) as (10) and struck out former pars. (10) and (11) which read as follows:

''(10)(A) provide assistance to communities to develop comprehensive long-term strategies for the prevention of substance abuse; and

''(B) evaluate the success of different community approaches toward the prevention of substance abuse;

''(11) through schools of health professions, schools of allied health professions, schools of nursing, and schools of social work, carry out programs—

''(A) to train individuals in the diagnosis and treatment of alcohol and drug abuse; and

''(B) to develop appropriate curricula and materials for the training described in subparagraph (A); and''.

Subsec. (d). Pub. L. 102–321, § 113(d), amended subsec. (d) generally. Prior to amendment, subsec. (d) read as follows:

''(1) For the purpose of carrying out this section and sections 290aa–7, 290aa–8, and 290aa–13 of this title, there are authorized to be appropriated $95,000,000 for fiscal year 1989 and such sums as may be necessary for each of the fiscal years 1990 and 1991.

''(2) Of the amounts appropriated pursuant to paragraph (1) for a fiscal year, the Secretary shall make available not less than $5,000,000 to carry out paragraphs (5) and (11) of subsection (b) of this section.''

1990—Subsec. (b)(12). Pub. L. 101–647 added par. (12).

1989—Subsec. (b)(11)(B). Pub. L. 101–93, § 3(a)(2), substituted ''subparagraph (A)'' for ''subparagraph (a)''.

Subsec. (d)(1). Pub. L. 101–93, § 3(a)(1), inserted a comma after ''290aa–13 of this title''.

1988—Subsec. (b)(5). Pub. L. 100–690, § 2051(b)(1), amended par. (5) generally. Prior to amendment, par. (5) read as follows: ''support programs of clinical training of substance abuse counselors and other health professionals;''.

Subsec. (b)(10). Pub. L. 100–690, § 2051(b)(2) added par. (10).

Subsec. (b)(11). Pub. L. 100–690, § 2051(c), added par. (11).

Subsec. (d). Pub. L. 100–690, § 2051(a), amended subsec. (d) generally. Prior to amendment, subsec. (d) read as follows: ''Of the amounts available under the second

sentence of section 300y(a) of this title to carry out this section and section 290aa–8 of this title, $20,000,000 shall be available to carry out section 290aa–8 of this title.''

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

§ 290bb–22. Priority substance use disorder prevention needs of regional and national significance

(a) Projects

The Secretary shall address priority substance use disorder prevention needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

(1) knowledge development and application projects for prevention and the conduct or support of evaluations of such projects;

(2) training and technical assistance; and

(3) targeted capacity response programs, including such programs that focus on emerging drug use issues.

The Secretary may carry out the activities described in this section directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian Tribes or Tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other public or nonprofit private entities.

(b) Priority substance use disorder prevention needs

(1) In general

Priority substance use disorder prevention needs of regional and national significance shall be determined by the Secretary in consultation with the States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

(2) Special consideration

In developing program priorities under paragraph (1), the Secretary shall give special consideration to—

(A) applying the most promising strategies and research-based primary prevention approaches;

(B) promoting the integration of substance use disorder prevention information and activities into primary health care systems; and

(C) substance use disorder prevention among high-risk groups.

(c) Requirements

(1) In general

Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

(2) Duration of award

With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

(3) Matching funds

The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(4) Maintenance of effort

With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

(d) Evaluation

The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(e) Information and education

The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public and to health professionals. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance use disorder prevention and treatment programs.

(f) Authorization of appropriation

There are authorized to be appropriated to carry out this section, $218,219,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 516, formerly § 509, as added Pub. L. 99–570, title IV, § 4005(a), Oct. 27, 1986, 100 Stat. 3207–112; renumbered § 516 and amended Pub. L. 102–321, title I, § 113(f), July 10, 1992, 106 Stat. 345; Pub. L. 106–310, div. B, title XXXIII, § 3302(a), Oct. 17, 2000, 114 Stat. 1209; Pub. L. 114–255, div. B, title VII, § 7005, Dec. 13, 2016, 130 Stat. 1224; Pub. L. 117–328, div. FF, title I, § 1214, Dec. 29, 2022, 136 Stat. 5661.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 290aa–7 of this title prior to renumbering by Pub. L. 102–321.

PRIOR PROVISIONS

A prior section 516 of act July 1, 1944, was classified to section 290cc–1 of this title, prior to repeal by Pub. L. 102–321, title I, § 123(c), July 10, 1992, 106 Stat. 363.

AMENDMENTS

2022—Subsec. (a). Pub. L. 117–328, § 1214(1)(B), substituted ''Tribes or Tribal organizations'' for ''tribes or tribal organizations'' in concluding provisions.

Subsec. (a)(3). Pub. L. 117–328, § 1214(1)(A), substituted ''use'' for ''abuse''.

Subsec. (b). Pub. L. 117–328, § 1214(2), substituted ''use disorder'' for ''abuse'' in heading.

Subsec. (f). Pub. L. 117–328, § 1214(3), substituted ''$218,219,000 for each of fiscal years 2023 through 2027'' for ''$211,148,000 for each of fiscal years 2018 through 2022''.

2016—Pub. L. 114–255, § 7005(1), substituted ''use disorder'' for ''abuse'' in section catchline.

Subsec. (a). Pub. L. 114–255, § 7005(2)(A), (C), in introductory provisions, substituted ''use disorder'' for ''abuse'' and, in concluding provisions, inserted '', contracts,'' before ''or cooperative agreements'' and substituted ''Indian tribes or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service,'' for ''Indian tribes and tribal organizations,''.

Subsec. (a)(3). Pub. L. 114–255, § 7005(2)(B), inserted '', including such programs that focus on emerging drug abuse issues'' before period.

Subsec. (b). Pub. L. 114–255, § 7005(3), substituted ''use disorder'' for ''abuse'' in pars. (1) and (2)(B) and added par. (2)(C).

Subsec. (e). Pub. L. 114–255, § 7005(4), substituted ''use disorder'' for ''abuse''.

Subsec. (f). Pub. L. 114–255, § 7005(5), substituted ''$211,148,000 for each of fiscal years 2018 through 2022.'' for ''$300,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.''

2000—Pub. L. 106–310 amended section catchline and text generally, substituting provisions relating to priority substance abuse prevention needs of regional and national significance for provisions relating to community programs.

1992—Pub. L. 102–321, § 113(f)(4), amended section generally, substituting provisions relating to community programs for provisions relating to alcohol and drug abuse information clearinghouse.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

§ 290bb–23. Repealed. Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248

Section, act July 1, 1944, ch. 373, title V, § 517, formerly § 509A, as added Pub. L. 99–570, title IV, § 4005(a), Oct. 27, 1986, 100 Stat. 3207–113; amended Pub. L. 100–690, title II, § 2051(d), Nov. 18, 1988, 102 Stat. 4206; renumbered § 517 and amended Pub. L. 102–321, title I, § 114, July 10, 1992, 106 Stat. 346; Pub. L. 106–310, div. B, title XXXI, § 3103, Oct. 17, 2000, 114 Stat. 1171, related to prevention, treatment, and rehabilitation model projects for high risk youth.

A prior section 517 of act July 1, 1944, was classified to section 290cc–2 of this title, prior to repeal by Pub. L. 102–321, title I, § 123(c), July 10, 1992, 106 Stat. 363.

§ 290bb–24. Repealed. Pub. L. 106–310, div. B, title XXXIII, § 3302(b), Oct. 17, 2000, 114 Stat. 1210

Section, act July 1, 1944, ch. 373, title V, § 518, as added Pub. L. 102–321, title I, § 171, July 10, 1992, 106 Stat. 377, related to employee assistance programs.

A prior section 518 of act July 1, 1944, was classified to section 290cc–11 of this title, prior to repeal by Pub. L. 102–321, § 120(b)(3).

§ 290bb–25. Grants for services for children of substance abusers

(a) Establishment

(1) In general

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall make grants to public and nonprofit private entities for the purpose of carrying out programs—

(A) to provide the services described in subsection (b) to children of substance abusers;

(B) to provide the applicable services described in subsection (c) to families in which a member is a substance abuser;

(C) to identify such children and such families through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, health, substance abuse and mental health providers through screenings conducted during regular childhood examinations and other examinations, self and family member referrals, substance abuse treatment services, and other providers of services to children and families; and

(D) to provide education and training to health, substance abuse and mental health professionals, and other providers of services to children and families through youth service agencies, family social services, child care, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, and other providers of services to children and families.

(2) Administrative consultations

The Assistant Secretary of the Administration for Children, Youth, and Families and the Assistant Secretary of the Health Resources and Services Administration shall be consulted regarding the promulgation of program guidelines and funding priorities under this section.

(3) Requirement of status as medicaid provider

(A) Subject to subparagraph (B), the Secretary may make a grant under paragraph (1) only if, in the case of any service under such paragraph that is covered in the State plan approved under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.] for the State involved—

(i)(I) the entity involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

(II) the entity will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments; and

(ii) the entity will identify children who may be eligible for medical assistance under a State program under title XIX or XXI of the Social Security Act [42 U.S.C. 1396 et seq., 1397aa et seq.].

(B)(i) In the case of an organization making an agreement under subparagraph (A)(ii)[1] regarding the provision of services under paragraph (1), the requirement established in such subparagraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing health or mental health services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

(ii) A determination by the Secretary of whether an organization referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the organization accepts voluntary donations regarding the provision of services to the public.

(b) Services for children of substance abusers

The Secretary may make a grant under subsection (a) only if the applicant involved agrees to make available (directly or through agreements with other entities) to children of substance abusers each of the following services:

(1) Periodic evaluation of children for developmental, psychological, alcohol and drug, and medical problems.

(2) Primary pediatric care.

(3) Other necessary health and mental health services.

(4) Therapeutic intervention services for children, including provision of therapeutic child care.

(5) Developmentally and age-appropriate drug and alcohol early intervention, treatment and prevention services.

(6) Counseling related to the witnessing of chronic violence.

(7) Referrals for, and assistance in establishing eligibility for, services provided under—

(A) education and special education programs;

(B) Head Start programs established under the Head Start Act [42 U.S.C. 9831 et seq.];

(C) other early childhood programs;

(D) employment and training programs;

(E) public assistance programs provided by Federal, State, or local governments; and

(F) programs offered by vocational rehabilitation agencies, recreation departments, and housing agencies.

(8) Additional developmental services that are consistent with the provision of early intervention services, as such term is defined in part C of the Individuals with Disabilities Education Act [20 U.S.C. 1431 et seq.].

Services shall be provided under paragraphs (2) through (8) by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional, or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements.

(c) Services for affected families

The Secretary may make a grant under subsection (a) only if, in the case of families in which a member is a substance abuser, the applicant involved agrees to make available (directly or through agreements with other entities) each of the following services, as applicable to the family member involved:

(1) Services as follows, to be provided by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional, or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements:

(A) Counseling to substance abusers on the benefits and availability of substance abuse treatment services and services for children of substance abusers.

(B) Assistance to substance abusers in obtaining and using substance abuse treatment services and in obtaining the services described in subsection (b) for their children.

(C) Visiting and providing support to substance abusers, especially pregnant women, who are receiving substance abuse treatment services or whose children are receiving services under subsection (b).

(D) Aggressive outreach to family members with substance abuse problems.

(E) Inclusion of consumer in the development, implementation, and monitoring of Family Services Plan.

(2) In the case of substance abusers:

(A) Alcohol and drug treatment services, including screening and assessment, diagnosis, detoxification, individual, group and family counseling, relapse prevention, pharmacotherapy treatment, after-care services, and case management.

(B) Primary health care and mental health services, including prenatal and post partum care for pregnant women.

(C) Consultation and referral regarding subsequent pregnancies and life options and counseling on the human immunodeficiency virus and acquired immune deficiency syndrome.

(D) Where appropriate, counseling regarding family violence.

(E) Career planning and education services.

(F) Referrals for, and assistance in establishing eligibility for, services described in subsection (b)(7).

(3) In the case of substance abusers, spouses of substance abusers, extended family mem-

[1] See References in Text note below.

bers of substance abusers, caretakers of children of substance abusers, and other people significantly involved in the lives of substance abusers or the children of substance abusers:

(A) An assessment of the strengths and service needs of the family and the assignment of a case manager who will coordinate services for the family.

(B) Therapeutic intervention services, such as parental counseling, joint counseling sessions for families and children, and family therapy.

(C) Child care or other care for the child to enable the parent to attend treatment or other activities and respite care services.

(D) Parenting education services and parent support groups which include child abuse and neglect prevention techniques.

(E) Support services, including, where appropriate, transportation services.

(F) Where appropriate, referral of other family members to related services such as job training.

(G) Aftercare services, including continued support through parent groups and home visits.

(d) Training for providers of services to children and families

The Secretary may make a grant under subsection (a) for the training of health, substance abuse and mental health professionals and other providers of services to children and families through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource centers, the criminal justice system, and other providers of services to children and families. Such training shall be to assist professionals in recognizing the drug and alcohol problems of their clients and to enhance their skills in identifying and understanding the nature of substance abuse, and obtaining substance abuse early intervention, prevention and treatment resources.

(e) Eligible entities

The Secretary shall distribute the grants through the following types of entities:

(1) Alcohol and drug early intervention, prevention or treatment programs, especially those providing treatment to pregnant women and mothers and their children.

(2) Public or nonprofit private entities that provide health or social services to disadvantaged populations, and that have—

(A) expertise in applying the services to the particular problems of substance abusers and the children of substance abusers; or

(B) an affiliation or contractual relationship with one or more substance abuse treatment programs or pediatric health or mental health providers and family mental health providers.

(3) Consortia of public or nonprofit private entities that include at least one substance abuse treatment program.

(4) Indian tribes.

(f) Federal share

The Federal share of a program carried out under subsection (a) shall be 90 percent. The Secretary shall accept the value of in-kind contributions, including facilities and personnel, made by the grant recipient as a part or all of the non-Federal share of grants.

(g) Restrictions on use of grant

The Secretary may make a grant under subsection (a) only if the applicant involved agrees that the grant will not be expended—

(1) to provide inpatient hospital services;

(2) to make cash payments to intended recipients of services;

(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

(h) Submission to Secretary of certain information

The Secretary may make a grant under subsection (a) only if the applicant involved submits to the Secretary—

(1) a description of the population that is to receive services under this section and a description of such services that are to be provided and measurable goals and objectives;

(2) a description of the mechanism that will be used to involve the local public agencies responsible for health, including maternal and child health[2] mental health, child welfare, education, juvenile justice, developmental disabilities, and substance abuse in planning and providing services under this section, as well as evidence that the proposal has been coordinated with the State agencies responsible for administering those programs, the State agency responsible for administering alcohol and drug programs, the State lead agency, and the State Interagency Coordinating Council under part H[1] of the Individuals with Disabilities Education Act; and;[3]

(3) such other information as the Secretary determines to be appropriate.

(i) Reports to Secretary

The Secretary may make a grant under subsection (a) only if the applicant involved agrees that for each fiscal year for which the applicant receives such a grant the applicant, in accordance with uniform standards developed by the Secretary, will submit to the Secretary a report containing—

(1) a description of specific services and activities provided under the grant;

(2) information regarding progress toward meeting the program's stated goals and objectives;

(3) information concerning the extent of use of services provided under the grant, including the number of referrals to related services and information on other programs or services

[2] So in original. Probably should be followed by a comma.

[3] So in original. The semicolon probably should not appear after ''and''.

accessed by children, parents, and other caretakers;

(4) information concerning the extent to which parents were able to access and receive treatment for alcohol and drug abuse and sustain participation in treatment over time until the provider and the individual receiving treatment agree to end such treatment, and the extent to which parents re-enter treatment after the successful or unsuccessful termination of treatment;

(5) information concerning the costs of the services provided and the source of financing for health care services;

(6) information concerning—

(A) the number and characteristics of families, parents, and children served, including a description of the type and severity of childhood disabilities, and an analysis of the number of children served by age;

(B) the number of children served who remained with their parents during the period in which entities provided services under this section; and

(C) the number of case workers or other professionals trained to identify and address substance abuse issues.

(7) information on hospitalization or emergency room use by the family members participating in the program; and

(8) such other information as the Secretary determines to be appropriate.

(j) Requirement of application

The Secretary may make any grant under subsection (a) only if—

(1) an application for the grant is submitted to the Secretary;

(2) the application contains the agreements required in this section and the information required in subsection (h); and

(3) the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(k) Evaluations

The Secretary shall periodically conduct evaluations to determine the effectiveness of programs supported under subsection (a)—

(1) in reducing the incidence of alcohol and drug abuse among substance abusers participating in the programs;

(2) in preventing adverse health conditions in children of substance abusers;

(3) in promoting better utilization of health and developmental services and improving the health, developmental, and psychological status of children receiving services under the program; and

(4) in improving parental and family functioning, including increased participation in work or employment-related activities and decreased participation in welfare programs.

***(l)* Report to Congress**

Not later than 2 years after the date on which amounts are first appropriated under subjection[4] (*o*), the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report that contains a description of programs carried out under this section. At a minimum, the report shall contain—

(1) information concerning the number and type of programs receiving grants;

(2) information concerning the type and use of services offered; and

(3) information concerning—

(A) the number and characteristics of families, parents, and children served; and

(B) the number of children served who remained with their parents during or after the period in which entities provided services under this section.[5]

analyzed by the type of entity described in subsection (e) that provided services;[6]

(m) Data collection

The Secretary shall periodically collect and report on information concerning the numbers of children in substance abusing families, including information on the age, gender and ethnicity of the children, the composition and income of the family, and the source of health care finances. The periodic report shall include a quantitative estimate of the prevalence of alcohol and drug problems in families involved in the child welfare system, the barriers to treatment and prevention services facing these families, and policy recommendations for removing the identified barriers, including training for child welfare workers.

(n) Definitions

For purposes of this section:

(1) The term ''caretaker'', with respect to a child of a substance abuser, means any individual acting in a parental role regarding the child (including any birth parent, foster parent, adoptive parent, relative of such a child, or other individual acting in such a role).

(2) The term ''children of substance abusers'' means—

(A) children who have lived or are living in a household with a substance abuser who is acting in a parental role regarding the children; and

(B) children who have been prenatally exposed to alcohol or other drugs.

(3) The term ''Indian tribe'' means any tribe, band, nation, or other organized group or community of Indians, including any Alaska Native village (as defined in, or established pursuant to, the Alaska Native Claims Settlement Act [43 U.S.C. 1601 et seq.]), that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

(4) The term ''public or nonprofit private entities that provide health or social services to disadvantaged populations'' includes community-based organizations, local public health departments, community action agencies, hospitals, community health centers, child welfare agencies, developmental disabilities serv-

[4] So in original. Probably should be ''subsection''.

[5] So in original. The period probably should be a semicolon.

[6] So in original. The semicolon probably should be a period.

ice providers, and family resource and support programs.

(5) The term ''substance abuse'' means the abuse of alcohol or other drugs.

(*o*) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.

(July 1, 1944, ch. 373, title V, § 519, formerly title III, § 399D, as added Pub. L. 102–321, title IV, § 401(a), July 10, 1992, 106 Stat. 419; renumbered § 399A, renumbered title V, § 519, and amended Pub. L. 106–310, div. A, title V, § 502(1), div. B, title XXXI, § 3106(a)–(m), Oct. 17, 2000, 114 Stat. 1115, 1175–1179; Pub. L. 108–446, title III, § 305(i)(1), (3), Dec. 3, 2004, 118 Stat. 2806; Pub. L. 114–255, div. B, title VI, § 6001(c), Dec. 13, 2016, 130 Stat. 1203.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (a)(3)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XIX and XXI of the Act are classified generally to subchapters XIX (§ 1396 et seq.) and XXI (§ 1397aa et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

Subparagraph (A)(ii), referred to in subsec. (a)(3)(B)(i), meaning subsec. (a)(3)(A)(ii) of this section was redesignated as subsec. (a)(3)(A)(i)(II) and a new subsec. (a)(3)(A)(ii) was added by Pub. L. 106–310, div. B, title XXXI, § 3106(a)(3)(B)(i), (C), Oct. 17, 2000, 114 Stat. 1176.

The Head Start Act, referred to in subsec. (b)(7)(B), is subchapter B (§§ 635–657) of chapter 8 of subtitle A of title VI of Pub. L. 97–35, Aug. 13, 1981, 95 Stat. 499, which is classified generally to subchapter II (§ 9831 et seq.) of chapter 105 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 9801 of this title and Tables.

The Individuals with Disabilities Education Act, referred to in subsecs. (b)(8) and (h)(2), is title VI of Pub. L. 91–230, Apr. 13, 1970, 84 Stat. 175. Part C of the Act is classified generally to subchapter III (§ 1431 et seq.) of chapter 33 of Title 20, Education. Part H of the Act was classified generally to subchapter VIII (§ 1471 et seq.) of chapter 33 of Title 20, prior to repeal by Pub. L. 105–17, title II, § 203(b), June 4, 1997, 111 Stat. 157, effective July 1, 1998. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

The Alaska Native Claims Settlement Act, referred to in subsec. (n)(3), is Pub. L. 92–203, Dec. 18, 1971, 85 Stat. 688, which is classified generally to chapter 33 (§ 1601 et seq.) of Title 43, Public Lands. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 43 and Tables.

CODIFICATION

Section was formerly classified to section 280d of this title.

AMENDMENTS

2016—Subsec. (a)(1). Pub. L. 114–255, § 6001(c)(1), substituted ''Assistant Secretary for Mental Health and Substance Use'' for ''Administrator of the Substance Abuse and Mental Health Services Administration'' in introductory provisions.

Subsec. (a)(2). Pub. L. 114–255, § 6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' in two places.

2004—Subsecs. (b)(8), (f). Pub. L. 108–446, § 305(i)(1), (3), which directed amendment of subsecs. (b)(8) and (f) of section 399A of the Public Health Service Act by substituting ''part C'' for ''part H'', was executed to subsec. (b)(8) of this section, which is section 519 of the Public Health Service Act, to reflect the probable intent of Congress and the renumbering of this section and repeal of former subsec. (f). See 2000 Amendments notes below.

2000—Pub. L. 106–310, § 3106(a)–(m), which directed numerous amendments to section 399D of the Public Health Service Act and the subsequent renumbering of that section as section 519 of title V of the Act, was executed by amending this section and renumbering this section as section 519 of title V, to reflect the probable intent of Congress, notwithstanding the intervening renumbering of this section as section 399A of the Act by section 502(1) of Pub. L. 106–310. See source credit above and notes below.

Subsec. (a)(1). Pub. L. 106–310, § 3106(a)(1)(A), substituted ''Administrator of the Substance Abuse and Mental Health Services Administration'' for ''Administrator of the Health Resources and Services Administration'' in introductory provisions.

Subsec. (a)(1)(B). Pub. L. 106–310, § 3106(a)(2)(A), struck out ''and'' at end.

Subsec. (a)(1)(C). Pub. L. 106–310, § 3106(a)(2)(B), substituted ''through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, health, substance abuse and mental health providers through screenings conducted during regular childhood examinations and other examinations, self and family member referrals, substance abuse treatment services, and other providers of services to children and families; and'' for period at end.

Subsec. (a)(1)(D). Pub. L. 106–310, § 3106(a)(2)(C), added subpar. (D).

Subsec. (a)(2). Pub. L. 106–310, § 3106(a)(1)(B), substituted ''Administrator of the Health Resources and Services Administration'' for ''Administrator of the Substance Abuse and Mental Health Services Administration''.

Subsec. (a)(3)(A). Pub. L. 106–310, § 3106(a)(3), redesignated cls. (i) and (ii) as subcls. (I) and (II), respectively, of cl. (i) and added cl. (ii).

Subsec. (b). Pub. L. 106–310, § 3106(b)(3), inserted concluding provisions.

Subsec. (b)(1). Pub. L. 106–310, § 3106(b)(1), inserted ''alcohol and drug,'' after ''psychological,''.

Subsec. (b)(5). Pub. L. 106–310, § 3106(b)(2), added par. (5) and struck out former par. (5) relating to preventive counseling services.

Subsec. (c)(1). Pub. L. 106–310, § 3106(c)(1)(A), inserted '', or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements'' before colon in introductory provisions.

Subsec. (c)(1)(D), (E). Pub. L. 106–310, § 3106(c)(1)(B), added subpars. (D) and (E).

Subsec. (c)(2)(A). Pub. L. 106–310, § 3106(c)(2)(A), added subpar. (A) and struck out former subpar. (A) relating to encouragement to participate in and referrals to appropriate substance abuse treatment.

Subsec. (c)(2)(C). Pub. L. 106–310, § 3106(c)(2)(B), which directed substitution of ''and counseling on the human immunodeficiency virus and acquired immune deficiency syndrome'' for '', including educational and career planning'', was executed by making the substitution for '', including education and career planning'' to reflect the probable intent of Congress.

Subsec. (c)(2)(D). Pub. L. 106–310, § 3106(c)(2)(C), struck out ''conflict and'' before ''violence''.

Subsec. (c)(2)(E). Pub. L. 106–310, § 3106(c)(2)(D), substituted ''Career planning and education services'' for ''Remedial education services''.

Subsec. (c)(3)(D). Pub. L. 106–310, § 3106(c)(3), inserted ''which include child abuse and neglect prevention techniques'' before period at end.

Subsec. (d). Pub. L. 106–310, §3106(*l*)(3), (4), added subsec. (d) and redesignated former subsec. (d) as (e).

Pub. L. 106–310, §3106(d)(1), substituted ''Eligible entities'' for ''Considerations in making grants'' in heading and ''The Secretary shall distribute the grants through the following types of entities:'' for ''In making grants under subsection (a) of this section, the Secretary shall ensure that the grants are reasonably distributed among the following types of entities:'' in introductory provisions.

Subsec. (d)(1). Pub. L. 106–310, §3106(d)(2), substituted ''drug early intervention, prevention or treatment programs'' for ''drug treatment programs''.

Subsec. (d)(2)(A). Pub. L. 106–310, §3106(d)(3)(A), substituted ''; or'' for ''; and''.

Subsec. (d)(2)(B). Pub. L. 106–310, §3106(d)(3)(B), inserted ''or pediatric health or mental health providers and family mental health providers'' before period at end.

Subsec. (e). Pub. L. 106–310, §3106(*l*)(3), redesignated subsec. (d) as (e). Former subsec. (e) redesignated (f).

Subsec. (f). Pub. L. 106–310, §3106(*l*)(1), (3), redesignated subsec. (e) as (f) and struck out former subsec. (f) relating to coordination with other providers.

Subsec. (h)(2). Pub. L. 106–310, §3106(e)(1), inserted ''including maternal and child health'' before ''mental health'', struck out ''treatment programs'' after ''substance abuse'', and substituted '', the State agency responsible for administering alcohol and drug programs, the State lead agency, and the State Interagency Coordinating Council under part H of the Individuals with Disabilities Education Act; and'' for ''and the State agency responsible for administering public maternal and child health services''.

Subsec. (h)(3), (4). Pub. L. 106–310, §3106(e)(2), redesignated par. (4) as (3) and struck out former par. (3) relating to requirement to submit to Secretary information demonstrating that the applicant has established a collaborative relationship with child welfare agencies and child protective services.

Subsec. (i)(6)(B). Pub. L. 106–310, §3106(f)(1), inserted ''and'' at end.

Subsec. (i)(6)(C). Pub. L. 106–310, §3106(f)(2), added subpar. (C) and struck out former subpar. (C) relating to the number of children served who were placed in out-of-home care during the period in which entities provided services under section.

Subsec. (i)(6)(D), (E). Pub. L. 106–310, §3106(f)(2), struck out subpars. (D) and (E) relating to the number of children described in subparagraph (C) who were reunited with their families and the number of children described in subparagraph (C) for whom a permanent plan has not been made or for whom the permanent plan is other than family reunification, respectively.

Subsec. (k). Pub. L. 106–310, §3106(*l*)(2), (3), redesignated subsec. (*l*) as (k) and struck out former subsec. (k) relating to peer review.

Subsec. (k)(2). Pub. L. 106–310, §3106(*l*)(5), which directed amendment of subsec. (k)(2) of this section by substituting ''(i)'' for ''(h)'', could not be executed because ''(h)'' does not appear in subsec. (k)(2).

Subsec. (*l*). Pub. L. 106–310, §3106(*l*)(3), redesignated subsec. (m) as (*l*). Former subsec. (*l*) redesignated (k).

Subsec. (*l*)(3). Pub. L. 106–310, §3106(*l*)(6), which directed substitution of ''(e)'' for ''(d)'' in subsec. (m)(3)(E), was executed by making the substitution in concluding provisions of subsec. (*l*)(3) to reflect the probable intent of Congress and the amendment by Pub. L. 106–310, §3106(*l*)(3). See above.

Pub. L. 106–310, §3106(g)(1), inserted ''and'' at end.

Subsec. (*l*)(4). Pub. L. 106–310, §3106(g)(2), substituted '', including increased participation in work or employment-related activities and decreased participation in welfare programs.'' for semicolon at end.

Subsec. (*l*)(5), (6). Pub. L. 106–310, §3106(g)(3), struck out pars. (5) and (6) relating to reducing the incidence of out-of-home placement for children whose parents receive services under the program and facilitating the reunification of families after children have been placed in out-of-home care, respectively.

Subsec. (m). Pub. L. 106–310, §3106(*l*)(3), redesignated subsec. (n) as (m). Former subsec. (m) redesignated (*l*).

Subsec. (m)(2). Pub. L. 106–310, §3106(h)(1), inserted ''and'' at end.

Subsec. (m)(3)(A). Pub. L. 106–310, §3106(h)(2)(A), inserted ''and'' at end.

Subsec. (m)(3)(B). Pub. L. 106–310, §3106(h)(2)(B), substituted period for semicolon at end.

Subsec. (m)(3)(C) to (E). Pub. L. 106–310, §3106(h)(2)(C), struck out subpars. (C) to (E) relating to the number of children served who were placed in out-of-home care during the period in which entities provided services under this section, the number of children described in subparagraph (C) who were reunited with their families, and the number of children described in subparagraph (C) who were permanently placed in out-of-home care, respectively.

Subsec. (m)(4). Pub. L. 106–310, §3106(h)(3), struck out par. (4) relating to an analysis of the access provided to, and use of, related services and alcohol and drug treatment through programs carried out under this section.

Subsec. (m)(5). Pub. L. 106–310, §3106(*l*)(6), which directed amendment of subsec. (m)(5) by substituting ''(e)'' for ''(d)'', could not be executed because subsec. (m) did not contain a par. (5) or a reference to ''(d)'' subsequent to the amendments by Pub. L. 106–310, §3106(h)(3), (*l*)(3). See notes above and below.

Pub. L. 106–310, §3106(h)(3), struck out par. (5) relating to a comparison of the costs of providing services through each of the types of entities described in subsection (d) of this section.

Subsec. (n). Pub. L. 106–310, §3106(*l*)(3), redesignated subsec. (*o*) as (n). Former subsec. (n) redesignated (m).

Pub. L. 106–310, §3106(i), inserted at end ''The periodic report shall include a quantitative estimate of the prevalence of alcohol and drug problems in families involved in the child welfare system, the barriers to treatment and prevention services facing these families, and policy recommendations for removing the identified barriers, including training for child welfare workers.''

Subsec. (*o*). Pub. L. 106–310, §3106(*l*)(3), redesignated subsec. (p) as (*o*). Former subsec. (*o*) redesignated (n).

Subsec. (*o*)(2)(B). Pub. L. 106–310, §3106(j), struck out ''dangerous'' before ''drugs''.

Subsec. (p). Pub. L. 106–310, §3106(*l*)(3), redesignated subsec. (p) as (*o*).

Pub. L. 106–310, §3106(k), amended heading and text of subsec. (p) generally, substituting provisions relating to authorization of appropriations for provisions relating to funding for carrying out section.

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

Committee on Energy and Commerce of House of Representatives treated as referring to Committee on Commerce of House of Representatives by section 1(a) of Pub. L. 104–14, set out as a note preceding section 21 of Title 2, The Congress. Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

EFFECTIVE DATE

Section effective July 10, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective for awards made on or after Oct. 1, 1992, see section 801(b), (d)(1) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

CONSTRUCTION

Pub. L. 102–321, title IV, §401(b), July 10, 1992, 106 Stat. 426, provided that: ''With respect to the program established in section 399D [now 519] of the Public Health Service Act [42 U.S.C. 290bb–25] (as added by subsection (a) of this section), nothing in such section 399D may be construed as establishing for any other Federal program any requirement, authority, or prohibition, including with respect to recipients of funds under such other Federal programs.''

REFERENCE TO COMMUNITY, MIGRANT, PUBLIC HOUSING, OR HOMELESS HEALTH CENTER CONSIDERED REFERENCE TO HEALTH CENTER

Reference to community health center, migrant health center, public housing health center, or homeless health center considered reference to health center, see section 4(c) of Pub. L. 104–299, set out as a note under section 254b of this title.

§ 290bb–25a. Repealed. Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248

Section, act July 1, 1944, ch. 373, title V, §519A, as added Pub. L. 106–310, div. B, title XXXI, §3108, Oct. 17, 2000, 114 Stat. 1180, related to grants for strengthening families.

§ 290bb–25b. Programs to reduce underage drinking

(a) Definitions

For purposes of this section:

(1) The term ''alcohol beverage industry'' means the brewers, vintners, distillers, importers, distributors, and retail or online outlets that sell or serve beer, wine, and distilled spirits.

(2) The term ''school-based prevention'' means programs, which are institutionalized, and run by staff members or school-designated persons or organizations in any grade of school, kindergarten through 12th grade.

(3) The term ''youth'' means persons under the age of 21.

(b) Sense of Congress

It is the sense of the Congress that:

(1) A multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This chapter recognizes the need for a focused national effort, and addresses particulars of the Federal portion of that effort, as well as Federal support for State activities.

(2) The Secretary of Health and Human Services shall continue to conduct research and collect data on the short and long-range impact of alcohol use and abuse upon adolescent brain development and other organ systems.

(3) States and communities, including colleges and universities, are encouraged to adopt comprehensive prevention approaches, including—

(A) evidence-based screening, programs and curricula;

(B) brief intervention strategies;

(C) consistent policy enforcement; and

(D) environmental changes that limit underage access to alcohol.

(4) Public health groups, consumer groups, and the alcohol beverage industry should continue and expand evidence-based efforts to prevent and reduce underage drinking.

(5) The entertainment industries have a powerful impact on youth, and they should use rating systems and marketing codes to reduce the likelihood that underage audiences will be exposed to movies, recordings, or television programs with unsuitable alcohol content.

(6) The National Collegiate Athletic Association, its member colleges and universities, and athletic conferences should affirm a commitment to a policy of discouraging alcohol use among underage students and other young fans.

(7) Alcohol is a unique product and should be regulated differently than other products by the States and Federal Government. States have primary authority to regulate alcohol distribution and sale, and the Federal Government should support and supplement these State efforts. States also have a responsibility to fight youth access to alcohol and reduce underage drinking. Continued State regulation and licensing of the manufacture, importation, sale, distribution, transportation and storage of alcoholic beverages are clearly in the public interest and are critical to promoting responsible consumption, preventing illegal access to alcohol by persons under 21 years of age from commercial and non-commercial sources, maintaining industry integrity and an orderly marketplace, and furthering effective State tax collection.

(c) Interagency coordinating committee; annual report on State underage drinking prevention and enforcement activities

(1) Interagency coordinating committee on the prevention of underage drinking

(A) In general

The Secretary, in collaboration with the Federal officials specified in subparagraph (B), shall continue to support and enhance the efforts of the interagency coordinating committee, that began operating in 2004, focusing on underage drinking (referred to in this subsection as the ''Committee'').

(B) Other agencies

The officials referred to in subparagraph (A) are the Secretary of Education, the Attorney General, the Secretary of Transportation, the Secretary of the Treasury, the Secretary of Defense, the Surgeon General, the Director of the Centers for Disease Control and Prevention, the Director of the National Institute on Alcohol Abuse and Alcoholism, the Assistant Secretary for Mental Health and Substance Use, the Director of the National Institute on Drug Abuse, the Assistant Secretary for Children and Families, the Director of the Office of National Drug Control Policy, the Administrator of the National Highway Traffic Safety Administration, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Chairman of the Federal Trade Commission, and such other Federal officials as the Secretary of Health and Human Services determines to be appropriate.

(C) Chair

The Secretary of Health and Human Services shall serve as the chair of the Committee.

(D) Duties

The Committee shall guide policy and program development across the Federal Government with respect to underage drinking, provided, however, that nothing in this section shall be construed as transferring regulatory or program authority from an agency to the Committee.

(E) Consultations

The Committee shall actively seek the input of and shall consult with all appropriate and interested parties, including States, public health research and interest groups, foundations, and alcohol beverage industry trade associations and companies.

(F) Annual report

(i) In general

The Secretary, on behalf of the Committee, shall annually submit to the Congress a report that summarizes—

(I) all programs and policies of Federal agencies designed to prevent and reduce underage drinking, including such programs and policies that support State efforts to prevent or reduce underage drinking;

(II) the extent of progress in preventing and reducing underage drinking at State and national levels;

(III) data that the Secretary shall collect with respect to the information specified in clause (ii); and

(IV) such other information regarding underage drinking as the Secretary determines to be appropriate.

(ii) Certain information

The report under clause (i) shall include information on the following:

(I) Patterns and consequences of underage drinking as reported in research and surveys such as, but not limited to, Monitoring the Future, Youth Risk Behavior Surveillance System, the National Survey on Drug Use and Health, and the Fatality Analysis Reporting System.

(II) Measures of the availability of alcohol from commercial and non-commercial sources to underage populations.

(III) Measures of the exposure of underage populations to messages regarding alcohol in advertising, social media, and the entertainment media.

(IV) Surveillance data, including, to the extent such information is available, information on the onset and prevalence of underage drinking, consumption patterns and beverage preferences, trends related to drinking among different age groups, including between youth and adults, the means of underage access, including trends over time, for these surveillance data, and other data, as appropriate. The Secretary shall develop a plan to improve the collection, measurement, and consistency of reporting Federal underage alcohol data.

(V) Any additional findings resulting from research conducted or supported under subsection (g).

(VI) Evidence-based best practices to prevent and reduce underage drinking and provide treatment services to those youth who need such services.

(2) Annual report on State underage drinking prevention and enforcement activities

(A) In general

The Secretary shall, with input and collaboration from other appropriate Federal agencies, States, Indian Tribes, territories, and public health, consumer, and alcohol beverage industry groups, annually issue a report on each State's performance in enacting, enforcing, and creating laws, regulations, programs, and other actions to prevent or reduce underage drinking based on the best practices identified pursuant to paragraph (1)(F)(ii)(VI). For purposes of this paragraph, each such report, with respect to a year, shall be referred to as the ''State Report''. Each State Report may be used as a resource to inform the identification and implementation of activities to prevent underage drinking, as determined to be appropriate by such State or other applicable entity.

(B) Contents

(i) Performance measures

The Secretary shall develop, in consultation with the Committee, a set of measures to be used in preparing the State Report on best practices, including as they relate to State laws, regulations, other actions, and enforcement practices.

(ii) State Report content

The State Report shall include updates on State laws, regulations, and other actions, including those described in previous reports to Congress, including with respect to the following:

(I) Whether or not the State has comprehensive anti-underage drinking laws such as for the illegal sale, purchase, attempt to purchase, consumption, or possession of alcohol; illegal use of fraudulent ID; illegal furnishing or obtaining of alcohol for an individual under 21 years; the degree of strictness of the penalties for such offenses; and the prevalence of the enforcement of each of these infractions.

(II) Whether or not the State has comprehensive liability statutes pertaining to underage access to alcohol such as dram shop, social host, and house party laws, and the prevalence of enforcement of each of these laws.

(III) Whether or not the State encourages and conducts comprehensive enforcement efforts to prevent underage access to alcohol at retail outlets, such as random compliance checks and shoulder tap programs, and the number of

compliance checks within alcohol retail outlets measured against the number of total alcohol retail outlets in each State, and the result of such checks.

(IV) Whether or not the State encourages training on the proper selling and serving of alcohol for all sellers and servers of alcohol as a condition of employment.

(V) Whether or not the State has policies and regulations with regard to direct sales to consumers and home delivery of alcoholic beverages.

(VI) Whether or not the State has programs or laws to deter adults from purchasing alcohol for minors; and the number of adults targeted by these programs.

(VII) Whether or not the State has enacted graduated drivers licenses and the extent of those provisions.

(VIII) Whether or not the State has adopted any other policies consistent with evidence-based practices related to the prevention of underage alcohol use, which may include any such practices described in relevant reports issued by the Surgeon General and practices related to youth exposure to alcohol-related products and information.

(IX) A description of the degree to which the practices of local jurisdictions within the State vary from one another.

(3) Authorization of appropriations

There is authorized to be appropriated to carry out this subsection $1,000,000 for each of fiscal years 2023 through 2027.

(d) National media campaign to prevent underage drinking

(1) In general

The Secretary, in consultation with the National Highway Traffic Safety Administration, shall develop or continue an intensive, multifaceted national media campaign aimed at adults to reduce underage drinking.

(2) Purpose

The purpose of the national media campaign described in this section shall be to achieve the following objectives:

(A) Promote community awareness of, and a commitment to, reducing underage drinking.

(B) Encourage activities, including activities carried out by adults, that inhibit the illegal use of alcohol by youth.

(C) Discourage activities, including activities carried out by adults, that promote the illegal use of alcohol by youth.

(3) Components

When implementing the national media campaign described in this section, the Secretary shall—

(A) educate the public about the public health and safety benefits of evidence-based strategies to reduce underage drinking, including existing laws related to the minimum legal drinking age, and engage the public and parents in the implementation of such strategies;

(B) educate the public about the negative consequences of underage drinking;

(C) identify specific actions by adults to discourage or inhibit underage drinking;

(D) discourage adult conduct that tends to facilitate underage drinking;

(E) establish collaborative relationships with local and national organizations and institutions to further the goals of the campaign and assure that the messages of the campaign are disseminated from a variety of sources;

(F) conduct the campaign through multimedia sources; and

(G) take into consideration demographics and other relevant factors to most effectively reach target audiences.

(4) Consultation requirement

In developing and implementing the national media campaign described in this section, the Secretary shall review recommendations for reducing underage drinking, including those published by the National Academies of Sciences, Engineering, and Medicine and the Surgeon General. The Secretary shall also consult with interested parties including the alcohol beverage industry, medical, public health, and consumer and parent groups, law enforcement, institutions of higher education, community-based organizations and coalitions, and other relevant stakeholders.

(5) Annual report

The Secretary shall produce an annual report on the progress of the development or implementation of the media campaign described in this subsection, including expenses and projected costs, and, as such information is available, report on the effectiveness of such campaign in affecting adult attitudes toward underage drinking and adult willingness to take actions to decrease underage drinking.

(6) Research on youth-oriented campaign

The Secretary may, based on the availability of funds, conduct or support research on the potential success of a youth-oriented national media campaign to reduce underage drinking. The Secretary shall report to Congress any such results and any related recommendations.

(7) Administration

The Secretary may enter into an agreement with another Federal agency to delegate the authority for execution and administration of the adult-oriented national media campaign.

(8) Authorization of appropriations

There is authorized to be appropriated to carry out this section $2,500,000 for each of fiscal years 2023 through 2027.

(e) Community-based coalition enhancement grants to prevent underage drinking

(1) Authorization of program

The Assistant Secretary for Mental Health and Substance Use, in consultation with the Director of the Office of National Drug Control Policy, shall award enhancement grants to eligible entities to design, implement, evaluate, and disseminate comprehensive

strategies to maximize the effectiveness of community-wide approaches to preventing and reducing underage drinking. This subsection is subject to the availability of appropriations.

(2) Purposes

The purposes of this subsection are to—

(A) prevent and reduce alcohol use among youth in communities throughout the United States;

(B) strengthen collaboration among communities, the Federal Government, Tribal Governments, and State and local governments;

(C) enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth;

(D) serve as a catalyst for increased citizen participation and greater collaboration among all sectors and organizations of a community that first demonstrates a long-term commitment to reducing alcohol use among youth;

(E) implement evidence-based strategies to prevent and reduce underage drinking in communities; and

(F) enhance, not supplant, effective local community initiatives for preventing and reducing alcohol use among youth.

(3) Application

An eligible entity desiring an enhancement grant under this subsection shall submit an application to the Assistant Secretary at such time, and in such manner, and accompanied by such information and assurances, as the Assistant Secretary may require. Each application shall include—

(A) a complete description of the entity's current underage alcohol use prevention initiatives and how the grant will appropriately enhance the focus on underage drinking issues; or

(B) a complete description of the entity's current initiatives, and how it will use the grant to enhance those initiatives by adding a focus on underage drinking prevention.

(4) Uses of funds

Each eligible entity that receives a grant under this subsection shall use the grant funds to carry out the activities described in such entity's application submitted pursuant to paragraph (3) and obtain specialized training and technical assistance by the entity funded under section 4 of Public Law 107–82, as amended (21 U.S.C. 1521 note). Grants under this subsection shall not exceed $60,000 per year and may not exceed four years.

(5) Supplement not supplant

Grant funds provided under this subsection shall be used to supplement, not supplant, Federal and non-Federal funds available for carrying out the activities described in this subsection.

(6) Evaluation

Grants under this subsection shall be subject to the same evaluation requirements and procedures as the evaluation requirements and procedures imposed on recipients of drug-free community grants.

(7) Definitions

For purposes of this subsection, the term ''eligible entity'' means an organization that is currently receiving or has received grant funds under the Drug-Free Communities Act of 1997.

(8) Administrative expenses

Not more than 6 percent of a grant under this subsection may be expended for administrative expenses.

(9) Authorization of appropriations

There is authorized to be appropriated to carry out this subsection $11,500,000 for each of fiscal years 2023 through 2027.

(f) Grants to organizations representing pediatric providers and other related health professionals to reduce underage drinking through screening and brief interventions

(1) In general

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall make awards to one or more entities representing pediatric providers and other related health professionals with demonstrated ability to increase among the members of such entities effective practices to reduce the prevalence of alcohol use among individuals under the age of 21, including college students.

(2) Purposes

Grants under this subsection shall be made to improve—

(A) screening adolescents for alcohol use;

(B) offering brief interventions to adolescents to discourage such use;

(C) educating parents about the dangers of and methods of discouraging such use;

(D) diagnosing and treating alcohol use disorders; and

(E) referring patients, when necessary, to other appropriate care.

(3) Use of funds

An entity receiving a grant under this section may use the grant funding to promote the practices specified in paragraph (2) among its members by—

(A) providing training to health care providers;

(B) disseminating best practices, including culturally and linguistically appropriate best practices, and developing and distributing materials; and

(C) supporting other activities as determined appropriate by the Assistant Secretary.

(4) Application

To be eligible to receive a grant under this subsection, an entity shall submit an application to the Assistant Secretary at such time, and in such manner, and accompanied by such information and assurances as the Secretary may require. Each application shall include—

(A) a description of the entity;

(B) a description of the activities to be completed that will promote the practices specified in paragraph (2);

(C) a description of the entity's qualifications for performing such activities; and

(D) a timeline for the completion of such activities.

(5) Definitions

For the purpose of this subsection:

(A) Brief intervention

The term ''brief intervention'' means, after screening a patient, providing the patient with brief advice and other brief motivational enhancement techniques designed to increase the insight of the patient regarding the patient's alcohol use, and any realized or potential consequences of such use to effect the desired related behavioral change.

(B) Screening

The term ''screening'' means using validated patient interview techniques to identify and assess the existence and extent of alcohol use in a patient.

(6) Authorization of appropriations

There is authorized to be appropriated to carry out this subsection $3,000,000 for each of fiscal years 2023 through 2027.

(g) Data collection and research

(1) Additional research on underage drinking

(A) In general

The Secretary shall, subject to the availability of appropriations, support the collection of data, and conduct or support research that is not duplicative of research currently being conducted or supported by the Department of Health and Human Services, on underage drinking, with respect to the following:

(i) The evaluation, which may include through the development of relevant capabilities of expertise within a State, of the effectiveness of comprehensive community-based programs or strategies and statewide systems to prevent and reduce underage drinking, across the underage years from early childhood to age 21, such as programs funded and implemented by governmental entities, public health interest groups and foundations, and alcohol beverage companies and trade associations.

(ii) Obtaining and reporting more precise information than is currently collected on the scope of the underage drinking problem and patterns of underage alcohol consumption, including improved knowledge about the problem and progress in preventing, reducing, and treating underage drinking, as well as information on the rate of exposure of youth to advertising and other media messages encouraging and discouraging alcohol consumption.

(iii) The development and identification of evidence-based or evidence-informed strategies to reduce underage drinking, which may include through translational research.

(iv) Improving and conducting public health data collection on alcohol use and alcohol-related conditions in States, which may include by increasing the use of surveys, such as the Behavioral Risk Factor Surveillance System, to monitor binge and excessive drinking and related harms among individuals who are at least 18 years of age, but not more than 20 years of age, including harm caused to self or others as a result of alcohol use that is not duplicative of research currently being conducted or supported by the Department of Health and Human Services.

(B) Authorization of appropriations

There is authorized to be appropriated to carry out this paragraph $5,000,000 for each of fiscal years 2023 through 2027.

(2) National Academies of Sciences, Engineering, and Medicine study

(A) In general

Not later than 12 months after December 29, 2022, the Secretary shall—

(i) contract with the National Academies of Sciences, Engineering, and Medicine to study developments in research on underage drinking and the implications of these developments; and

(ii) report to the Congress on the results of such review.

(B) Authorization of appropriations

There is authorized to be appropriated to carry out this paragraph $500,000 for fiscal year 2023.

(July 1, 1944, ch. 373, title V, §519B, as added Pub. L. 106–310, div. B, title XXXI, §3109, Oct. 17, 2000, 114 Stat. 1182; amended Pub. L. 109–422, §2, Dec. 20, 2006, 120 Stat. 2890; Pub. L. 114–255, div. B, title VI, §6001(c), title IX, §9016, Dec. 13, 2016, 130 Stat. 1203, 1246; Pub. L. 117–328, div. FF, title I, §1215, Dec. 29, 2022, 136 Stat. 5662.)

Editorial Notes

REFERENCES IN TEXT

The Drug-Free Communities Act of 1997, referred to in subsec. (e)(7), is Pub. L. 105–20, June 27, 1997, 111 Stat. 224, which is classified principally to subchapter II (§1521 et seq.) of chapter 20 of Title 21, Food and Drugs. For complete classification of this Act to the Code, see Short Title of 1997 Amendment note set out under section 1501 of Title 21 and Tables.

AMENDMENTS

2022—Subsec. (a). Pub. L. 117–328, §1215(1), amended subsec. (a) generally. Prior to amendment, subsec. (a) defined ''alcohol beverage industry'', ''school-based prevention'', ''youth'', and ''IOM report''.

Subsecs. (c) to (g). Pub. L. 117–328, §1215(2), added subsecs. (c) to (g) and struck out former subsecs. (c) to (g) which related to interagency coordinating committee and annual report on State underage drinking prevention and enforcement activities, national media campaign to prevent underage drinking, interventions to prevent and reduce underage drinking, additional research on underage drinking, and reducing underage drinking through screening and brief intervention, respectively.

2016—Subsec. (c)(1)(B). Pub. L. 114–255, §6001(c)(1), substituted ''Assistant Secretary for Mental Health and Substance Use'' for ''Administrator of the Substance Abuse and Mental Health Services Administration''.

Subsec. (c)(3). Pub. L. 114–255, §9016(1), substituted ''each of the fiscal years 2018 through 2022.'' for ''fiscal

year 2007, and $1,000,000 for each of the fiscal years 2008 through 2010.''

Subsec. (d)(4). Pub. L. 114–255, §9016(2), substituted ''each of the fiscal years 2018 through 2022.'' for ''fiscal year 2007 and $1,000,000 for each of the fiscal years 2008 through 2010.''

Subsec. (e)(1)(A). Pub. L. 114–255, §6001(c), substituted ''Assistant Secretary for Mental Health and Substance Use'' for ''Administrator of the Substance Abuse and Mental Health Services Administration'' and ''Assistant Secretary'' for ''Administrator''.

Subsec. (e)(1)(C). Pub. L. 114–255, §6001(c)(2), substituted ''Assistant Secretary'' for ''Administrator'' in two places.

Subsec. (e)(1)(I). Pub. L. 114–255, §9016(3), substituted ''each of the fiscal years 2018 through 2022.'' for ''fiscal year 2007, and $5,000,000 for each of the fiscal years 2008 through 2010.''

Subsec. (f)(2). Pub. L. 114–255, §9016(4), substituted ''$3,000,000 for each of the fiscal years 2018 through 2022'' for ''$6,000,000 for fiscal year 2007, and $6,000,000 for each of the fiscal years 2008 through 2010.''

Subsec. (g). Pub. L. 114–255, §9016(5), added subsec. (g).

2006—Pub. L. 109–422 added subsecs. (a) to (f) and struck out former subsecs. (a) to (f), which related, respectively, to the Secretary's authority to make grants, cooperative agreements, or contracts for programs to prevent underage drinking; eligibility requirements; evaluation; geographical distribution; duration of award; and authorization of appropriations.

§ 290bb–25c. Repealed. Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248

Section, act July 1, 1944, ch. 373, title V, §519C, as added Pub. L. 106–310, div. B, title XXXI, §3110, Oct. 17, 2000, 114 Stat. 1183; amended Pub. L. 110–154, §1(b)(9), Dec. 21, 2007, 121 Stat. 1827, related to services for individuals with fetal alcohol syndrome.

§ 290bb–25d. Centers of excellence on services for individuals with fetal alcohol syndrome and alcohol-related birth defects and treatment for individuals with such conditions and their families

(a) In general

The Secretary shall make awards of grants, cooperative agreements, or contracts to public or nonprofit private entities for the purposes of establishing not more than four centers of excellence to study techniques for the prevention of fetal alcohol syndrome and alcohol-related birth defects and adaptations of innovative clinical interventions and service delivery improvements for the provision of comprehensive services to individuals with fetal alcohol syndrome or alcohol-related birth defects and their families and for providing training on such conditions.

(b) Use of funds

An award under subsection (a) may be used to—

(1) study adaptations of innovative clinical interventions and service delivery improvements strategies for children and adults with fetal alcohol syndrome or alcohol-related birth defects and their families;

(2) identify communities which have an exemplary comprehensive system of care for such individuals so that they can provide technical assistance to other communities attempting to set up such a system of care;

(3) provide technical assistance to communities who do not have a comprehensive system of care for such individuals and their families;

(4) train community leaders, mental health and substance abuse professionals, families, law enforcement personnel, judges, health professionals, persons working in financial assistance programs, social service personnel, child welfare professionals, and other service providers on the implications of fetal alcohol syndrome and alcohol-related birth defects, the early identification of and referral for such conditions;

(5) develop innovative techniques for preventing alcohol use by women in child bearing years;

(6) perform other functions, to the extent authorized by the Secretary after consideration of recommendations made by the National Task Force on Fetal Alcohol Syndrome.

(c) Report

(1) In general

A recipient of an award under subsection (a) shall at the end of the period of funding report to the Secretary on any innovative techniques that have been discovered for preventing alcohol use among women of child bearing years.

(2) Dissemination of findings

The Secretary shall upon receiving a report under paragraph (1) disseminate the findings to appropriate public and private entities.

(d) Duration of awards

With respect to an award under subsection (a), the period during which payments under such award are made to the recipient may not exceed 5 years.

(e) Evaluation

The Secretary shall evaluate each project carried out under subsection (a) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(f) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $5,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

(July 1, 1944, ch. 373, title V, §519D, as added Pub. L. 106–310, div. B, title XXXI, §3110, Oct. 17, 2000, 114 Stat. 1185.)

§ 290bb–25e. Repealed. Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248

Section, act July 1, 1944, ch. 373, title V, §519E, as added Pub. L. 106–310, div. B, title XXXI, §3104(c), Oct. 17, 2000, 114 Stat. 1173, related to prevention of methamphetamine and inhalant abuse and addiction.

§ 290bb–25f. Prevention and education programs

(a) In general

The Secretary of Health and Human Services (referred to in this Act as the ''Secretary'') shall award grants to public and nonprofit private entities to enable such entities to carry out science-based education programs in elementary and secondary schools to highlight the harmful effects of anabolic steroids.

(b) Eligibility

(1) Application

To be eligible for grants under subsection (a), an entity shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(2) Preference

In awarding grants under subsection (a), the Secretary shall give preference to applicants that intend to use grant funds to carry out programs based on—

(A) the Athletes Training and Learning to Avoid Steroids program;

(B) The Athletes Targeting Healthy Exercise and Nutrition Alternatives program; and

(C) other programs determined to be effective by the National Institute on Drug Abuse.

(c) Use of funds

Amounts received under a grant under subsection (a) shall be used for education programs that will directly communicate with teachers, principals, coaches, as well as elementary and secondary school children concerning the harmful effects of anabolic steroids.

(d) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $15,000,000 for each of fiscal years 2005 through 2010.

(Pub. L. 108–358, § 4, Oct. 22, 2004, 118 Stat. 1664.)

Editorial Notes

REFERENCES IN TEXT

This Act, referred to in subsec. (a), means Pub. L. 108–358, October 22, 2004, 92 Stat. 1661, known as the Anabolic Steroid Control Act of 2004. For complete classification of this Act to the Code, see Short Title of 2004 Amendment note set out under section 801 of Title 21, Food and Drugs, and Tables.

CODIFICATION

Section was enacted as part of the Anabolic Steroid Control Act of 2004, and not as part of the Public Health Service Act which comprises this chapter.

§ 290bb–25g. Awareness campaigns

(a) In general

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the heads of other departments and agencies, shall advance education and awareness regarding the risks related to misuse and abuse of opioids, as appropriate, which may include developing or improving existing programs, conducting activities, and awarding grants that advance the education and awareness of—

(1) the public, including patients and consumers—

(A) generally; and

(B) regarding such risks related to unused opioids and the dispensing options under section 829(f) of title 21, as applicable; and

(2) providers, which may include—

(A) providing for continuing education on appropriate prescribing practices;

(B) education related to applicable State or local prescriber limit laws, information on the use of non-addictive alternatives for pain management, and the use of overdose reversal drugs, as appropriate;

(C) disseminating and improving the use of evidence-based opioid prescribing guidelines across relevant health care settings, as appropriate, and updating guidelines as necessary;

(D) implementing strategies, such as best practices, to encourage and facilitate the use of prescriber guidelines, in accordance with State and local law;

(E) disseminating information to providers about prescribing options for controlled substances, including such options under section 829(f) of title 21, as applicable; and

(F) disseminating information, as appropriate, on the National Pain Strategy developed by or in consultation with the Assistant Secretary for Health; and

(3) other appropriate entities.

(b) Topics

The education and awareness campaigns under subsection (a) shall address—

(1) the dangers of opioid misuse and abuse;

(2) the prevention of opioid misuse and abuse, including through non-addictive treatment options, safe disposal options for prescription medications, and other applicable safety precautions; and

(3) the detection of early warning signs of addiction.

(c) Other requirements

The education and awareness campaigns under subsection (a) shall, as appropriate—

(1) take into account any association between prescription opioid abuse and heroin use;

(2) emphasize—

(A) the similarities between heroin and prescription opioids; and

(B) the effects of heroin and prescription opioids on the human body; and

(3) bring greater public awareness to the dangerous effects of fentanyl when mixed with heroin or abused in a similar manner.

(Pub. L. 114–198, title I, § 102, July 22, 2016, 130 Stat. 698; Pub. L. 115–271, title VII, § 7161(b), Oct. 24, 2018, 132 Stat. 4061.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Comprehensive Addiction and Recovery Act of 2016, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2018—Subsec. (a). Pub. L. 115–271, § 7161(b)(1), amended subsec. (a) generally. Prior to amendment, text read as follows: ''The Secretary of Health and Human Services, in coordination with the heads of other departments and agencies, shall, as appropriate, through existing programs and activities, advance the education and awareness of the public (including providers, patients, and consumers) and other appropriate entities regarding the risk of abuse of prescription opioids if such drugs are not taken as prescribed.''

Subsec. (b)(1). Pub. L. 115–271, § 7161(b)(2)(A), substituted ''opioid misuse and abuse'' for ''opioid abuse''.

Subsec. (b)(2). Pub. L. 115–271, § 7161(b)(2), substituted ''opioid misuse and abuse'' for ''opioid abuse'' and ''non-addictive treatment options, safe disposal options for prescription medications, and other applicable'' for ''safe disposal of prescription medications and other''.

Statutory Notes and Related Subsidiaries

SYNTHETIC OPIOID AND EMERGING DRUG MISUSE DANGER AWARENESS

Pub. L. 117–328, div. FF, title I, § 1272, Dec. 29, 2022, 136 Stat. 5686, provided that:

''(a) IN GENERAL.—Not later than one year after the date of enactment of this Act [Dec. 29, 2022], the Secretary shall provide for the planning and implementation of a public education campaign to raise public awareness of synthetic opioids (including fentanyl and its analogues) and emerging drug use and misuse issues, as appropriate. Such campaign related to synthetic opioids shall include the dissemination of information that—

''(1) promotes awareness about the potency and dangers of fentanyl and its analogues and other synthetic opioids;

''(2) explains services provided by the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention (and any entity providing such services under a contract entered into with such agencies) with respect to the use and misuse of opioids (including synthetic opioids) and other emerging drug threats, such as stimulants, as appropriate; and

''(3) relates generally to opioid use and pain management, including information on alternative, nonopioid pain management treatments.

The Secretary shall update such campaign to address emerging drug misuse issues, as appropriate.

''(b) USE OF MEDIA.—The campaign under subsection (a) may be implemented through the use of television, radio, internet, in-person public communications, and other commercial marketing venues and may be targeted to specific demographic groups.

''(c) CONSIDERATION OF REPORT FINDINGS.—In planning and implementing the public education campaign under subsection (a) related to synthetic opioids, the Secretary shall take into consideration the findings of the report required under section 7001 of the SUPPORT for Patients and Communities Act (Public Law 115–271) [132 Stat. 4007].

''(d) CONSULTATION.—In coordinating the campaign under subsection (a), the Secretary shall consult with the Assistant Secretary for Mental Health and Substance Use to provide ongoing advice on the effectiveness of information disseminated through the campaign.

''(e) REQUIREMENT OF CAMPAIGN.—The campaign implemented under subsection (a) shall not be duplicative of any other Federal efforts relating to eliminating substance use and misuse.

''(f) EVALUATION.—

''(1) IN GENERAL.—The Secretary shall ensure that the campaign implemented under subsection (a) is subject to an independent evaluation, beginning 2 years after the date of enactment of this Act, and 2 years thereafter.

''(2) MEASURES AND BENCHMARKS.—For purposes of an evaluation conducted pursuant to paragraph (1), the Secretary shall—

''(A) establish baseline measures and benchmarks to quantitatively evaluate the impact of the campaign under this section; and

''(B) conduct qualitative assessments regarding the effectiveness of strategies employed under this section.

''(g) REPORT.—The Secretary shall, beginning 2 years after the date of enactment of this Act, and 2 years thereafter, submit to Congress a report on the effectiveness of the campaign implemented under subsection (a) towards meeting the measures and benchmarks established under subsection (f)(2).

''(h) DISSEMINATION OF INFORMATION THROUGH PROVIDERS.—The Secretary shall develop and implement a plan for the dissemination of information related to synthetic opioids, to health care providers who participate in Federal programs, including programs administered by the Department of Health and Human Services, the Indian Health Service, the Department of Veterans Affairs, the Department of Defense, and the Health Resources and Services Administration, the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), and the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.).

''(i) TRAINING GUIDE AND OUTREACH ON SYNTHETIC OPIOID EXPOSURE PREVENTION.—

''(1) TRAINING GUIDE.—Not later than 18 months after the date of enactment of this Act, the Secretary shall design, publish, and make publicly available on the internet website of the Department of Health and Human Services, a training guide and webinar for first responders and other individuals who also may be at high risk of exposure to synthetic opioids that details measures to prevent that exposure.

''(2) OUTREACH.—Not later than 18 months after the date of enactment of this Act, the Secretary shall also conduct outreach about the availability of the training guide and webinar published under paragraph (1) to—

''(A) fire department staff;

''(B) law enforcement officers;

''(C) ambulance transport and other first responders;

''(D) hospital emergency department personnel; and

''(E) other high-risk occupations, as identified by the Secretary.''

INFORMATION MATERIALS AND RESOURCES TO PREVENT ADDICTION RELATED TO YOUTH SPORTS INJURIES

Pub. L. 114–198, title I, § 104, July 22, 2016, 130 Stat. 700, provided that:

''(a) REPORT.—The Secretary of Health and Human Services (referred to in this section as the 'Secretary') shall, not later than 24 months after the date of the enactment of this section [July 22, 2016], make publicly available on the appropriate website of the Department of Health and Human Services a report determining the extent to which informational materials and resources described in subsection (c) are available to teenagers and adolescents who play youth sports, families of such teenagers and adolescents, nurses, youth sports groups, and relevant health care provider groups.

''(b) DEVELOPMENT OF INFORMATIONAL MATERIALS AND RESOURCES.—The Secretary may, for purposes of preventing substance use disorder in teenagers and adolescents who are injured playing youth sports and are subsequently prescribed an opioid, not later than 12 months after the report is made publicly available under subsection (a), and taking into consideration the findings of such report and in coordination with relevant health care provider groups, facilitate the development of informational materials and resources described in subsection (c) for teenagers and adolescents who play youth sports, families of such teenagers and adolescents, nurses, youth sports groups, and relevant health care provider groups.

''(c) MATERIALS AND RESOURCES DESCRIBED.—For purposes of this section, the informational materials and resources described in this subsection are informational materials and resources with respect to youth sports injuries for which opioids are potentially prescribed, including materials and resources focused on the risks associated with opioid use and misuse, treatment options for such injuries that do not involve the use of opioids, and how to seek treatment for addiction.

''(d) NO ADDITIONAL FUNDS.—No additional funds are authorized to be appropriated for the purpose of car-

rying out this section. This section shall be carried out using amounts otherwise available for such purpose.''

SUBPART 3—CENTER FOR MENTAL HEALTH SERVICES

§ 290bb–31. Center for Mental Health Services

(a) Establishment

There is established in the Administration a Center for Mental Health Services (hereafter in this section referred to as the ''Center''). The Center shall be headed by a Director (hereafter in this section referred to as the ''Director'') appointed by the Secretary from among individuals with extensive experience or academic qualifications in the provision of mental health services or in the evaluation of mental health service systems.

(b) Duties

The Director of the Center shall—

(1) design national goals and establish national priorities for—

(A) the prevention of mental illness; and

(B) the promotion of mental health;

(2) encourage and assist local entities and State agencies to achieve the goals and priorities described in paragraph (1);

(3) collaborate with the Director of the National Institute of Mental Health and the Chief Medical Officer, appointed under section 290aa(g) of this title, to ensure that, as appropriate, programs related to the prevention and treatment of mental illness and the promotion of mental health and recovery support are carried out in a manner that reflects the best available science and evidence-based practices, including culturally and linguistically appropriate services, as appropriate;

(4) collaborate with the Department of Education and the Department of Justice to develop programs to assist local communities in addressing violence among children and adolescents;

(5) develop and coordinate Federal prevention policies and programs and to assure increased focus on the prevention of mental illness and the promotion of mental health, including through programs that reduce risk and promote resiliency;

(6) in collaboration with the Director of the National Institute of Mental Health, develop improved methods of treating individuals with mental health problems and improved methods of assisting the families of such individuals;

(7) administer the mental health services block grant program authorized in section 300x of this title;

(8) promote policies and programs at Federal, State, and local levels and in the private sector that foster independence, increase meaningful participation of individuals with mental illness in programs and activities of the Administration, and protect the legal rights of persons with mental illness, including carrying out the provisions of the Protection and Advocacy of Mentally Ill Individuals Act[1] [42 U.S.C. 10801 et seq.];

(9) carry out the programs under part C; and

(10) carry out responsibilities for the Human Resource Development programs;

(11) conduct services-related assessments, including evaluations of the organization and financing of care, self-help and consumer-run programs, mental health economics, mental health service systems, rural mental health and tele-mental health, and improve the capacity of State to conduct evaluations of publicly funded mental health programs;

(12) disseminate mental health information, including evidence-based practices, to States, political subdivisions, educational agencies and institutions, treatment and prevention service providers, and the general public, including information concerning the practical application of research supported by the National Institute of Mental Health that is applicable to improving the delivery of services;

(13) provide technical assistance to public and private entities that are providers of mental health services;

(14) monitor and enforce obligations incurred by community mental health centers pursuant to the Community Mental Health Centers Act (as in effect prior to the repeal of such Act on August 13, 1981, by section 902(e)(2)(B) of Public Law 97–35 (95 Stat. 560));

(15) conduct surveys with respect to mental health, such as the National Reporting Program;

(16) assist States in improving their mental health data collection; and

(17) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded.

(c) Grants and contracts

In carrying out the duties established in subsection (b), the Director may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities.

(July 1, 1944, ch. 373, title V, § 520, as added Pub. L. 102–321, title I, § 115(a), July 10, 1992, 106 Stat. 346; amended Pub. L. 106–310, div. B, title XXXI, § 3112(c), Oct. 17, 2000, 114 Stat. 1188; Pub. L. 114–255, div. B, title VI, § 6007(a), Dec. 13, 2016, 130 Stat. 1212.)

Editorial Notes

REFERENCES IN TEXT

The Protection and Advocacy of Mentally Ill Individuals Act, referred to in subsec. (b)(8), probably means the Protection and Advocacy for Mentally Ill Individuals Act of 1986, which was Pub. L. 99–319, May 23, 1986, 100 Stat. 478. Pub. L. 99–319 was renamed the Protection and Advocacy for Individuals with Mental Illness Act by Pub. L. 106–310, div. B, title XXXII, § 3206(a), Oct. 17, 2000, 114 Stat. 1193, and is classified generally to chapter 114 (§ 10801 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 10801 of this title and Tables.

The Community Mental Health Centers Act, referred to in subsec. (b)(14), is title II of Pub. L. 88–164, as added by Pub. L. 94–63, title III, § 303, July 29, 1975, 89 Stat. 309, and amended, which was classified principally to subchapter III (§ 2689 et seq.) of chapter 33 of this title prior to its repeal by Pub. L. 97–35, title IX, § 902(e)(2)(B), Aug. 13, 1981, 95 Stat. 560.

[1] See References in Text note below.

PRIOR PROVISIONS

A prior section 520 of act July 1, 1944, which was classified to section 290cc–13 of this title, was renumbered section 520A of act July 1, 1944, by Pub. L. 102–321 and transferred to section 290bb–32 of this title.

Another prior section 520 of act July 1, 1944, was renumbered section 519 by Pub. L. 101–93 and classified to section 290cc–12 of this title, prior to repeal by Pub. L. 102–321, § 117.

AMENDMENTS

2016—Subsec. (b)(3). Pub. L. 114–255, § 6007(a)(2), added par. (3). Former par. (3) redesignated (4).

Subsec. (b)(4). Pub. L. 114–255, § 6007(a)(1), redesignated par. (3) as (4). Former par. (4) redesignated (5).

Subsec. (b)(5). Pub. L. 114–255, § 6007(a)(1), (3), redesignated par. (4) as (5) and inserted '', including through programs that reduce risk and promote resiliency'' before semicolon. Former par. (5) redesignated (6).

Subsec. (b)(6). Pub. L. 114–255, § 6007(a)(1), (4), redesignated par. (5) as (6) and inserted ''in collaboration with the Director of the National Institute of Mental Health,'' before ''develop''. Former par. (6) redesignated (7).

Subsec. (b)(7). Pub. L. 114–255, § 6007(a)(1), redesignated par. (6) as (7). Former par. (7) redesignated (8).

Subsec. (b)(8). Pub. L. 114–255, § 6007(a)(1), (5), redesignated par. (7) as (8) and inserted '', increase meaningful participation of individuals with mental illness in programs and activities of the Administration,'' before ''and protect the legal''. Former par. (8) redesignated (9).

Subsec. (b)(9). Pub. L. 114–255, § 6007(a)(1), redesignated par. (8) as (9). Former par. (9) redesignated (10).

Subsec. (b)(10). Pub. L. 114–255, § 6007(a)(6), which directed substitution of ''health paraprofessional personnel and health professionals'' for ''professional and paraprofessional personnel pursuant to section 242a of this title'', could not be executed because those words did not appear subsequent to amendment by Pub. L. 106–310, § 3112(c)(4). See 2006 Amendment note below.

Pub. L. 114–255, § 6007(a)(1), redesignated par. (9) as (10). Former par. (10) redesignated (11).

Subsec. (b)(11). Pub. L. 114–255, § 6007(a)(1), (7), redesignated par. (10) as (11) and inserted ''and tele-mental health'' after ''rural mental health''. Former par. (11) redesignated (12).

Subsec. (b)(12). Pub. L. 114–255, § 6007(a)(1), (8), redesignated par. (11) as (12) and substituted ''disseminate mental health information, including evidence-based practices,'' for ''establish a clearinghouse for mental health information to assure the widespread dissemination of such information''. Former par. (12) redesignated (13).

Subsec. (b)(13) to (16). Pub. L. 114–255, § 6007(a)(1), redesignated pars. (12) to (15) as (13) to (16), respectively.

Subsec. (b)(17). Pub. L. 114–255, § 6007(a)(9)–(11), added par. (17).

2000—Subsec. (b)(3) to (7). Pub. L. 106–310, § 3112(c)(1), (2), added par. (3) and redesignated former pars. (3) to (6) as (4) to (7), respectively. Former par. (7) redesignated (8).

Subsec. (b)(8). Pub. L. 106–310, § 3112(c)(1), (3), redesignated par. (7) as (8) and substituted ''programs under part C'' for ''programs authorized under sections 290bb–32 and 290cc–21 of this title, including the Community Support Program and the Child and Adolescent Service System Programs''. Former par. (8) redesignated (9).

Subsec. (b)(9). Pub. L. 106–310, § 3112(c)(4), which directed the amendment of par. (9) by substituting ''programs'' for ''program and programs of clinical training for professional and paraprofessional personnel pursuant to section 242a of this title'' was executed by making the substitution for the phrase which began with the words ''program, and programs'', to reflect the probable intent of Congress.

Pub. L. 106–310, § 3112(c)(1), redesignated par. (8) as (9). Former par. (9) redesignated (10).

Subsec. (b)(10) to (15). Pub. L. 106–310, § 3112(c)(1), redesignated pars. (9) to (14) as (10) to (15), respectively.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

TASK FORCE ON MATERNAL MENTAL HEALTH

Pub. L. 117–328, div. FF, title I, § 1113, Dec. 29, 2022, 136 Stat. 5644, provided that:

''(a) ESTABLISHMENT.—Not later than 180 days after the date of enactment of this Act [Dec. 29, 2022], the Secretary of Health and Human Services, for purposes of identifying, evaluating, and making recommendations to coordinate and improve Federal activities related to addressing maternal mental health conditions, shall—

''(1) establish a task force to be known as the Task Force on Maternal Mental Health (in this section referred to as the 'Task Force'); or

''(2) incorporate the duties, public meetings, and reports specified in subsections (c) through (f) into existing relevant Federal committees or working groups, such as the Maternal Health Interagency Policy Committee and the Maternal Health Working Group, as appropriate.

''(b) MEMBERSHIP.—

''(1) COMPOSITION.—The Task Force shall be composed of—

''(A) the Federal members under paragraph (2); and

''(B) the non-Federal members under paragraph (3).

''(2) FEDERAL MEMBERS.—The Federal members of the Task Force shall consist of the following heads of Federal departments and agencies (or their designees):

''(A) The Assistant Secretary for Health of the Department of Health and Human Services and the Assistant Secretary for Mental Health and Substance Use, who shall serve as co-chairs.

''(B) The Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services.

''(C) The Assistant Secretary of the Administration for Children and Families.

''(D) The Director of the Centers for Disease Control and Prevention.

''(E) The Administrator of the Centers for Medicare & Medicaid Services.

''(F) The Administrator of the Health Resources and Services Administration.

''(G) The Director of the Indian Health Service.

''(H) Such other Federal departments and agencies as the Secretary determines appropriate that serve individuals with maternal mental health conditions.

''(3) NON-FEDERAL MEMBERS.—The non-Federal members of the Task Force shall—

''(A) compose not more than one-half, and not less than one-third, of the total membership of the Task Force;

''(B) be appointed by the Secretary; and

''(C) include—

''(i) representatives of professional medical societies, professional nursing societies, and relevant health paraprofessional societies with expertise in maternal or mental health;

''(ii) representatives of nonprofit organizations with expertise in maternal or mental health;

''(iii) relevant industry representatives; and

''(iv) other representatives, as appropriate.

''(4) DEADLINE FOR DESIGNATING DESIGNEES.—If the Assistant Secretary for Health, the Assistant Secretary for Mental Health and Substance Use, or the

head of a Federal department or agency serving as a member of the Task Force under paragraph (2), chooses to be represented on the Task Force by a designee, the Assistant Secretary for Health, the Assistant Secretary for Mental Health and Substance Use, or department or agency head shall designate such designee not later than 90 days after the date of the enactment of this section [Dec. 29, 2022].

''(c) DUTIES.—The Task Force shall—

''(1) prepare and regularly update a report that analyzes and evaluates the state of maternal mental health programs at the Federal level, and identifies best practices with respect to maternal mental health (which may include co-occurring substance use disorders), including—

''(A) a set of evidence-based, evidence-informed, and promising practices with respect to—

''(i) prevention strategies for maternal mental health conditions, including strategies and recommendations to reduce racial, ethnic, geographic, and other health disparities;

''(ii) the identification, screening, diagnosis, intervention, and treatment of maternal mental health conditions and affected families;

''(iii) the timely referral to supports, and implementation of practices, that prevent and mitigate the effects of a maternal mental health condition, including strategies and recommendations to eliminate racial and ethnic disparities that exist in maternal mental health; and

''(iv) community-based or multigenerational practices that provide support related to maternal mental health conditions, including support for affected families; and

''(B) Federal and State programs and activities that support prevention, screening, diagnosis, intervention, and treatment of maternal mental health conditions;

''(2) develop and regularly update a national strategy for maternal mental health, taking into consideration the findings of the report under paragraph (1), on how the Task Force and Federal departments and agencies represented on the Task Force may prioritize options for, and may improve coordination with respect to, addressing maternal mental health conditions, including by—

''(A) increasing prevention, screening, diagnosis, intervention, treatment, and access to maternal mental health care, including clinical and nonclinical care such as peer-support and community health workers, through the public and private sectors;

''(B) providing support relating to the prevention, screening, diagnosis, intervention, and treatment of maternal mental health conditions, including families, as appropriate;

''(C) reducing racial, ethnic, geographic, and other health disparities related to prevention, diagnosis, intervention, treatment, and access to maternal mental health care;

''(D) identifying opportunities to modify, strengthen, and better coordinate existing Federal infant and maternal health programs in order to improve screening, diagnosis, research, prevention, identification, intervention, and treatment with respect to maternal mental health; and

''(E) improving planning, coordination, and collaboration across Federal departments, agencies, offices, and programs;

''(3) solicit public comments, as appropriate, from stakeholders for the report under paragraph (1) and the national strategy under paragraph (2) in order to inform the activities and reports of the Task Force; and

''(4) consider the latest research related to maternal mental health in developing the strategy, including, as applicable and appropriate, data and information disaggregated by relevant factors, such as race, ethnicity, geographical location, age, socioeconomic level, and others, as appropriate.

''(d) MEETINGS.—The Task Force shall—

''(1) meet not less than two times each year; and

''(2) convene public meetings, as appropriate, to fulfill its duties under this section.

''(e) REPORTS TO PUBLIC AND FEDERAL LEADERS.—The Task Force shall make publicly available and submit to the heads of relevant Federal departments and agencies, the Committee on Energy and Commerce of the House of Representatives, the Committee on Health, Education, Labor, and Pensions of the Senate, and other relevant congressional committees, the following:

''(1) Not later than 1 year after the first meeting of the Task Force, an initial report under subsection (c)(1).

''(2) Not later than 2 years after the first meeting of the Task Force, an initial national strategy under subsection (c)(2).

''(3) Each year thereafter—

''(A) an updated report under subsection (c)(1);

''(B) an updated national strategy under subsection (c)(2); or

''(C) if no update is made under subsection (c)(1) or (c)(2), a report summarizing the activities of the Task Force.

''(f) REPORTS TO GOVERNORS.—Upon finalizing the initial national strategy under subsection (c)(2), and upon making relevant updates to such strategy, the Task Force shall submit a report to the Governors of all States describing any opportunities for local- and State-level partnerships identified under subsection (c)(2).

''(g) SUNSET.—The Task Force shall terminate on September 30, 2027.

''(h) NONDUPLICATION OF FEDERAL EFFORTS.—The Secretary may relieve the Task Force, in carrying out subsections (c) through (f), from responsibility for carrying out such activities as may be specified by the Secretary as duplicative of other activities carried out by the Department of Health and Human Services.''

MENTAL HEALTH SERVICES FOR INDIVIDUALS IN CORRECTIONAL FACILITIES

Pub. L. 102–321, title VII, § 703, July 10, 1992, 106 Stat. 437, directed Secretary of Health and Human Services, acting through Director of Center for Mental Health Services, not later than July 10, 1992, to prepare and submit to Congress a report concerning most effective methods for providing mental health services to individuals who come into contact with the criminal justice system, including those individuals incarcerated in correctional facilities (including local jails and detention facilities), and the obstacles to providing such services, with such study to be carried out in consultation with the National Institute of Mental Health, the Department of Justice, and other appropriate public and private entities.

Executive Documents

EXECUTIVE ORDER NO. 13263

Ex. Ord. No. 13263, Apr. 29, 2002, 67 F.R. 22337, which established President's New Freedom Commission on Mental Health, was revoked by Ex. Ord. No. 13316, § 3(g), Sept. 17, 2003, 68 F.R. 55256, eff. Sept. 30, 2003.

§ 290bb–32. Priority mental health needs of regional and national significance

(a) Projects

The Secretary shall address priority mental health needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

(1) knowledge development and application projects for prevention, treatment, and rehabilitation, and the conduct or support of evaluations of such projects;

(2) training and technical assistance programs;

(3) targeted capacity response programs; and

(4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities, which may include technical assistance centers.

The Secretary may carry out the activities described in this subsection directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian Tribes or Tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or,[1] other public or private nonprofit entities.

(b) Priority mental health needs

(1) Determination of needs

Priority mental health needs of regional and national significance shall be determined by the Secretary in consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

(2) Special consideration

In developing program priorities described in paragraph (1), the Secretary shall give special consideration to promoting the integration of mental health services into primary health care systems.

(c) Requirements

(1) In general

Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

(2) Duration of award

With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

(3) Matching funds

The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under this section provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(4) Maintenance of effort

With respect to activities for which a grant, contract or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

(d) Evaluation

The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(e) Information and education

(1) In general

The Secretary shall establish information and education programs to disseminate and apply the findings of the knowledge development and application, training, and technical assistance programs, and targeted capacity response programs, under this section to the general public, to health care professionals, and to interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out mental health services.

(2) Rural and underserved areas

In disseminating information on evidence-based practices in the provision of children's mental health services under this subsection, the Secretary shall ensure that such information is distributed to rural and medically underserved areas.

(3) Geriatric mental disorders

The Secretary shall, as appropriate, provide technical assistance to grantees regarding evidence-based practices for the prevention and treatment of geriatric mental disorders and co-occurring mental health and substance use disorders among geriatric populations, as well as disseminate information about such evidence-based practices to States and nongrantees throughout the United States.

(f) Authorization of appropriations

There are authorized to be appropriated to carry out this section $599,036,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520A, as added Pub. L. 100–690, title II, § 2057(3), Nov. 18, 1988, 102 Stat. 4212; renumbered § 520 and amended Pub. L. 101–93, § 3(e), (g), Aug. 16, 1989, 103 Stat. 610, 611; Pub. L. 101–639, § 2, Nov. 28, 1990, 104 Stat. 4600; renumbered § 520A and amended Pub. L. 102–321, title I, § 116, July 10, 1992, 106 Stat. 348; Pub. L. 106–310, div. B, title XXXII, § 3201(a), Oct. 17, 2000, 114 Stat. 1189; Pub. L. 114–255, div. B, title VII, § 7003, title IX, § 9012, Dec. 13, 2016, 130 Stat. 1223, 1245; Pub. L. 117–328, div. FF, title I, § 1121(d), Dec. 29, 2022, 136 Stat. 5650.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 290cc–13 of this title prior to renumbering by Pub. L. 102–321.

AMENDMENTS

2022—Subsec. (a). Pub. L. 117–328, § 1121(d)(1), substituted ''Indian Tribes or Tribal organizations'' for

[1] So in original. The comma probably should not appear.

''Indian tribes or tribal organizations'' in concluding provisions.

Subsec. (f). Pub. L. 117–328, §1121(d)(2), substituted ''$599,036,000 for each of fiscal years 2023 through 2027'' for ''$394,550,000 for each of fiscal years 2018 through 2022''.

2016—Subsec. (a). Pub. L. 114–255, §7003(1)(B), in concluding provisions, inserted '', contracts,'' before ''or cooperative agreements'' and substituted ''Indian tribes or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or'' for ''Indian tribes and tribal organizations''.

Subsec. (a)(4). Pub. L. 114–255, §7003(1)(A), inserted '', which may include technical assistance centers'' before period at end.

Subsec. (e)(3). Pub. L. 114–255, §9012, added par. (3).

Subsec. (f). Pub. L. 114–255, §7003(2), amended subsec. (f) generally, substituting appropriations for fiscal years 2018 through 2022 for appropriations for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003 and data infrastructure provisions.

2000—Pub. L. 106–310 amended section catchline and text generally, substituting provisions relating to priority mental health needs of regional and national significance for provisions relating to establishment of grant programs for demonstration projects.

1992—Subsec. (a)(1). Pub. L. 102–321, §116(b)(1), substituted ''Center for Mental Health Services'' for ''National Institute of Mental Health''.

Subsec. (c). Pub. L. 102–321, §116(b)(2), substituted ''five'' for ''three''.

Subsec. (e)(1). Pub. L. 102–321, §116(b)(3), amended par. (1) generally. Prior to amendment, par. (1) read as follows: ''For the purposes of carrying out this section, there are authorized to be appropriated $40,000,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 and 1993.''

1990—Subsec. (a). Pub. L. 101–639, §2(a), amended subsec. (a) generally. Prior to amendment, subsec. (a) read as follows: ''The Secretary, acting through the Director, may make grants to States, political subdivisions of States, and nonprofit private agencies—

''(1) for mental health services demonstration projects for the planning, coordination, and improvement of community services (including outreach and self-help services) for seriously mentally ill individuals, seriously emotionally disturbed children and youth, elderly individuals, and homeless seriously mentally ill individuals, and for the conduct of research concerning such services;

''(2) for demonstration projects for the prevention of youth suicide;

''(3) for demonstration projects for the improvement of the recognition, assessment, treatment, and clinical management of depressive disorders; and

''(4) for demonstration projects for treatment and prevention relating to sex offenses.''

Subsec. (e)(1). Pub. L. 101–639, §2(b), amended par. (1) generally. Prior to amendment, par. (1) read as follows: ''For the purposes of carrying out this section, there are authorized to be appropriated $60,000,000 for each of the fiscal years 1989 and 1990.''

1989—Pub. L. 101–93 substituted ''programs'' for ''program'' in section catchline and in subsec. (a) substituted ''seriously mentally ill'' for ''chronically mentally ill'' wherever appearing, redesignated par. (5) as (4), and inserted ''for'' before ''demonstration'' in pars. (2), (3), and (4).

Statutory Notes and Related Subsidiaries

APPLICABILITY OF AMENDMENT

Amendment by Pub. L. 117–100 applicable only with respect to applications for assistance under this section that are submitted after Mar. 15, 2022, see section 3 of Pub. L. 117–100, set out as an Effective Date note under section 290bb–33 of this title.

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

COMMUNITY MENTAL HEALTH SERVICES DEMONSTRATION PROJECTS FOR HOMELESS INDIVIDUALS WHO ARE CHRONICALLY MENTALLY ILL

Pub. L. 100–77, title VI, §612, July 22, 1987, 101 Stat. 523, as amended by Pub. L. 100–607, title VIII, §821, Nov. 4, 1988, 102 Stat. 3171; Pub. L. 100–628, title VI, §621, Nov. 7, 1988, 102 Stat. 3244; Pub. L. 101–93, §5(t)(1), (2), Aug. 16, 1989, 103 Stat. 615; Pub. L. 101–645, title V, §521, Nov. 29, 1990, 104 Stat. 4734, which authorized to be appropriated for payments under this section such sums as may be necessary for each of the fiscal years 1991 through 1993, in addition to any other amounts authorized to be appropriated for such payments for each of such fiscal years with such additional amounts to be available only for the provision of community-based mental health services to homeless individuals who are chronically mentally ill, and amounts paid to grantees under subsection (a) of this section that remain unobligated at the end of the fiscal year in which the amounts were received to remain available to grantees during the succeeding fiscal year for the purposes for which the payments were made, was repealed by Pub. L. 106–310, div. B, title XXXII, §3201(b)(3), Oct. 17, 2000, 114 Stat. 1190.

§ 290bb–33. Student suicide awareness and prevention training

(a) In general

In awarding funds under section 290bb–32 of this title, the Secretary shall give priority to applications under such section from a State educational agency, local educational agency, or Tribal educational agency, submitted directly or through a State or Indian Tribe, for funding for activities in secondary schools, where such agency has implemented, or includes in such application a plan to implement, a student suicide awareness and prevention training policy, which may include applicable youth suicide early intervention and prevention strategies implemented through section 290bb–36 of this title—

(1) establishing and implementing a school-based student suicide awareness and prevention training policy in accordance with subsection (c);

(2) consulting with stakeholders (including principals, teachers, parents, local Tribal officials, and other relevant experts) and, as appropriate, utilizing information, models, and other resources made available by the Suicide Prevention Technical Assistance Center authorized under section 290bb–34 of this title in the development of the policy under paragraph (1); and

(3) collecting and reporting information in accordance with subsection (d).

(b) Consideration

In giving priority to applicants as described in subsection (a), the Secretary shall, as appropriate, take into consideration the incidence and prevalence of suicide in the applicable jurisdiction and the costs of establishing and implementing, as applicable, a school-based student suicide awareness and prevention training policy.

(c) School-based student suicide awareness and prevention training policy

A school-based student suicide awareness and prevention training policy implemented pursuant to subsection (a)(1) shall—

(1) be evidence-based;

(2) be culturally- and linguistically-appropriate;

(3) provide evidence-based training to students in grades 6 through 12, in coordination with school-based mental health resources, as applicable, regarding—

(A) suicide prevention education and awareness, including associated risk factors;

(B) methods that students can use to seek help; and

(C) student resources for suicide awareness and prevention; and

(4) provide for periodic retraining of such students.

(d) Collection of information and reporting

Each State educational agency, local educational agency, and Tribal educational agency that receives priority to implement a new training policy pursuant to subsection (a)(1) shall report to the Secretary the following aggregated information, in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws:

(1) The number of trainings conducted, including the number of student trainings conducted, and the training delivery method used.

(2) The number of students trained, disaggregated by age and grade level.

(3) The number of help-seeking reports made by students after implementation of such policy.

(e) Evidence-based program availability

The Secretary shall coordinate with the Secretary of Education and the Secretary of the Interior to—

(1) make publicly available the policies established by State educational agencies, local educational agencies, and Tribal educational agencies pursuant to this section and the training that is available to students and teams pursuant to such policies, in accordance with section 290dd–2a of this title; and

(2) provide technical assistance and disseminate best practices on student suicide awareness and prevention training policies, including through the Suicide Prevention Technical Assistance Center authorized under section 290bb–34 of this title, as applicable, to State educational agencies, local educational agencies, and Tribal agencies.

(f) Implementation

Not later than September 30, 2024, the Secretary shall report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives the number of recipients of funds under section 290bb–32 of this title who have implemented training policies described in subsection (a)(1) and a summary of the information received under subsection (d).

(g) Definitions

In this section:

(1) The term ''evidence-based'' has the meaning given such term in section 7801 of title 20.

(2) The term ''local educational agency'' has the meaning given to such term in section 7801 of title 20.

(3) The term ''State educational agency'' has the meaning given to such term in section 7801 of title 20.

(4) The term ''Tribal educational agency'' has the meaning given to the term ''tribal educational agency'' in section 7452 of title 20.

(July 1, 1944, ch. 373, title V, § 520B, as added Pub. L. 117–100, § 2(a), Mar. 15, 2022, 136 Stat. 44.)

Editorial Notes

PRIOR PROVISIONS

A prior section 290bb–33, act July 1, 1944, ch. 373, title V, § 520B, as added Pub. L. 111–148, title X, § 10410(b), Mar. 23, 2010, 124 Stat. 984, related to national centers of excellence for depression, prior to repeal by Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248.

Another prior section 290bb–33, act July 1, 1944, ch. 373, title V, § 520B, formerly title XXIV, § 2441, as added Pub. L. 100–607, title II, § 211, Nov. 4, 1988, 102 Stat. 3092; renumbered title V, § 520B, and amended Pub. L. 102–321, title I, § 118(a), (b)(2), July 10, 1992, 106 Stat. 348, 349, related to demonstration projects for individuals with positive test results, prior to repeal by Pub. L. 106–310, div. B, title XXXII, § 3201(b)(2), Oct. 17, 2000, 114 Stat. 1190.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Pub. L. 117–100, § 3, Mar. 15, 2022, 136 Stat. 46, provided that: ''The amendment made by this Act [enacting this section] shall apply only with respect to applications for assistance under section 520A of the Public Health Service Act (42 U.S.C. 290bb–32) that are submitted after the date of enactment of this Act [Mar. 15, 2022].''

§ 290bb–34. Suicide prevention technical assistance center

(a) Program authorized

(1) In general

The Secretary, acting through the Assistant Secretary, shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical assistance to States, political subdivisions of States, federally recognized Indian Tribes, Tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations regarding the prevention of suicide among all ages, particularly among groups that are at a high risk for suicide.

(2) Collaboration

In carrying out this subsection, as applicable with respect to assistance to entities serving members of the Armed Forces and veterans, the Secretary shall, as appropriate, collaborate with the Secretary of Defense and the Secretary of Veterans Affairs.

(b) Responsibilities of the Center

The center established under subsection (a) shall conduct activities for the purpose of—

(1) developing and continuing statewide or Tribal suicide early intervention and preven-

tion strategies for all ages, particularly among groups that are at a high risk for suicide;

(2) ensuring the surveillance of suicide early intervention and prevention strategies for all ages, particularly among groups that are at a high risk for suicide;

(3) studying the costs and effectiveness of statewide and Tribal suicide early intervention and prevention strategies in order to provide information concerning relevant issues of importance to State, Tribal, and national policymakers;

(4) further identifying and understanding causes and associated risk factors for suicide;

(5) analyzing the efficacy of new and existing suicide early intervention and prevention techniques and technology;

(6) ensuring the surveillance of suicidal behaviors and nonfatal suicidal attempts;

(7) studying the effectiveness of State-sponsored statewide and Tribal suicide early intervention and prevention strategies on the overall wellness and health promotion strategies related to suicide attempts;

(8) promoting the sharing of data regarding suicide with Federal agencies involved with suicide early intervention and prevention, and State-sponsored statewide or Tribal suicide early intervention and prevention strategies for the purpose of identifying previously unknown mental health causes and associated risk factors for suicide;

(9) evaluating and disseminating outcomes and best practices of mental health and substance use disorder services at institutions of higher education; and

(10) conducting other activities determined appropriate by the Secretary.

(c) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $9,000,000 for each of fiscal years 2023 through 2027.

(d) Annual report

Not later than 2 years after December 29, 2022, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the activities carried out by the center established under subsection (a) during the year involved, including the potential effects of such activities, and the States, organizations, and institutions that have worked with the center.

(July 1, 1944, ch. 373, title V, §520C, as added Pub. L. 106–310, div. B, title XXXI, §3104(b), Oct. 17, 2000, 114 Stat. 1173; amended Pub. L. 108–355, §3(a), Oct. 21, 2004, 118 Stat. 1405; Pub. L. 114–255, div. B, title VI, §6001(c)(1), title IX, §9008(a), Dec. 13, 2016, 130 Stat. 1203, 1241; Pub. L. 117–328, div. FF, title I, §1421, Dec. 29, 2022, 136 Stat. 5702.)

Editorial Notes

AMENDMENTS

2022—Pub. L. 117–328, §1421(a)(2), substituted ''Tribal'' for ''tribal'' wherever appearing.

Subsec. (a). Pub. L. 117–328, §1421(b), designated existing provisions as par. (1), inserted par. heading, and added par. (2).

Pub. L. 117–328, §1421(a)(1), substituted ''Tribes'' for ''tribes''.

Subsec. (c). Pub. L. 117–328, §1421(c), substituted ''$9,000,000 for each of fiscal years 2023 through 2027'' for ''$5,988,000 for each of fiscal years 2018 through 2022''.

Subsec. (d). Pub. L. 117–328, §1421(d), substituted ''Not later than 2 years after December 29, 2022, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives'' for ''Not later than 2 years after December 13, 2016, the Secretary shall submit to Congress''.

2016—Pub. L. 114–255, §9008(a)(1), substituted ''Suicide prevention technical assistance center'' for ''Youth interagency research, training, and technical assistance centers'' in section catchline.

Subsec. (a). Pub. L. 114–255, §9008(a)(2), substituted ''acting through the Assistant Secretary, shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical assistance to States, political subdivisions of States, federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations regarding the prevention of suicide among all ages, particularly among groups that are at a high risk for suicide.'' for ''acting through the Assistant Secretary for Mental Health and Substance Use, and in consultation with the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Director of the Bureau of Justice Assistance and the Director of the National Institutes of Health—

''(1) shall award grants or contracts to public or nonprofit private entities to establish not more than four research, training, and technical assistance centers to carry out the activities described in subsection (c); and

''(2) shall award a competitive grant to 1 additional research, training, and technical assistance center to carry out the activities described in subsection (d).''

Pub. L. 114–255, §6001(c)(1), substituted ''Assistant Secretary for Mental Health and Substance Use'' for ''Administrator of the Substance Abuse and Mental Health Services Administration'' in introductory provisions.

Subsec. (b). Pub. L. 114–255, §9008(a)(5)(C), substituted ''suicide'' for ''youth suicide'' wherever appearing.

Pub. L. 114–255, §9008(a)(5)(B), in introductory provisions, substituted ''The center established under subsection (a) shall conduct activities for the purpose of'' for ''The additional research, training, and technical assistance center established under subsection (a)(2) shall provide appropriate information, training, and technical assistance to States, political subdivisions of a State, Federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations for''.

Pub. L. 114–255, §9008(a)(5)(A), substituted ''Responsibilities of the Center'' for ''Additional center'' in heading.

Pub. L. 114–255, §9008(a)(3), (4), redesignated subsec. (d) as (b) and struck out former subsec. (b). Text of subsec. (b) read as follows: ''A public or private nonprofit entity desiring a grant or contract under subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.''

Subsec. (b)(1). Pub. L. 114–255, §9008(a)(5)(D), substituted ''developing and continuing'' for ''the development or continuation of'' and inserted ''for all ages, particularly among groups that are at a high risk for suicide'' before semicolon at end.

Subsec. (b)(2). Pub. L. 114–255, §9008(a)(5)(E), inserted ''for all ages, particularly among groups that are at a high risk for suicide'' before semicolon at end.

Subsec. (b)(3). Pub. L. 114–255, §9008(a)(5)(F), inserted ''and tribal'' after ''statewide''.

Subsec. (b)(5). Pub. L. 114–255, §9008(a)(5)(G), inserted ''and prevention'' after ''intervention''.

Subsec. (b)(8). Pub. L. 114–255, §9008(a)(5)(H), struck out ''in youth'' before semicolon at end.

Subsec. (b)(9). Pub. L. 114–255, § 9008(a)(5)(I), substituted ''health and substance use disorder'' for ''and behavioral health''.

Subsec. (b)(10). Pub. L. 114–255, § 9008(a)(5)(J), inserted ''conducting'' before ''other''.

Subsecs. (c) to (e). Pub. L. 114–255, § 9008(a)(6), added subsecs. (c) and (d) and struck out subsec. (e) which authorized appropriations for prior fiscal years.

2004—Subsec. (a). Pub. L. 108–355, § 3(a)(1), substituted dash for comma after ''National Institutes of Health'', designated remainder of existing provisions as par. (1), substituted ''; and'' for period, and added par. (2).

Subsec. (c). Pub. L. 108–355, § 3(a)(2), substituted ''(a)(1)'' for ''(a)'' in introductory provisions.

Subsec. (d). Pub. L. 108–355, § 3(a)(5), added subsec. (d). Former subsec. (d) redesignated (e).

Pub. L. 108–355, § 3(a)(3), designated existing provisions as par. (1), substituted ''awarding grants or contracts under subsection (a)(1)'' for ''carrying out this section'', and added par. (2).

Subsec. (e). Pub. L. 108–355, § 3(a)(4), redesignated subsec. (d) as (e).

§ 290bb–35. Repealed. Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248

Section, act July 1, 1944, ch. 373, title V, § 520D, as added Pub. L. 106–310, div. B, title XXXI, § 3107, Oct. 17, 2000, 114 Stat. 1179, related to services for youth offenders.

§ 290bb–36. Youth suicide early intervention and prevention strategies

(a) In general

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall award grants or cooperative agreements to eligible entities to—

(1) develop and implement State-sponsored statewide or Tribal youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, foster care systems, pediatric health programs, and other child and youth support organizations;

(2) support public organizations and private nonprofit organizations actively involved in State-sponsored statewide or Tribal youth suicide early intervention and prevention strategies and in the development and continuation of State-sponsored statewide youth suicide early intervention and prevention strategies;

(3) provide grants to institutions of higher education to coordinate the implementation of State-sponsored statewide or Tribal youth suicide early intervention and prevention strategies;

(4) collect and analyze data on State-sponsored statewide or Tribal youth suicide early intervention and prevention services that can be used to monitor the effectiveness of such services and for research, technical assistance, and policy development; and

(5) assist eligible entities, through State-sponsored statewide or Tribal youth suicide early intervention and prevention strategies, in achieving targets for youth suicide reductions under title V of the Social Security Act [42 U.S.C. 701 et seq.].

(b) Eligible entity

(1) Definition

In this section, the term ''eligible entity'' means—

(A) a State;

(B) a public organization or private nonprofit organization designated by a State or Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act [25 U.S.C. 5304]) to develop or direct the State-sponsored statewide or Tribal youth suicide early intervention and prevention strategy; or

(C) a Federally recognized Indian Tribe or Tribal organization (as defined in the Indian Self-Determination and Education Assistance Act [25 U.S.C. 5301 et seq.]) or an urban Indian organization (as defined in the Indian Health Care Improvement Act [25 U.S.C. 1601 et seq.]) that is actively involved in the development and continuation of a Tribal youth suicide early intervention and prevention strategy.

(2) Limitation

In carrying out this section, the Secretary shall ensure that a State does not receive more than 1 grant or cooperative agreement under this section at any 1 time. For purposes of the preceding sentence, a State shall be considered to have received a grant or cooperative agreement if the eligible entity involved is the State or an entity designated by the State under paragraph (1)(B). Nothing in this paragraph shall be construed to apply to entities described in paragraph (1)(C).

(3) Consideration

In awarding grants under this section, the Secretary shall take into consideration the extent of the need of the applicant, including the incidence and prevalence of suicide in the State and among the populations of focus, including rates of suicide determined by the Centers for Disease Control and Prevention for the State or population of focus.

(4) Consultation

An entity described in paragraph (1)(A) or (1)(B) that applies for a grant or cooperative agreement under this section shall agree to consult or confer with entities described in paragraph (1)(C) and Native Hawaiian Health Care Systems, as applicable, in the applicable State with respect to the development and implementation of a statewide early intervention strategy.

(c) Preference

In providing assistance under a grant or cooperative agreement under this section, an eligible entity shall give preference to public organizations, private nonprofit organizations, political subdivisions, institutions of higher education, and Tribal organizations actively involved with the State-sponsored statewide or Tribal youth suicide early intervention and prevention strategy that—

(1) provide early intervention and assessment services, including screening programs, to youth who are at risk for mental or emotional disorders that may lead to a suicide attempt, and that are integrated with school systems, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, foster care

systems, pediatric health programs, and other child and youth support organizations;

(2) demonstrate collaboration among early intervention and prevention services or certify that entities will engage in future collaboration;

(3) employ or include in their applications a commitment to evaluate youth suicide early intervention and prevention practices and strategies adapted to the local community;

(4) provide timely referrals for appropriate community-based mental health care and treatment of youth who are at risk for suicide in child-serving settings and agencies;

(5) provide immediate support and information resources to families of youth who are at risk for suicide;

(6) offer access to services and care to youth with diverse linguistic and cultural backgrounds;

(7) offer appropriate postsuicide intervention services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, foster care systems, pediatric health programs, and other child and youth support organizations of youth who recently completed suicide;

(8) offer continuous and up-to-date information and awareness campaigns that target parents, family members, child care professionals, community care providers, and the general public and highlight the risk factors associated with youth suicide and the life-saving help and care available from early intervention and prevention services;

(9) ensure that information and awareness campaigns on youth suicide risk factors, and early intervention and prevention services, use effective communication mechanisms that are targeted to and reach youth, families, schools, educational institutions, pediatric health programs, and youth organizations;

(10) provide a timely response system to ensure that child-serving professionals and providers are properly trained in youth suicide early intervention and prevention strategies and that child-serving professionals and providers involved in early intervention and prevention services are properly trained in effectively identifying youth who are at risk for suicide;

(11) provide continuous training activities for child care professionals and community care providers on the latest youth suicide early intervention and prevention services practices and strategies;

(12) conduct annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations;

(13) provide services in areas or regions with rates of youth suicide that exceed the national average as determined by the Centers for Disease Control and Prevention;

(14) obtain informed written consent from a parent or legal guardian of an at-risk child before involving the child in a youth suicide early intervention and prevention program; and

(15) provide to parents, legal guardians, and family members of youth, supplies to securely store means commonly used in suicide, if applicable, within the household.

(d) Requirement for suicide prevention activities

Not less than 85 percent of grant funds received under this section shall be used to provide suicide prevention activities.

(e) Coordination and collaboration

(1) In general

In carrying out this section, the Secretary shall collaborate with relevant Federal agencies and suicide working groups responsible for early intervention and prevention services relating to youth suicide.

(2) Consultation

In carrying out this section, the Secretary shall consult with—

(A) State and local agencies, including agencies responsible for early intervention and prevention services under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.], the State Children's Health Insurance Program under title XXI of the Social Security Act [42 U.S.C. 1397aa et seq.], and programs funded by grants under title V of the Social Security Act [42 U.S.C. 701 et seq.];

(B) local and national organizations that serve youth at risk for suicide and their families;

(C) relevant national medical and other health and education specialty organizations;

(D) youth who are at risk for suicide, who have survived suicide attempts, or who are currently receiving care from early intervention services;

(E) families and friends of youth who are at risk for suicide, who have survived suicide attempts, who are currently receiving care from early intervention and prevention services, or who have completed suicide;

(F) qualified professionals who possess the specialized knowledge, skills, experience, and relevant attributes needed to serve youth at risk for suicide and their families; and

(G) third-party payers, managed care organizations, and related commercial industries.

(3) Policy development

In carrying out this section, the Secretary shall—

(A) coordinate and collaborate on policy development at the Federal level with the relevant Department of Health and Human Services agencies and suicide working groups and the Department of Education, as appropriate; and

(B) consult on policy development at the Federal level with the private sector, including consumer, medical, suicide prevention advocacy groups, and other health and education professional-based organizations, with respect to State-sponsored statewide or Tribal youth suicide early intervention and prevention strategies.

(f) Rule of construction; religious and moral accommodation

Nothing in this section shall be construed to require suicide assessment, early intervention,

or treatment services for youth whose parents or legal guardians object based on the parents' or legal guardians' religious beliefs or moral objections.

(g) Evaluations and report

(1) Evaluations by eligible entities

Not later than 24 months after receiving a grant or cooperative agreement under this section, an eligible entity shall submit to the Secretary the results of an evaluation to be conducted by the entity concerning the effectiveness of the activities carried out under the grant or agreement.

(2) Report

Not later than December 31, 2025, the Secretary shall submit to the appropriate committees of Congress a report concerning the results of—

(A) the evaluations conducted under paragraph (1); and

(B) an evaluation conducted by the Secretary to analyze the effectiveness and efficacy of the activities conducted with grants, collaborations, and consultations under this section.

(h) Rule of construction; student medication

Nothing in this section or section 290bb–36a of this title shall be construed to allow school personnel to require that a student obtain any medication as a condition of attending school or receiving services.

(i) Prohibition

Funds appropriated to carry out this section, section 290bb–34 of this title, section 290bb–36a of this title, or section 290bb–36b of this title shall not be used to pay for or refer for abortion.

(j) Parental consent

States and entities receiving funding under this section and section 290bb–36a of this title shall obtain prior written, informed consent from the child's parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. The requirement of the preceding sentence does not apply in the following cases:

(1) In an emergency, where it is necessary to protect the immediate health and safety of the student or other students.

(2) Other instances, as defined by the State, where parental consent cannot reasonably be obtained.

(k) Relation to education provisions

Nothing in this section or section 290bb–36a of this title shall be construed to supersede section 1232g of title 20, including the requirement of prior parental consent for the disclosure of any education records. Nothing in this section or section 290bb–36a of this title shall be construed to modify or affect parental notification requirements for programs authorized under the Elementary and Secondary Education Act of 1965 [20 U.S.C. 6301 et seq.] (as amended by the No Child Left Behind Act of 2001; Public Law 107–110).

***(l)* Definitions**

In this section:

(1) Early intervention

The term ''early intervention'' means a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

(2) Educational institution; institution of higher education; school

The term—

(A) ''educational institution'' means a school or institution of higher education;

(B) ''institution of higher education'' has the meaning given such term in section 1001 of title 20; and

(C) ''school'' means an elementary school or secondary school (as such terms are defined in section 8101 of the Elementary and Secondary Education Act of 1965 [20 U.S.C. 7801]).

(3) Prevention

The term ''prevention'' means a strategy or approach that reduces the likelihood or risk of onset, or delays the onset, of adverse health problems that have been known to lead to suicide.

(4) Youth

The term ''youth'' means individuals who are up to 24 years of age.

(m) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $40,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520E, as added Pub. L. 108–355, § 3(c), Oct. 21, 2004, 118 Stat. 1409; amended Pub. L. 114–95, title IX, § 9215(kkk)(3), Dec. 10, 2015, 129 Stat. 2187; Pub. L. 114–255, div. B, title VI, § 6001(c)(1), title IX, § 9008(b), Dec. 13, 2016, 130 Stat. 1203, 1242; Pub. L. 116–260, div. BB, title III, § 315, Dec. 27, 2020, 134 Stat. 2932; Pub. L. 117–328, div. FF, title I, § 1422, Dec. 29, 2022, 136 Stat. 5702.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsecs. (a)(5) and (e)(2)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles V, XIX, and XXI of the Act are classified generally to subchapters V (§ 701 et seq.), XIX (§ 1396 et seq.), and XXI (§ 1397aa et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

The Indian Self-Determination and Education Assistance Act, referred to in subsec. (b)(1)(C), is Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2203, which is classified principally to chapter 46 (§ 5301 et seq.) of Title 25, Indians. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of Title 25 and Tables.

The Indian Health Care Improvement Act, referred to in subsec. (b)(1)(C), is Pub. L. 94–437, Sept. 30, 1976, 90 Stat. 1400, which is classified principally to chapter 18 (§ 1601 et seq.) of Title 25, Indians. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 25 and Tables.

The Elementary and Secondary Education Act of 1965, referred to in subsec. (k), is Pub. L. 89–10, Apr. 11, 1965, 79 Stat. 27, which is classified generally to chapter 70 (§ 6301 et seq.) of Title 20, Education. For complete classification of this Act to the Code, see Short Title note set out under section 6301 of Title 20 and Tables.

The No Child Left Behind Act of 2001, referred to in subsec. (k), is Pub. L. 107–110, Jan. 8, 2002, 115 Stat. 1425. For complete classification of this Act to the Code, see Short Title of 2002 Amendment note set out under section 6301 of Title 20, Education, and Tables.

PRIOR PROVISIONS

A prior section 290bb–36, act July 1, 1944, ch. 373, title V, §520E, as added Pub. L. 106–310, div. B, title XXXI, §3111, Oct. 17, 2000, 114 Stat. 1186, and amended, which related to suicide prevention for children and adolescents, was renumbered section 520E–1 of act July 1, 1944, by Pub. L. 108–355, §3(b)(2), Oct. 21, 2004, 118 Stat. 1409, and transferred to section 290bb–36a of this title.

AMENDMENTS

2022—Pub. L. 117–328, §1422(2), substituted ''Tribal'' for ''tribal'' wherever appearing.

Subsec. (a)(1). Pub. L. 117–328, §1422(3), inserted ''pediatric health programs,'' after ''foster care systems,''.

Subsec. (b)(1)(B). Pub. L. 117–328, §1422(4), amended subpar. (B) generally. Prior to amendment, subpar. (B) read as follows: ''a public organization or private nonprofit organization designated by a State to develop or direct the State-sponsored statewide youth suicide early intervention and prevention strategy; or''.

Subsec. (b)(1)(C). Pub. L. 117–328, §1422(1), substituted ''Tribe'' for ''tribe''.

Subsec. (c)(1). Pub. L. 117–328, §1422(5)(A), inserted ''pediatric health programs,'' after ''foster care systems,''.

Subsec. (c)(7). Pub. L. 117–328, §1422(5)(B), inserted ''pediatric health programs,'' after ''foster care systems,''.

Subsec. (c)(9). Pub. L. 117–328, §1422(5)(C), inserted ''pediatric health programs,'' after ''educational institutions,''.

Subsec. (c)(15). Pub. L. 117–328, §1422(5)(D)–(F), added par. (15).

Subsec. (d). Pub. L. 117–328, §1422(6), substituted ''suicide prevention activities'' for ''direct services'' in heading and ''suicide prevention activities'' for ''direct services, of which not less than 5 percent shall be used for activities authorized under subsection (a)(3)'' in text.

Subsec. (e)(3)(A). Pub. L. 117–328, §1422(7), inserted ''and the Department of Education, as appropriate'' after ''agencies and suicide working groups''.

Subsec. (g)(1). Pub. L. 117–328, §1422(8)(A), substituted ''24'' for ''18''.

Subsec. (g)(2). Pub. L. 117–328, §1422(8)(B), substituted ''December 31, 2025'' for ''2 years after December 13, 2016''.

Subsec. (*l*)(4). Pub. L. 117–328, §1422(9), substituted ''up to 24 years of age'' for ''between 10 and 24 years of age''.

Subsec. (m). Pub. L. 117–328, §1422(10), substituted ''$40,000,000 for each of fiscal years 2023 through 2027'' for ''$30,000,000 for each of fiscal years 2018 through 2022''.

2020—Subsec. (b)(4). Pub. L. 116–260 added par. (4).

2016—Subsec. (a). Pub. L. 114–255, §6001(c)(1), substituted ''Assistant Secretary for Mental Health and Substance Use'' for ''Administrator of the Substance Abuse and Mental Health Services Administration'' in introductory provisions.

Subsec. (a)(1). Pub. L. 114–255, §9008(b)(1), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (b)(2). Pub. L. 114–255, §9008(b)(2)(A), substituted ''ensure that a State does not receive more than 1 grant or cooperative agreement under this section at any 1 time'' for ''ensure that each State is awarded only 1 grant or cooperative agreement under this section'' and ''received'' for ''been awarded''.

Subsec. (b)(3). Pub. L. 114–255, §9008(b)(2)(B), added par. (3).

Subsec. (c)(1), (7). Pub. L. 114–255, §9008(b)(1), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (g)(2). Pub. L. 114–255, §9008(b)(3), substituted ''2 years after December 13, 2016,'' for ''2 years after October 21, 2004,''.

Subsec. (m). Pub. L. 114–255, §9008(b)(4), added subsec. (m) and struck out former subsec. (m) which authorized appropriations for fiscal years 2005 to 2007 and provided that the Secretary should give preference to certain States if less than $3,500,000 was appropriated for any fiscal year.

2015—Subsec. (*l*)(2)(C). Pub. L. 114–95 substituted ''elementary school or secondary school (as such terms are defined in section 8101 of the Elementary and Secondary Education Act of 1965)'' for ''elementary or secondary school (as such terms are defined in section 9101 of the Elementary and Secondary Education Act of 1965)''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2015 AMENDMENT

Amendment by Pub. L. 114–95 effective Dec. 10, 2015, except with respect to certain noncompetitive programs and competitive programs, see section 5 of Pub. L. 114–95, set out as a note under section 6301 of Title 20, Education.

CONGRESSIONAL FINDINGS

Pub. L. 108–355, §2, Oct. 21, 2004, 118 Stat. 1404, provided that: ''Congress makes the following findings:

''(1) More children and young adults die from suicide each year than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease combined.

''(2) Over 4,000 children and young adults tragically take their lives every year, making suicide the third overall cause of death between the ages of 10 and 24. According to the Centers for Disease Control and Prevention, suicide is the third overall cause of death among college-age students.

''(3) According to the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, children and young adults accounted for 15 percent of all suicides completed in 2000.

''(4) From 1952 to 1995, the rate of suicide in children and young adults tripled.

''(5) From 1980 to 1997, the rate of suicide among young adults ages 15 to 19 increased 11 percent.

''(6) From 1980 to 1997, the rate of suicide among children ages 10 to 14 increased 109 percent.

''(7) According to the National Center of Health Statistics, suicide rates among Native Americans range from 1.5 to 3 times the national average for other groups, with young people ages 15 to 34 making up 64 percent of all suicides.

''(8) Congress has recognized that youth suicide is a public health tragedy linked to underlying mental health problems and that youth suicide early intervention and prevention activities are national priorities.

''(9) Youth suicide early intervention and prevention have been listed as urgent public health priorities by the President's New Freedom Commission in [probably should be ''on''] Mental Health (2002), the Institute of Medicine's Reducing Suicide: A National Imperative (2002), the National Strategy for Suicide Prevention: Goals and Objectives for Action (2001), and the Surgeon General's Call to Action To Prevent Suicide (1999).

''(10) Many States have already developed comprehensive statewide youth suicide early intervention and prevention strategies that seek to provide effective early intervention and prevention services.

''(11) In a recent report, a startling 85 percent of college counseling centers revealed an increase in the number of students they see with psychological problems. Furthermore, the American College Health Association found that 61 percent of college students reported feeling hopeless, 45 percent said they felt so depressed they could barely function, and 9 percent felt suicidal.

''(12) There is clear evidence of an increased incidence of depression among college students. Accord-

ing to a survey described in the Chronicle of Higher Education (February 1, 2002), depression among freshmen has nearly doubled (from 8.2 percent to 16.3 percent). Without treatment, researchers recently noted that 'depressed adolescents are at risk for school failure, social isolation, promiscuity, self-medication with drugs and alcohol, and suicide—now the third leading cause of death among 10–24 year olds.'.

''(13) Researchers who conducted the study 'Changes in Counseling Center Client Problems Across 13 Years' (1989–2001) at Kansas State University stated that 'students are experiencing more stress, more anxiety, more depression than they were a decade ago.' (The Chronicle of Higher Education, February 14, 2003).

''(14) According to the 2001 National Household Survey on Drug Abuse, 20 percent of full-time undergraduate college students use illicit drugs.

''(15) The 2001 National Household Survey on Drug Abuse also reported that 18.4 percent of adults aged 18 to 24 are dependent on or abusing illicit drugs or alcohol. In addition, the study found that 'serious mental illness is highly correlated with substance dependence or abuse. Among adults with serious mental illness in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs, while the rate among adults without serious mental illness was only 6.3 percent.'.

''(16) A 2003 Gallagher's Survey of Counseling Center Directors found that 81 percent were concerned about the increasing number of students with more serious psychological problems, 67 percent reported a need for more psychiatric services, and 63 percent reported problems with growing demand for services without an appropriate increase in resources.

''(17) The International Association of Counseling Services accreditation standards recommend 1 counselor per 1,000 to 1,500 students. According to the 2003 Gallagher's Survey of Counseling Center Directors, the ratio of counselors to students is as high as 1 counselor per 2,400 students at institutions of higher education with more than 15,000 students.''

§ 290bb–36a. Suicide prevention for youth

(a) In general

The Secretary shall award grants or cooperative agreements to public organizations, private nonprofit organizations, political subdivisions, consortia of political subdivisions, consortia of States, or Federally recognized Indian tribes or tribal organizations to design early intervention and prevention strategies that will complement the State-sponsored statewide or tribal youth suicide early intervention and prevention strategies developed pursuant to section 290bb–36 of this title.

(b) Collaboration

In carrying out subsection (a), the Secretary shall ensure that activities under this section are coordinated with the relevant Department of Health and Human Services agencies and suicide working groups.

(c) Requirements

A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or federally recognized Indian tribe or tribal organization desiring a grant, contract, or cooperative agreement under this section shall demonstrate that the suicide prevention program such entity proposes will—

(1)(A) comply with the State-sponsored statewide early intervention and prevention strategy as developed under section 290bb–36 of this title; and

(B) in the case of a consortium of States, receive the support of all States involved;

(2) provide for the timely assessment, treatment, or referral for mental health or substance abuse services of youth at risk for suicide;

(3) be based on suicide prevention practices and strategies that are adapted to the local community;

(4) integrate its suicide prevention program into the existing health care system in the community including general, mental, and behavioral health services, and substance abuse services;

(5) be integrated into other systems in the community that address the needs of youth including the school systems, educational institutions, juvenile justice system, substance abuse programs, mental health programs, foster care systems, and community child and youth support organizations;

(6) use primary prevention methods to educate and raise awareness in the local community by disseminating evidence-based information about suicide prevention;

(7) include suicide prevention, mental health, and related information and services for the families and friends of those who completed suicide, as needed;

(8) offer access to services and care to youth with diverse linguistic and cultural backgrounds;

(9) conduct annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations; [1]

(10) ensure that staff used in the program are trained in suicide prevention and that professionals involved in the system of care have received training in identifying persons at risk of suicide.

(d) Use of funds

Amounts provided under a grant or cooperative agreement under this section shall be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out the activities described in this section. Applicants shall provide financial information to demonstrate compliance with this section.

(e) Condition

An applicant for a grant or cooperative agreement under subsection (a) shall demonstrate to the Secretary that the application complies with the State-sponsored statewide early intervention and prevention strategy as developed under section 290bb–36 of this title and the applicant has the support of the local community and relevant public health officials.

(f) Special populations

In awarding grants and cooperative agreements under subsection (a), the Secretary shall ensure that such awards are made in a manner that will focus on the needs of communities or groups that experience high or rapidly rising rates of suicide.

(g) Application

A public organization, private nonprofit organization, political subdivision, consortium of po-

[1] So in original. Probably should be followed by ''and''.

litical subdivisions, consortium of States, or Federally recognized Indian tribe or tribal organization receiving a grant or cooperative agreement under subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require. Such application shall include a plan for the rigorous evaluation of activities funded under the grant or cooperative agreement, including a process and outcome evaluation.

(h) Distribution of awards

In awarding grants and cooperative agreements under subsection (a), the Secretary shall ensure that such awards are distributed among the geographical regions of the United States and between urban and rural settings.

(i) Evaluation

A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or Federally recognized Indian tribe or tribal organization receiving a grant or cooperative agreement under subsection (a) shall prepare and submit to the Secretary at the end of the program period, an evaluation of all activities funded under this section.

(j) Dissemination and education

The Secretary shall ensure that findings derived from activities carried out under this section are disseminated to State, county and local governmental agencies and public and private nonprofit organizations active in promoting suicide prevention and family support activities.

(k) Duration of projects

With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award may be made to the recipient may not exceed 3 years.

***(l)* Study**

Within 1 year after October 17, 2000, the Secretary shall, directly or by grant or contract, initiate a study to assemble and analyze data to identify—

(1) unique profiles of children under 13 who attempt or complete suicide;

(2) unique profiles of youths between ages 13 and 24 who attempt or complete suicide; and

(3) a profile of services available to these groups and the use of these services by children and youths from paragraphs (1) and (2).

(m) Definitions

In this section, the terms ''early intervention'', ''educational institution'', ''institution of higher education'', ''prevention'', ''school'', and ''youth'' have the meanings given to those terms in section 290bb–36 of this title.

(n) Authorization of appropriation

For purposes of carrying out this section, there is authorized to be appropriated $75,000,000 for fiscal year 2001 and such sums as may be necessary for each of the fiscal years 2002 through 2003.

(July 1, 1944, ch. 373, title V, § 520E–1, formerly § 520E, as added Pub. L. 106–310, div. B, title XXXI, § 3111, Oct. 17, 2000, 114 Stat. 1186; renumbered § 520E–1 and amended Pub. L. 108–355, § 3(b), Oct. 21, 2004, 118 Stat. 1407.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 290bb–36 of this title prior to renumbering by Pub. L. 108–355.

AMENDMENTS

2004—Pub. L. 108–355, § 3(b)(1)(A), substituted ''youth'' for ''children and adolescents'' in section catchline.

Subsec. (a). Pub. L. 108–355, § 3(b)(1)(B), added subsec. (a) and struck out heading and text of former subsec. (a). Text read as follows: ''The Secretary shall award grants, contracts, or cooperative agreements to States, political subdivisions of States, Indian tribes, tribal organizations, public organizations, or private nonprofit organizations to establish programs to reduce suicide deaths in the United States among children and adolescents.''

Subsec. (b). Pub. L. 108–355, § 3(b)(1)(C), substituted ''with the relevant Department of Health and Human Services agencies and suicide working groups.'' for ''among the Substance Abuse and Mental Health Services Administration, the relevant institutes at the National Institutes of Health, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Administration on Children and Families.''

Subsec. (c). Pub. L. 108–355, § 3(b)(1)(D)(i), substituted ''A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or federally recognized Indian tribe or tribal organization desiring'' for ''A State, political subdivision of a State, Indian tribe, tribal organization, public organization, or private nonprofit organization desiring'' in introductory provisions.

Subsec. (c)(1). Pub. L. 108–355, § 3(b)(1)(D)(iii), added par. (1). Former par. (1) redesignated (2).

Subsec. (c)(2). Pub. L. 108–355, § 3(b)(1)(D)(ii), (iv), redesignated par. (1) as (2) and substituted ''youth'' for ''children and adolescents''. Former par. (2) redesignated (3).

Subsec. (c)(3). Pub. L. 108–355, § 3(b)(1)(D)(ii), (v), redesignated par. (2) as (3) and struck out ''best evidence-based,'' after ''based on''. Former par. (3) redesignated (4).

Subsec. (c)(4). Pub. L. 108–355, § 3(b)(1)(D)(ii), (vi), redesignated par. (3) as (4) and substituted ''general, mental, and behavioral health services, and substance abuse services;'' for ''primary health care, mental health services, and substance abuse services;''. Former par. (4) redesignated (5).

Subsec. (c)(5). Pub. L. 108–355, § 3(b)(1)(D)(ii), (vii), redesignated par. (4) as (5) and substituted ''youth including the school systems, educational institutions, juvenile justice system, substance abuse programs, mental health programs, foster care systems, and community child and youth support organizations;'' for ''children and adolescents including the educational system, juvenile justice system, welfare and child protection systems, and community youth support organizations;''. Former par. (5) redesignated (6).

Subsec. (c)(6), (7). Pub. L. 108–355, § 3(b)(1)(D)(ii), redesignated pars. (5) and (6) as (6) and (7), respectively. Former par. (7) redesignated (8).

Subsec. (c)(8). Pub. L. 108–355, § 3(b)(1)(D)(viii), added par. (8) and struck out former par. (8) which read as follows: ''provide linguistically appropriate and culturally competent services, as needed;''.

Pub. L. 108–355, § 3(b)(1)(D)(ii), redesignated par. (7) as (8). Former par. (8) redesignated (9).

Subsec. (c)(9). Pub. L. 108–355, § 3(b)(1)(D)(ix), added par. (9) and struck out former par. (9) which read as follows: ''provide a plan for the evaluation of outcomes and activities at the local level, according to standards established by the Secretary, and agree to participate in a national evaluation; and''.

Pub. L. 108–355, §3(b)(1)(D)(ii), redesignated par. (8) as (9). Former par. (9) redesignated (10).

Subsec. (c)(10). Pub. L. 108–355, §3(b)(1)(D)(ii), redesignated par. (9) as (10).

Subsec. (d). Pub. L. 108–355, §3(b)(1)(E), added subsec. (d) and struck out heading and text of former subsec. (d). Text read as follows: ''Amounts provided under grants, contracts, or cooperative agreements under subsection (a) of this section shall be used to supplement and not supplant other Federal, State, and local public funds that are expended to provide services for eligible individuals.''

Subsec. (e). Pub. L. 108–355, §3(b)(1)(F), struck out '', contract,'' after ''grant'' and inserted ''application complies with the State-sponsored statewide early intervention and prevention strategy as developed under section 290bb–36 of this title and the'' after ''Secretary that the''.

Subsec. (f). Pub. L. 108–355, §3(b)(1)(G), struck out '', contracts,'' after ''grants''.

Subsec. (g). Pub. L. 108–355, §3(b)(1)(H), substituted ''A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or Federally recognized Indian tribe or tribal organization receiving'' for ''A State, political subdivision of a State, Indian tribe, tribal organization, public organization, or private nonprofit organization receiving'' and struck out '', contract,'' after ''grant'' in two places.

Subsec. (h). Pub. L. 108–355, §3(b)(1)(I), struck out '', contracts,'' after ''grants''.

Subsec. (i). Pub. L. 108–355, §3(b)(1)(J), substituted ''A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or Federally recognized Indian tribe or tribal organization receiving'' for ''A State, political subdivision of a State, Indian tribe, tribal organization, public organization, or private nonprofit organization receiving'' and struck out '', contract,'' after ''grant''.

Subsec. (k). Pub. L. 108–355, §3(b)(1)(K), substituted ''3 years'' for ''5 years''.

Subsec. (*l*)(2). Pub. L. 108–355, §3(b)(1)(L)(i), substituted ''24'' for ''21''.

Subsec. (*l*)(3). Pub. L. 108–355, §3(b)(1)(L)(ii), struck out ''which might have been'' after ''profile of services''.

Subsec. (m). Pub. L. 108–355, §3(b)(1)(O), added subsec. (m). Former subsec. (m) redesignated (n).

Pub. L. 108–355, §3(b)(1)(M), struck out par. (1) designation and heading and struck out heading and text of par. (2). Text read as follows: ''In carrying out this section, the Secretary shall use 1 percent of the amount appropriated under paragraph (1) for each fiscal year for managing programs under this section.''

Subsec. (n). Pub. L. 108–355, §3(b)(1)(N), redesignated subsec. (m) as (n).

Statutory Notes and Related Subsidiaries

TEEN SUICIDE PREVENTION STUDY

Pub. L. 106–386, div. B, title VI, §1602, Oct. 28, 2000, 114 Stat. 1538, provided that:

''(a) SHORT TITLE.—This section may be cited as the 'Teen Suicide Prevention Act of 2000'.

''(b) FINDINGS.—Congress finds that—

''(1) measures that increase public awareness of suicide as a preventable public health problem, and target parents and youth so that suicide risks and warning signs can be recognized, will help to eliminate the ignorance and stigma of suicide as barriers to youth and families seeking preventive care;

''(2) suicide prevention efforts in the year 2000 should—

''(A) target at-risk youth, particularly youth with mental health problems, substance abuse problems, or contact with the juvenile justice system;

''(B) involve—

''(i) the identification of the characteristics of the at-risk youth and other youth who are contemplating suicide, and barriers to treatment of the youth; and

''(ii) the development of model treatment programs for the youth;

''(C) include a pilot study of the outcomes of treatment for juvenile delinquents with mental health or substance abuse problems;

''(D) include a public education approach to combat the negative effects of the stigma of, and discrimination against individuals with, mental health and substance abuse problems; and

''(E) include a nationwide effort to develop, implement, and evaluate a mental health awareness program for schools, communities, and families;

''(3) although numerous symptoms, diagnoses, traits, characteristics, and psychosocial stressors of suicide have been investigated, no single factor or set of factors has ever come close to predicting suicide with accuracy;

''(4) research of United States youth, such as a 1994 study by Lewinsohn, Rohde, and Seeley, has shown predictors of suicide, such as a history of suicide attempts, current suicidal ideation and depression, a recent attempt or completed suicide by a friend, and low self-esteem; and

''(5) epidemiological data illustrate—

''(A) the trend of suicide at younger ages as well as increases in suicidal ideation among youth in the United States; and

''(B) distinct differences in approaches to suicide by gender, with—

''(i) 3 to 5 times as many females as males attempting suicide; and

''(ii) 3 to 5 times as many males as females completing suicide.

''(c) PURPOSE.—The purpose of this section is to provide for a study of predictors of suicide among at-risk and other youth, and barriers that prevent the youth from receiving treatment, to facilitate the development of model treatment programs and public education and awareness efforts.

''(d) STUDY.—Not later than 1 year after the date of the enactment of this Act [Oct. 28, 2000], the Secretary of Health and Human Services shall carry out, directly or by grant or contract, a study that is designed to identify—

''(1) the characteristics of at-risk and other youth age 13 through 21 who are contemplating suicide;

''(2) the characteristics of at-risk and other youth who are younger than age 13 and are contemplating suicide; and

''(3) the barriers that prevent youth described in paragraphs (1) and (2) from receiving treatment.

''(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary.''

[For definition of ''youth'' as used in section 1602 of Pub. L. 106–386, set out above, see section 1002 of Pub. L. 106–386, set out as a note under section 10447 of Title 34, Crime Control and Law Enforcement.]

§ 290bb–36b. Mental health and substance use disorder services for students in higher education

(a) In general

The Secretary, acting through the Director of the Center for Mental Health Services and in consultation with the Secretary of Education, may award grants on a competitive basis to institutions of higher education to enhance services for students with mental health or substance use disorders that can lead to school failure, such as depression, substance use disorders, and suicide attempts, prevent mental and substance use disorders, reduce stigma, and improve the identification and treatment for students at risk, so that students will successfully complete their studies.

(b) Use of funds

The Secretary may not make a grant to an institution of higher education under this section unless the institution agrees to use the grant only for one or more of the following:

(1) Educating students, families, faculty, and staff to increase awareness of mental health and substance use disorders and promote resiliency.

(2) The operation of hotlines.

(3) Preparing informational material.

(4) Providing outreach services to notify students about available mental health and substance use disorder resources and services.

(5) Administering voluntary mental health and substance use disorder screenings and assessments.

(6) Supporting the training of students, faculty, and staff to recognize and respond effectively and appropriately to students experiencing mental health and substance use disorders.

(7) Creating a network infrastructure to link institutions of higher education with health care providers who treat mental health and substance use disorders.

(8) Providing mental health and substance use.[1] disorders prevention and treatment services to students, which may include recovery support services and programming and early intervention, treatment, and management, including through the use of telehealth services.

(9) Conducting research through a counseling or health center at the institution of higher education involved to improve the behavioral health of students through clinical services, outreach, prevention, promotion of mental health, or academic success, in a manner that is in compliance with all applicable personal privacy laws.

(10) Supporting student groups on campus, including athletic teams, that engage in activities to educate students, including activities to reduce stigma surrounding mental and behavioral health disorders, and promote mental health.

(11) Employing appropriately trained staff.

(12) Developing and supporting evidence-based and emerging best practices, including a focus on culturally and linguistically appropriate best practices, and trauma-informed practices.

(c) Eligible grant recipients

Any institution of higher education receiving a grant under this section may carry out activities under the grant through—

(1) college counseling centers;

(2) college and university psychological service centers;

(3) mental health centers;

(4) psychology training clinics; or

(5) institution of higher education supported, evidence-based, mental health and substance use disorder programs.

(d) Application

To be eligible to receive a grant under this section, an institution of higher education shall prepare and submit an application to the Secretary at such time and in such manner as the Secretary may require. At a minimum, the application shall include the following:

(1) A description of the population to be targeted by the program carried out under the grant, including veterans whenever possible and appropriate, and of identified mental health and substance use disorder needs of students at the institution of higher education.

(2) A description of Federal, State, local, private, and institutional resources currently available to address the needs described in paragraph (1) at the institution of higher education, which may include, as appropriate and in accordance with subsection (b)(7), a plan to seek input from relevant stakeholders in the community, including appropriate public and private entities, in order to carry out the program under the grant.

(3) A description of the outreach strategies of the institution of higher education for promoting mental health and access to services, including a proposed plan for reaching those students most in need of mental health services.

(4) A plan to evaluate program outcomes, including a description of the proposed use of funds, the program objectives, and how the objectives will be met.

(5) An assurance that the institution will submit a report to the Secretary each fiscal year on the activities carried out with the grant and the results achieved through those activities.

(6) An outline of the objectives of the program carried out under the grant.

(7) For an institution of higher education proposing to use the grant for an activity described in paragraph (8) or (9) of subsection (b), a description of the policies and procedures of the institution of higher education that are related to applicable laws regarding access to, and sharing of, treatment records of students at any campus-based mental health center or partner organization, including the policies and State laws governing when such records can be accessed and shared for non-treatment purposes and a description of the process used by the institution of higher education to notify students of these policies and procedures, including the extent to which written consent is required.

(8) An assurance that grant funds will be used to supplement and not supplant any other Federal, State, or local funds available to carry out activities of the type carried out under the grant.

(e) Requirement of matching funds

(1) In general

The Secretary may make a grant under this section to an institution of higher education only if the institution agrees to make available (directly or through donations from public or private entities) non-Federal contributions in an amount that is not less than $1 for each $1 of Federal funds provided in the grant, toward the costs of activities carried out with the grant (as described in subsection (b)) and other activities by the institution to reduce

[1] So in original.

student mental health and substance use disorders.

(2) Determination of amount contributed

Non-Federal contributions required under paragraph (1) may be in cash or in kind. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(3) Waiver

The Secretary may waive the requirement established in paragraph (1) with respect to an institution of higher education if the Secretary determines that extraordinary need at the institution justifies the waiver.

(f) Reports

For each fiscal year that grants are awarded under this section, the Secretary shall conduct a study on the results of the grants and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on such results that includes the following:

(1) An evaluation of the grant program outcomes, including a summary of activities carried out with the grant and the results achieved through those activities.

(2) Recommendations on how to improve access to mental health and substance use disorder services at institutions of higher education, including through prevention, early detection, early intervention, and efforts to reduce the incidence of suicide and substance use disorders.

(3) An assessment of the mental health and substance use disorder needs of the populations served by recipients of grants under this section.

(g) Definition

In this section, the term ''institution of higher education'' has the meaning given such term in section 1001 of title 20.

(h) Technical assistance

The Secretary may provide technical assistance to grantees in carrying out this section.

(i) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $7,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520E–2, as added Pub. L. 108–355, § 3(d), Oct. 21, 2004, 118 Stat. 1413; amended Pub. L. 114–255, div. B, title IX, § 9031, Dec. 13, 2016, 130 Stat. 1257; Pub. L. 117–328, div. FF, title I, § 1423, Dec. 29, 2022, 136 Stat. 5703.)

Editorial Notes

AMENDMENTS

2022—Pub. L. 117–328, § 1423(1), substituted ''for students in higher education'' for ''on campus'' in section catchline.

Subsec. (b)(1). Pub. L. 117–328, § 1423(2)(A), substituted ''mental health and substance use disorders and promote resiliency'' for ''mental and substance use disorders''.

Subsec. (b)(4). Pub. L. 117–328, § 1423(2)(B), substituted ''mental health and substance use disorder resources and services.'' for ''mental and substance use disorder services.''.

Subsec. (b)(5). Pub. L. 117–328, § 1423(2)(C), substituted ''mental health and substance use'' for ''mental and substance use''.

Subsec. (b)(6). Pub. L. 117–328, § 1423(2)(D), substituted ''staff to recognize and respond effectively and appropriately to students experiencing mental health and substance use disorders.'' for ''staff to respond effectively to students with mental and substance use disorders.''.

Subsec. (b)(7). Pub. L. 117–328, § 1423(2)(E), substituted ''mental health and substance use'' for ''mental and substance use''.

Subsec. (b)(8). Pub. L. 117–328, § 1423(2)(F), substituted ''mental health and substance use.'' for ''mental and substance use''.

Subsec. (b)(9). Pub. L. 117–328, § 1423(2)(G), substituted ''to improve the behavioral health of students through clinical services, outreach, prevention, promotion of mental health, or'' for ''regarding improving the behavioral health of students through clinical services, outreach, prevention, or''.

Subsec. (b)(10). Pub. L. 117–328, § 1423(2)(H), substituted ''mental and behavioral health disorders,'' for ''mental and behavioral disorders,''.

Subsec. (b)(12). Pub. L. 117–328, § 1423(2)(I), substituted ''best practices, and trauma-informed practices.'' for ''best practices.''.

Subsec. (d)(1). Pub. L. 117–328, § 1423(3)(A), substituted ''mental health and substance use'' for ''mental and substance use''.

Subsec. (d)(3). Pub. L. 117–328, § 1423(3)(B), substituted ''promoting mental health and access to services,'' for ''promoting access to services,''.

Subsec. (f). Pub. L. 117–328, § 1423(4)(A), substituted ''the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate'' for ''the Congress'' in introductory provisions.

Subsec. (f)(2). Pub. L. 117–328, § 1423(4)(B), substituted ''including through prevention, early detection, early intervention, and efforts'' for ''including efforts''.

Subsec. (f)(3). Pub. L. 117–328, § 1423(4)(C), added par. (3).

Subsec. (i). Pub. L. 117–328, § 1423(5), substituted ''2023 through 2027'' for ''2018 through 2022''.

2016—Pub. L. 114–255, § 9031(1), substituted ''health and substance use disorder'' for ''and behavioral health'' in section catchline.

Subsec. (a). Pub. L. 114–255, § 9031(2), substituted ''Services and'' for ''Services,'', ''health or substance use disorders'' for ''and behavioral health problems'', and ''substance use disorders, and'' for ''substance abuse, and'', and inserted ''prevent mental and substance use disorders, reduce stigma, and improve the identification and treatment for students at risk,'' after ''suicide attempts,''.

Subsec. (b). Pub. L. 114–255, § 9031(3), substituted ''for one or more of the following:'' for ''for—'' in introductory provisions, added pars. (1) to (12), and struck out former pars. (1) to (6) which read as follows:

''(1) educational seminars;

''(2) the operation of hot lines;

''(3) preparation of informational material;

''(4) preparation of educational materials for families of students to increase awareness of potential mental and behavioral health issues of students enrolled at the institution of higher education;

''(5) training programs for students and campus personnel to respond effectively to students with mental and behavioral health problems that can lead to school failure, such as depression, substance abuse, and suicide attempts; or

''(6) the creation of a networking infrastructure to link colleges and universities that do not have mental health services with health care providers who can treat mental and behavioral health problems.''

Subsec. (c)(5). Pub. L. 114–255, § 9031(4), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (d). Pub. L. 114–255, § 9031(5)(A), in introductory provisions, substituted ''To be eligible to receive a grant under this section, an institution of higher education'' for ''An institution of higher education desiring a grant under this section''.

Subsec. (d)(1). Pub. L. 114–255, § 9031(5)(B), added par. (1) and struck out former par. (1) which read as follows: ''A description of identified mental and behavioral health needs of students at the institution of higher education.''

Subsec. (d)(2). Pub. L. 114–255, § 9031(5)(C), inserted '', which may include, as appropriate and in accordance with subsection (b)(7), a plan to seek input from relevant stakeholders in the community, including appropriate public and private entities, in order to carry out the program under the grant'' before period at end.

Subsec. (d)(6) to (8). Pub. L. 114–255, § 9031(5)(D), added pars. (6) to (8).

Subsec. (e)(1). Pub. L. 114–255, § 9031(6), substituted ''health and substance use disorders'' for ''and behavioral health problems''.

Subsec. (f)(2). Pub. L. 114–255, § 9031(7), substituted ''health and substance use disorder'' for ''and behavioral health'' and ''suicide and substance use disorders'' for ''suicide and substance abuse''.

Subsec. (h). Pub. L. 114–255, § 9031(9), added subsec. (h). Former subsec. (h) redesignated (i).

Subsec. (i). Pub. L. 114–255, § 9031(8), (10), redesignated subsec. (h) as (i) and substituted ''$7,000,000 for each of fiscal years 2018 through 2022.'' for ''$5,000,000 for fiscal year 2005, $5,000,000 for fiscal year 2006, and $5,000,000 for fiscal year 2007.''

Statutory Notes and Related Subsidiaries

INTERAGENCY WORKING GROUP ON COLLEGE MENTAL HEALTH

Pub. L. 114–255, div. B, title IX, § 9032, Dec. 13, 2016, 130 Stat. 1259, provided that:

''(a) PURPOSE.—It is the purpose of this section to provide for the establishment of a College Campus Task Force to discuss mental and behavioral health concerns on campuses of institutions of higher education.

''(b) ESTABLISHMENT.—The Secretary of Health and Human Services (referred to in this section as the 'Secretary') shall establish a College Campus Task Force (referred to in this section as the 'Task Force') to discuss mental and behavioral health concerns on campuses of institutions of higher education.

''(c) MEMBERSHIP.—The Task Force shall be composed of a representative from each Federal agency (as appointed by the head of the agency) that has jurisdiction over, or is affected by, mental health and education policies and projects, including—

''(1) the Department of Education;

''(2) the Department of Health and Human Services;

''(3) the Department of Veterans Affairs; and

''(4) such other Federal agencies as the Assistant Secretary for Mental Health and Substance Use, in consultation with the Secretary, determines to be appropriate.

''(d) DUTIES.—The Task Force shall—

''(1) serve as a centralized mechanism to coordinate a national effort to—

''(A) discuss and evaluate evidence and knowledge on mental and behavioral health services available to, and the prevalence of mental illness among, the age population of students attending institutions of higher education in the United States;

''(B) determine the range of effective, feasible, and comprehensive actions to improve mental and behavioral health on campuses of institutions of higher education;

''(C) examine and better address the needs of the age population of students attending institutions of higher education dealing with mental illness;

''(D) survey Federal agencies to determine which policies are effective in encouraging, and how best to facilitate outreach without duplicating, efforts relating to mental and behavioral health promotion;

''(E) establish specific goals within and across Federal agencies for mental health promotion, including determinations of accountability for reaching those goals;

''(F) develop a strategy for allocating responsibilities and ensuring participation in mental and behavioral health promotion, particularly in the case of competing agency priorities;

''(G) coordinate plans to communicate research results relating to mental and behavioral health amongst the age population of students attending institutions of higher education to enable reporting and outreach activities to produce more useful and timely information;

''(H) provide a description of evidence-based practices, model programs, effective guidelines, and other strategies for promoting mental and behavioral health on campuses of institutions of higher education;

''(I) make recommendations to improve Federal efforts relating to mental and behavioral health promotion on campuses of institutions of higher education and to ensure Federal efforts are consistent with available standards, evidence, and other programs in existence as of the date of enactment of this Act [Dec. 13, 2016];

''(J) monitor Federal progress in meeting specific mental and behavioral health promotion goals as they relate to settings of institutions of higher education; and

''(K) examine and disseminate best practices related to intracampus sharing of treatment records;

''(2) consult with national organizations with expertise in mental and behavioral health, especially those organizations working with the age population of students attending institutions of higher education; and

''(3) consult with and seek input from mental health professionals working on campuses of institutions of higher education as appropriate.

''(e) MEETINGS.—

''(1) IN GENERAL.—The Task Force shall meet not fewer than three times each year.

''(2) ANNUAL CONFERENCE.—The Secretary shall sponsor an annual conference on mental and behavioral health in settings of institutions of higher education to enhance coordination, build partnerships, and share best practices in mental and behavioral health promotion, data collection, analysis, and services.

''(f) DEFINITION.—In this section, the term 'institution of higher education' has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

''(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $1,000,000 for the period of fiscal years 2018 through 2022.''

§ 290bb–36c. National Suicide Prevention Lifeline program

(a) In general

The Secretary, acting through the Assistant Secretary, shall maintain the National Suicide Prevention Lifeline program (referred to in this section as the ''program''), authorized under section 290bb–32 of this title and in effect prior to December 13, 2016.

(b) Activities

In maintaining the program, the activities of the Secretary shall include—

(1) supporting and coordinating a network of crisis centers across the United States for providing suicide prevention and mental health

crisis intervention services, including appropriate follow-up services, to individuals seeking help at any time, day or night;

(2) maintaining a suicide prevention hotline to link callers to local emergency, mental health, and social services resources;

(3) consulting with the Secretary of Veterans Affairs to ensure that veterans calling the suicide prevention hotline have access to a specialized veterans' suicide prevention hotline;

(4) improving awareness of the program for suicide prevention and mental health crisis intervention services, including by conducting an awareness initiative and ongoing outreach to the public; and

(5) improving the collection and analysis of demographic information, in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws, in order to understand disparities in access to the program among individuals who are seeking help.

(c) Plan

(1) In general

For purposes of supporting the crisis centers under subsection (b)(1) and maintaining the suicide prevention hotline under subsection (b)(2), the Secretary shall develop and implement a plan to ensure the provision of high-quality services.

(2) Contents

The plan required by paragraph (1) shall include the following:

(A) Program evaluation, including performance measures to assess progress toward the goals and objectives of the program and to improve the responsiveness and performance of the hotline, including at all backup call centers.

(B) Requirements that crisis centers and backup centers must meet—

(i) to participate in the network under subsection (b)(1); and

(ii) to ensure that each telephone call and applicable other communication received by the hotline, including at backup call centers, is answered in a timely manner, consistent with evidence-based guidance or other guidance or best practices, as appropriate.

(C) Specific recommendations and strategies for implementing evidence-based practices, including with respect to followup and communicating the availability of resources in the community for individuals in need.

(D) Criteria for carrying out periodic testing of the hotline during each fiscal year, including at crisis centers and backup centers, to identify and address any problems in a timely manner.

(3) Consultation

In developing requirements under paragraph (2)(B), the Secretary shall consult with State departments of health, local governments, Indian Tribes, and Tribal organizations.

(4) Initial plan; updates

The Secretary shall—

(A) not later than 1 year after December 29, 2022, complete development of the initial plan under paragraph (1) and make such plan publicly available; and

(B) periodically thereafter, update such plan and make the updated plan publicly available.

(d) Improving epidemiological data

The Secretary shall, as appropriate, formalize and strengthen agreements between the Suicide Prevention Lifeline program and the Centers for Disease Control and Prevention with respect to the secure sharing of de-identified epidemiological data. Such agreements shall include appropriate privacy and security protections that meet the requirements of applicable Federal law, at a minimum.

(e) Data to assist State and local suicide prevention activities

The Secretary shall ensure that the aggregated information collected and any applicable analyses conducted under subsection (b)(5), including from local call centers, as applicable, are made available in a usable format to State and local agencies in order to inform suicide prevention activities.

(f) Authorization of appropriations

To carry out this section, there are authorized to be appropriated $101,621,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520E–3, as added Pub. L. 114–255, div. B, title IX, § 9005, Dec. 13, 2016, 130 Stat. 1239; amended Pub. L. 117–328, div. FF, title I, § 1103(a), Dec. 29, 2022, 136 Stat. 5637.)

Editorial Notes

AMENDMENTS

2022—Subsec. (b)(1). Pub. L. 117–328, § 1103(a)(1)(A), inserted ''supporting and'' before ''coordinating'' and substituted ''mental health crisis intervention services, including appropriate follow-up services,'' for ''crisis intervention services''.

Subsec. (b)(4), (5). Pub. L. 117–328, § 1103(a)(1)(B)–(D), added pars. (4) and (5).

Subsec. (c). Pub. L. 117–328, § 1103(a)(2)(B), added subsec. (c). Former subsec. (c) redesignated (f).

Subsecs. (d), (e). Pub. L. 117–328, § 1103(a)(3), added subsecs. (d) and (e).

Subsec. (f). Pub. L. 117–328, § 1103(a)(4), amended subsec. (f) generally. Prior to amendment, text read as follows: ''To carry out this section, there are authorized to be appropriated $7,198,000 for each of fiscal years 2018 through 2022.''

Pub. L. 117–328, § 1103(a)(2)(A), redesignated subsec. (c) as (f).

Statutory Notes and Related Subsidiaries

PILOT PROGRAM ON INNOVATIVE TECHNOLOGIES

Pub. L. 117–328, div. FF, title I, § 1103(b), (e), Dec. 29, 2022, 136 Stat. 5639, 5640, provided that:

''(b) Pilot Program on Innovative Technologies.—

''(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall, as appropriate, carry out a pilot program to research, analyze, and employ various technologies and platforms of communication (including social media platforms, texting platforms, and email platforms) for suicide prevention in addition to the telephone and online chat service provided by the Suicide Prevention Lifeline.

''(2) REPORT.—Not later than 24 months after the date on which the pilot program under paragraph (1) commences, the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Congress a report on the pilot program. With respect to each platform of communication employed pursuant to the pilot program, the report shall include—

''(A) a full description of the program;

''(B) the number of individuals served by the program;

''(C) the average wait time for each individual to receive a response;

''(D) the cost of the program, including the cost per individual served; and

''(E) any other information the Secretary determines appropriate.

''(e) DEFINITION.—In this section, the term 'Suicide Prevention Lifeline' means the suicide prevention hotline maintained pursuant to section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c).''

§ 290bb–36d. Treatment Referral Routing Service

(a) In general

The Secretary, acting through the Assistant Secretary, shall maintain the National Treatment Referral Routing Service (referred to in this section as the ''Routing Service'') to assist individuals and families in locating mental and substance use disorders treatment providers.

(b) Activities of the Secretary

To maintain the Routing Service, the activities of the Assistant Secretary shall include administering—

(1) a nationwide, telephone number providing year-round access to information that is updated on a regular basis regarding local behavioral health providers and community-based organizations in a manner that is confidential, without requiring individuals to identify themselves, is in languages that include at least English and Spanish, and is at no cost to the individual using the Routing Service; and

(2) an Internet website to provide a searchable, online treatment services locator of behavioral health treatment providers and community-based organizations, which shall include information on the name, location, contact information, and basic services provided by such providers and organizations.

(c) Removing practitioner contact information

In the event that the Internet website described in subsection (b)(2) contains information on any practitioner who prescribes narcotic drugs in schedule III, IV, or V of section 812 of title 21 for the purpose of maintenance or detoxification treatment, the Assistant Secretary—

(1) shall provide an opportunity to such practitioner to have the contact information of the practitioner removed from the website at the request of the practitioner; and

(2) may evaluate other methods to periodically update the information displayed on such website.

(d) Rule of construction

Nothing in this section shall be construed to prevent the Assistant Secretary from using any unobligated amounts otherwise made available to the Administration to maintain the Routing Service.

(July 1, 1944, ch. 373, title V, § 520E–4, as added Pub. L. 114–255, div. B, title IX, § 9006, Dec. 13, 2016, 130 Stat. 1239; amended Pub. L. 117–215, title I, § 103(b)(3)(A), Dec. 2, 2022, 136 Stat. 2263; Pub. L. 117–328, div. FF, title I, § 1262(b)(3), Dec. 29, 2022, 136 Stat. 5682.)

Editorial Notes

AMENDMENTS

2022—Subsec. (c). Pub. L. 117–328, which directed substitution of ''information on any practitioner who prescribes narcotic drugs in schedule III, IV, or V of section 812 of title 21 for the purpose of maintenance or detoxification treatment'' for ''information on any qualified practitioner that is certified to prescribe medication for opioid dependency under section 823(g)(2)(B) of title 21'', was executed in introductory provisions by making the substitution for ''information on any qualified practitioner that is certified to prescribe medication for opioid dependency under section 823(h)(2)(B) of title 21'', to reflect the probable intent of Congress and the intervening amendment by Pub. L. 117–215. See Amendment note below.

Pub. L. 117–215 substituted ''823(h)(2)(B)'' for ''823(g)(2)(B)'' in introductory provisions.

§ 290bb–37. Mental health crisis response partnership pilot program

(a) In general

The Secretary shall establish a pilot program under which the Secretary will award competitive grants to States, localities, territories, Indian Tribes, and Tribal organizations to establish new, or enhance existing, mobile crisis response teams that divert the response for mental health and substance use disorder crises from law enforcement to mobile crisis teams, as described in subsection (b).

(b) Mobile crisis teams described

A mobile crisis team, for purposes of this section, is a team of individuals—

(1) that is available to respond to individuals in mental health and substance use disorder crises and provide immediate stabilization, referrals to community-based mental health and substance use disorder services and supports, and triage to a higher level of care if medically necessary;

(2) which may include licensed counselors, clinical social workers, physicians, paramedics, crisis workers, peer support specialists, or other qualified individuals; and

(3) which may provide support to divert mental health and substance use disorder crisis calls from the 9–1–1 system to the 9–8–8 system.

(c) Priority

In awarding grants under this section, the Secretary shall prioritize applications which account for the specific needs of the communities to be served, including children and families, veterans, rural and underserved populations, and other groups at increased risk of death from suicide or overdose.

(d) Report

(1) Initial report

Not later than September 30, 2024, the Secretary shall submit to Congress a report on

steps taken by States, localities, territories, Indian Tribes, and Tribal organizations prior to December 29, 2022, to strengthen the partnerships among mental health providers, substance use disorder treatment providers, primary care physicians, mental health and substance use disorder crisis teams, paramedics, law enforcement officers, and other first responders.

(2) Progress reports

Not later than one year after the date on which the first grant is awarded to carry out this section, and for each year thereafter, the Secretary shall submit to Congress a report on the grants made during the year covered by the report, which shall include—

(A) impact data on the teams and people served by such programs, including demographic information of individuals served, volume, and types of service utilization;

(B) outcomes of the number of linkages made to community-based resources or short-term crisis receiving and stabilization facilities, as applicable, and diversion from law enforcement or hospital emergency department settings;

(C) data consistent with the State block grant requirements for continuous evaluation and quality improvement, and other relevant data as determined by the Secretary;

(D) identification and, where appropriate, recommendations of best practices from States and localities providing mobile crisis response and stabilization services for youth and adults; and

(E) identification of any opportunities for improvements to the program established under this section.

(e) Authorization of appropriations

There are authorized to be appropriated to carry out this section, $10,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520F, as added Pub. L. 106–310, div. B, title XXXII, § 3209, Oct. 17, 2000, 114 Stat. 1200; amended Pub. L. 114–255, div. B, title IX, § 9007, Dec. 13, 2016, 130 Stat. 1240; Pub. L. 117–328, div. FF, title I, § 1122(a), Dec. 29, 2022, 136 Stat. 5650.)

Editorial Notes

AMENDMENTS

2022—Pub. L. 117–328 amended section generally. Prior to amendment, section provided for competitive grants to enhance community-based crisis response systems or to develop, maintain, or enhance a database of beds at mental health and substance use disorder treatment facilities.

2016—Pub. L. 114–255 amended section generally. Prior to amendment, section provided for grants to support the designation of hospitals and health centers as Emergency Mental Health Centers.

§ 290bb–38. Grants for jail diversion programs

(a) Program authorized

The Secretary shall make grants to States, political subdivisions of States, and Indian Tribes and Tribal organizations (as the terms ''Indian tribes'' and ''tribal organizations'' are defined in section 4 of the Indian Self-Determination and Education Assistance Act [25 U.S.C. 5304]), acting directly or through agreements with other public or nonprofit entities, or a health facility or program operated by or in accordance with a contract or grant with the Indian Health Service, to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services.

(b) Administration

(1) Consultation

The Secretary shall consult with the Attorney General and any other appropriate officials in carrying out this section.

(2) Regulatory authority

The Secretary shall issue regulations and guidelines necessary to carry out this section, including methodologies and outcome measures for evaluating programs carried out by States, political subdivisions of States, Indian Tribes, and Tribal organizations receiving grants under subsection (a).

(c) Applications

(1) In general

To receive a grant under subsection (a), the chief executive of a State, chief executive of a subdivision of a State, an Indian Tribe or Tribal organization, a health facility or program described in subsection (a), or a public or nonprofit entity referred to in subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary shall reasonably require.

(2) Content

Such application shall—

(A) contain an assurance that—

(i) community-based mental health services will be available for the individuals who are diverted from the criminal justice system, and that such services are based on evidence-based practices, reflect current research findings, include case management, assertive community treatment, medication management and access, integrated mental health and co-occurring substance use disorder treatment, peer recovery support services, and psychiatric rehabilitation, and will be coordinated with social services, including life skills training, housing placement, vocational training, education job placement, and health care;

(ii) there has been relevant interagency collaboration between the appropriate criminal justice, mental health, and substance use disorder systems; and

(iii) the Federal support provided will be used to supplement, and not supplant, State, local, Indian Tribe, or Tribal organization sources of funding that would otherwise be available;

(B) demonstrate that the diversion program will be integrated with an existing system of care for those with mental illness;

(C) explain the applicant's inability to fund the program adequately without Federal assistance;

(D) specify plans for obtaining necessary support and continuing the proposed program following the conclusion of Federal support; and

(E) describe methodology and outcome measures that will be used in evaluating the program.

(d) Special consideration regarding veterans

In awarding grants under subsection (a), the Secretary shall, as appropriate, give special consideration to entities proposing to use grant funding to support jail diversion services for veterans.

(e) Use of funds

A State, political subdivision of a State, Indian Tribe, or Tribal organization that receives a grant under subsection (a) may use funds received under such grant to—

(1) integrate the diversion program into the existing system of care;

(2) create or expand community-based mental health and co-occurring mental illness and substance use disorder services to accommodate the diversion program;

(3) train professionals and paraprofessionals involved in the system of care, and law enforcement officers, attorneys, and judges;

(4) provide community outreach and crisis intervention; and

(5) develop programs to divert individuals prior to booking, arrest, or release.

(f) Federal share

(1) In general

The Secretary shall pay to a State, political subdivision of a State, Indian Tribe, or Tribal organization receiving a grant under subsection (a) the Federal share of the cost of activities described in the application.

(2) Federal share

The Federal share of a grant made under this section shall not exceed 75 percent of the total cost of the program carried out by the State, political subdivision of a State, Indian Tribe, or Tribal organization. Such share shall be used for new expenses of the program carried out by such State, political subdivision of a State, Indian Tribe, or Tribal organization.

(3) Non-Federal share

The non-Federal share of payments made under this section may be made in cash or in kind fairly evaluated, including planned equipment or services. The Secretary may waive the requirement of matching contributions.

(g) Geographic distribution

The Secretary shall ensure that such grants awarded under subsection (a) are equitably distributed among the geographical regions of the United States and between urban and rural populations.

(h) Training and technical assistance

Training and technical assistance may be provided by the Secretary to assist a State, political subdivision of a State, Indian Tribe, or Tribal organization receiving a grant under subsection (a) in establishing and operating a diversion program.

(i) Evaluations

The programs described in subsection (a) shall be evaluated not less than one time in every 12-month period using the methodology and outcome measures identified in the grant application.

(j) Authorization of appropriations

There are authorized to be appropriated to carry out this section $14,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, §520G, as added Pub. L. 106–310, div. B, title XXXII, §3210, Oct. 17, 2000, 114 Stat. 1201; amended Pub. L. 114–255, div. B, title IX, §9002, Dec. 13, 2016, 130 Stat. 1234; Pub. L. 117–328, div. FF, title I, §1216, Dec. 29, 2022, 136 Stat. 5669.)

Editorial Notes

AMENDMENTS

2022—Subsec. (a). Pub. L. 117–328, §1216(1), struck out ''up to 125'' before ''grants'' and substituted ''Tribes and Tribal organizations'' for ''tribes and tribal organizations''.

Subsec. (b)(2). Pub. L. 117–328, §1216(2), substituted ''Tribes, and Tribal organizations'' for ''tribes, and tribal organizations''.

Subsec. (c)(1). Pub. L. 117–328, §1216(3)(A), substituted ''an Indian Tribe or Tribal organization, a health facility or program described in subsection (a), or a public or nonprofit entity referred to in subsection (a)'' for ''Indian tribe or tribal organization''.

Subsec. (c)(2)(A)(i). Pub. L. 117–328, §1216(3)(B)(i), inserted ''peer recovery support services,'' after ''disorder treatment,''.

Subsec. (c)(2)(A)(iii). Pub. L. 117–328, §1216(3)(B)(ii), substituted ''Tribe, or Tribal organization'' for ''tribe, or tribal organization''.

Subsec. (e). Pub. L. 117–328, §1216(4)(A), substituted ''Tribe, or Tribal organization'' for ''tribe, or tribal organization'' in introductory provisions.

Subsec. (e)(3). Pub. L. 117–328, §1216(4)(B), inserted ''and paraprofessionals'' after ''professionals''.

Subsec. (e)(5). Pub. L. 117–328, §1216(4)(C), substituted '', arrest, or release'' for ''or arrest''.

Subsec. (f). Pub. L. 117–328, §1216(5), substituted ''Tribe, or Tribal organization'' for ''tribe, or tribal organization'' wherever appearing.

Subsec. (h). Pub. L. 117–328, §1216(6), substituted ''Tribe, or Tribal organization'' for ''tribe, or tribal organization''.

Subsec. (j). Pub. L. 117–328, §1216(7), substituted ''$14,000,000 for each of fiscal years 2023 through 2027'' for ''$4,269,000 for each of fiscal years 2018 through 2022''.

2016—Subsec. (a). Pub. L. 114–255, §9002(2), substituted ''and Indian tribes and tribal organizations (as the terms 'Indian tribes' and 'tribal organizations' are defined in section 4 of the Indian Self-Determination and Education Assistance Act)'' for ''Indian tribes, and tribal organizations'' and inserted ''or a health facility or program operated by or in accordance with a contract or grant with the Indian Health Service,'' after ''entities,''.

Subsec. (c)(2)(A)(i). Pub. L. 114–255, §9002(1), (3), substituted ''evidence-based'' for ''the best known'' and ''substance use disorder'' for ''substance abuse''.

Subsec. (c)(2)(A)(ii). Pub. L. 114–255, §9002(1), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (d). Pub. L. 114–255, §9002(5), added subsec. (d). Former subsec. (d) redesignated (e).

Subsec. (e). Pub. L. 114–255, §9002(4), redesignated subsec. (d) as (e). Former subsec. (e) redesignated (f).

Subsec. (e)(2). Pub. L. 114–255, §9002(1), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (e)(5). Pub. L. 114–255, § 9002(6), added par. (5).

Subsecs. (f) to (i). Pub. L. 114–255, § 9002(4), redesignated subsecs. (e) to (h) as (f) to (i), respectively. Former subsec. (i) redesignated (j).

Subsec. (j). Pub. L. 114–255, § 9002(4), (7), redesignated subsec. (i) as (j) and substituted ''$4,269,000 for each of fiscal years 2018 through 2022'' for ''$10,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 through 2003''.

§ 290bb–39. Peer-supported mental health services

(a) Grants authorized

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall award grants to eligible entities to enable such entities to develop, expand, and enhance access to mental health peer-delivered services.

(b) Use of funds

Grants awarded under subsection (a) shall be used to develop, expand, and enhance national, statewide, or community-focused programs, including virtual peer-support services and technology-related capabilities, including by—

(1) carrying out workforce development, recruitment, and retention activities, to train, recruit, and retain peer-support providers;

(2) building connections between mental health treatment programs, including between community organizations and peer-support networks, including virtual peer-support networks, and with other mental health support services;

(3) reducing stigma associated with mental health disorders;

(4) expanding and improving virtual peer mental health support services, including through the adoption of technologies and capabilities to expand access to virtual peer mental health support services, such as by acquiring equipment and software necessary to efficiently run virtual peer-support services; and

(5) conducting research on issues relating to mental illness and the impact peer-support has on resiliency, including identifying—

(A) the signs of mental illness;

(B) the resources available to individuals with mental illness and to their families; and

(C) the resources available to help support individuals living with mental illness.

(c) Special consideration

In carrying out this section, the Secretary shall give special consideration to the unique needs of rural areas.

(d) Definition

In this section, the term ''eligible entity'' means—

(1) a consumer-run nonprofit organization that—

(A) is principally governed by people living with a mental health condition; and

(B) mobilizes resources within and outside of the mental health community, which may include through peer-support networks, to increase the prevalence and quality of long-term wellness of individuals living with a mental health condition, including those with a co-occurring substance use disorder; or

(2) an Indian Tribe, Tribal organization, Urban Indian organization, or consortium of Tribes or Tribal organizations.

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section $13,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520H, as added Pub. L. 117–328, div. FF, title I, § 1151, Dec. 29, 2022, 136 Stat. 5658.)

Editorial Notes

PRIOR PROVISIONS

A prior section 290bb–39, act July 1, 1944, ch. 373, title V, § 520H, as added Pub. L. 106–310, div. B, title XXXII, § 3211, Oct. 17, 2000, 114 Stat. 1203, related to improving outcomes for children and adolescents through services integration between child welfare and mental health services, prior to repeal by Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248.

§ 290bb–39a. Best practices for behavioral and mental health intervention teams

(a) In general

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, and in consultation with the Secretary of Education, shall submit to the Health Education, Labor, and Pensions Committee of the Senate and the Energy and Commerce Committee of the House of Representatives a report that identifies best practices related to using behavioral and mental health intervention teams, which may be used to assist elementary schools, secondary schools, and institutions of higher education interested in voluntarily establishing and using such teams to support students exhibiting behaviors interfering with learning at school or who are at risk of harm to self or others.

(b) Elements

The report under subsection (a) shall assess evidence supporting such best practices and, as appropriate, include consideration of the following:

(1) How behavioral and mental health intervention teams might operate effectively from an evidence-based, objective perspective while protecting the constitutional and civil rights and privacy of individuals.

(2) The use of behavioral and mental health intervention teams—

(A) to identify and support students exhibiting behaviors interfering with learning or posing a risk of harm to self or others; and

(B) to implement evidence-based interventions to meet the behavioral and mental health needs of such students.

(3) How behavioral and mental health intervention teams can—

(A) access evidence-based professional development to support students described in paragraph (2)(A); and

(B) ensure that such teams—

(i) are composed of trained, diverse stakeholders with expertise in child and

youth development, behavioral and mental health, and disability; and

(ii) use cross validation by a wide-range of individual perspectives on the team.

(4) How behavioral and mental health intervention teams can help mitigate inappropriate referral to mental health services or law enforcement by implementing evidence-based interventions that meet student needs.

(c) Consultation

In carrying out subsection (a), the Secretary shall consult with—

(1) the Secretary of Education;

(2) the Director of the National Threat Assessment Center of the United States Secret Service;

(3) the Attorney General;

(4) teachers (which shall include special education teachers), principals and other school leaders, school board members, behavioral and mental health professionals (including school-based mental health professionals), and parents of students;

(5) local law enforcement agencies and campus law enforcement administrators;

(6) privacy, disability, and civil rights experts; and

(7) other education and mental health professionals as the Secretary deems appropriate.

(d) Publication

The Secretary shall publish the report under subsection (a) in an accessible format on the internet website of the Department of Health and Human Services.

(e) Definitions

In this section:

(1) The term ''behavioral and mental health intervention team'' means a multidisciplinary team of trained individuals who—

(A) are trained to identify and assess the behavioral health needs of children and youth and who are responsible for identifying, supporting, and connecting students exhibiting behaviors interfering with learning at school, or who are at risk of harm to self or others, with appropriate behavioral health services; and

(B) develop and facilitate implementation of evidence-based interventions to—

(i) mitigate the threat of harm to self or others posed by a student described in subparagraph (A);

(ii) meet the mental and behavioral health needs of such students; and

(iii) support positive, safe, and supportive learning environments.

(2) The terms ''elementary school'', ''parent'', and ''secondary school'' have the meanings given to such terms in section 7801 of title 20.

(3) The term ''institution of higher education'' has the meaning given to such term in section 1002 of title 20.

(July 1, 1944, ch. 373, title V, § 520H–1, as added Pub. L. 117–328, div. FF, title I, § 1404, Dec. 29, 2022, 136 Stat. 5700.)

§ 290bb–40. Grants for the integrated treatment of serious mental illness and co-occurring substance abuse

(a) In general

The Secretary shall award grants, contracts, or cooperative agreements to States, political subdivisions of States, Indian tribes, tribal organizations, and private nonprofit organizations for the development or expansion of programs to provide integrated treatment services for individuals with a serious mental illness and a co-occurring substance abuse disorder.

(b) Priority

In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall give priority to applicants that emphasize the provision of services for individuals with a serious mental illness and a co-occurring substance abuse disorder who—

(1) have a history of interactions with law enforcement or the criminal justice system;

(2) have recently been released from incarceration;

(3) have a history of unsuccessful treatment in either an inpatient or outpatient setting;

(4) have never followed through with outpatient services despite repeated referrals; or

(5) are homeless.

(c) Use of funds

A State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that receives a grant, contract, or cooperative agreement under subsection (a) shall use funds received under such grant—

(1) to provide fully integrated services rather than serial or parallel services;

(2) to employ staff that are cross-trained in the diagnosis and treatment of both serious mental illness and substance abuse;

(3) to provide integrated mental health and substance abuse services at the same location;

(4) to provide services that are linguistically appropriate and culturally competent;

(5) to provide at least 10 programs for integrated treatment of both mental illness and substance abuse at sites that previously provided only mental health services or only substance abuse services; and

(6) to provide services in coordination with other existing public and private community programs.

(d) Condition

The Secretary shall ensure that a State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that receives a grant, contract, or cooperative agreement under subsection (a) maintains the level of effort necessary to sustain existing mental health and substance abuse programs for other populations served by mental health systems in the community.

(e) Distribution of awards

The Secretary shall ensure that grants, contracts, or cooperative agreements awarded under subsection (a) are equitably distributed among the geographical regions of the United States and between urban and rural populations.

(f) Duration

The Secretary shall award grants, contract, or cooperative agreements under this subsection for a period of not more than 5 years.

(g) Application

A State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that desires a grant, contract, or cooperative agreement under this subsection shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require. Such application shall include a plan for the rigorous evaluation of activities funded with an award under such subsection, including a process and outcomes evaluation.

(h) Evaluation

A State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that receives a grant, contract, or cooperative agreement under this subsection shall prepare and submit a plan for the rigorous evaluation of the program funded under such grant, contract, or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period.

(i) Authorization of appropriation

There is authorized to be appropriated to carry out this subsection $40,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 through 2003.

(July 1, 1944, ch. 373, title V, § 520I, as added Pub. L. 106–310, div. B, title XXXII, § 3212, Oct. 17, 2000, 114 Stat. 1205.)

§ 290bb–41. Mental health awareness training grants

(a) In general

The Secretary shall award grants in accordance with the provisions of this section.

(b) Mental health awareness training grants

(1) In general

The Secretary shall award grants to States, political subdivisions of States, Indian Tribes, Tribal organizations, and nonprofit private entities to train teachers and other relevant school personnel to recognize symptoms of childhood and adolescent mental disorders, to refer family members to the appropriate mental health services if necessary, to train emergency services personnel[1] veterans, law enforcement, and other categories of individuals, as determined by the Secretary, to identify and appropriately respond to persons with a mental illness, and to provide education to such teachers and personnel regarding resources that are available in the community for individuals with a mental illness.

(2) Emergency services personnel

In this subsection, the term ''emergency services personnel'' includes paramedics, firefighters, and emergency medical technicians.

[1] So in original. A comma probably should appear.

(3) Distribution of awards

The Secretary shall ensure that such grants awarded under this subsection are equitably distributed among the geographical regions of the United States and between urban and rural populations.

(4) Application

A State, political subdivision of a State, Indian Tribe, Tribal organization, or nonprofit private entity that desires a grant under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan for the rigorous evaluation of activities that are carried out with funds received under a grant under this subsection.

(5) Use of funds

A State, political subdivision of a State, Indian Tribe, Tribal organization, or nonprofit private entity receiving a grant under this subsection shall use funds from such grant for evidence-based programs that provide training and education in accordance with paragraph (1) on matters including—

(A) recognizing the signs and symptoms of mental illness;

(B)(i) resources available in the community for individuals with a mental illness and other relevant resources; or

(ii) safely de-escalating crisis situations involving individuals with a mental illness; and

(C) suicide intervention and prevention.

(6) Evaluation

A State, political subdivision of a State, Indian Tribe, Tribal organization, or nonprofit private entity that receives a grant under this subsection shall prepare and submit an evaluation to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including an evaluation of activities carried out with funds received under the grant under this subsection and a process and outcome evaluation.

(7) Technical assistance

The Secretary may provide technical assistance to grantees in carrying out this section, which may include assistance with—

(A) program evaluation and related activities, including related data collection and reporting;

(B) implementing and disseminating evidence-based practices and programs; and

(C) facilitating collaboration among grantees.

(8) Authorization of appropriations

There is authorized to be appropriated to carry out this subsection $24,963,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520J, as added Pub. L. 106–310, div. B, title XXXII, § 3213, Oct. 17, 2000, 114 Stat. 1206; amended Pub. L. 114–255, div. B, title IX, § 9010, Dec. 13, 2016, 130 Stat. 1244; Pub. L. 117–328, div. FF, title I, § 1122(b), Dec. 29, 2022, 136 Stat. 5651.)

Editorial Notes

AMENDMENTS

2022—Subsec. (b)(1). Pub. L. 117–328, §1122(b)(1)(A), substituted ''Indian Tribes, Tribal organizations'' for ''Indian tribes, tribal organizations''.

Subsec. (b)(2). Pub. L. 117–328, §1122(b)(2)(A), substituted ''Emergency services personnel'' for ''Emergency Services Personnel'' in heading.

Subsec. (b)(3). Pub. L. 117–328, §1122(b)(2)(B), substituted ''Distribution of awards'' for ''Distribution of Awards'' in heading.

Subsec. (b)(4). Pub. L. 117–328, §1122(b)(1)(B), substituted ''Indian Tribe, Tribal organization'' for ''Indian tribe, tribal organization''.

Subsec. (b)(5). Pub. L. 117–328, §1122(b)(1)(C)(i), substituted ''Indian Tribe, Tribal organization'' for ''Indian tribe, tribal organization'' in introductory provisions.

Subsec. (b)(5)(C). Pub. L. 117–328, §1122(b)(1)(C)(ii)–(iv), added subpar. (C).

Subsec. (b)(6). Pub. L. 117–328, §1122(b)(1)(D), substituted ''Indian Tribe, Tribal organization'' for ''Indian tribe, tribal organization''.

Subsec. (b)(7). Pub. L. 117–328, §1122(b)(1)(F), added par. (7). Former par. (7) redesignated (8).

Subsec. (b)(8). Pub. L. 117–328, §1122(b)(1)(E), (G), redesignated par. (7) as (8) and substituted ''$24,963,000 for each of fiscal years 2023 through 2027'' for ''$14,693,000 for each of fiscal years 2018 through 2022''.

2016—Pub. L. 114–255, §9010(1), inserted ''Mental health awareness'' before ''training'' in section catchline.

Subsec. (b). Pub. L. 114–255, §9010(2)(A), substituted ''health'' for ''illness'' in heading.

Subsec. (b)(1). Pub. L. 114–255, §9010(2)(B), inserted ''veterans, law enforcement, and other categories of individuals, as determined by the Secretary,'' after ''emergency services personnel''.

Subsec. (b)(5). Pub. L. 114–255, §9010(2)(C), substituted ''for evidence-based programs that provide training and education in accordance with paragraph (1) on matters including'' for ''to'' in introductory provisions, added subpars. (A) and (B), and struck out former subpars. (A) to (C) which read as follows:

''(A) train teachers and other relevant school personnel to recognize symptoms of childhood and adolescent mental disorders and appropriately respond;

''(B) train emergency services personnel to identify and appropriately respond to persons with a mental illness; and

''(C) provide education to such teachers and personnel regarding resources that are available in the community for individuals with a mental illness.''

Subsec. (b)(7). Pub. L. 114–255, §9010(2)(D), substituted ''$14,693,000 for each of fiscal years 2018 through 2022.'' for '', $25,000,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 through 2003.''

§ 290bb–42. Improving uptake and patient access to integrated care services

(a) Definitions

In this section:

(1) Eligible entity

The term ''eligible entity'' means a State, or an appropriate State agency, in collaboration with—

(A) 1 or more qualified community programs as described in section 300x–2(b)(1) of this title; or

(B) 1 or more health centers (as defined in section 254b(a) of this title), rural health clinics (as defined in section 1395x(aa) of this title), or Federally qualified health centers (as defined in such section), or primary care practices serving adult or pediatric patients or both.

(2) Integrated care; bidirectional integrated care

(A) The term ''integrated care'' means collaborative models, including the psychiatric collaborative care model and other evidence-based or evidence-informed models, or practices for coordinating and jointly delivering behavioral and physical health services, which may include practices that share the same space in the same facility.

(B) The term ''bidirectional integrated care'' means the integration of behavioral health care and specialty physical health care, and the integration of primary and physical health care within specialty behavioral health settings, including within primary health care settings.

(3) Psychiatric collaborative care model

The term ''psychiatric collaborative care model'' means the evidence-based, integrated behavioral health service delivery method that includes—

(A) care directed by the primary care team;

(B) structured care management;

(C) regular assessments of clinical status using developmentally appropriate, validated tools; and

(D) modification of treatment as appropriate.

(4) Special population

The term ''special population'' means—

(A) adults with a serious mental illness or adults who have co-occurring mental illness and physical health conditions or chronic disease;

(B) children and adolescents with a serious emotional disturbance who have a co-occurring physical health condition or chronic disease;

(C) individuals with a substance use disorder; or

(D) individuals with a mental illness who have a co-occurring substance use disorder.

(b) Grants and cooperative agreements

(1) In general

The Secretary may award grants and cooperative agreements to eligible entities to support the improvement of integrated care for physical and behavioral health care in accordance with paragraph (2).

(2) Use of funds

A grant or cooperative agreement awarded under this section shall be used—

(A) to promote full integration and collaboration in clinical practices between physical and behavioral health care, including for special populations;

(B) to support the improvement of integrated care models for physical and behavioral health care to improve overall wellness and physical health status, including for special populations;

(C) to promote the implementation and improvement of bidirectional integrated

care services provided at entities described in subsection (a)(1), including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services for mental and substance use disorders, and co-occurring physical health conditions and chronic diseases; and

(D) in the case of an eligible entity that is collaborating with a primary care practice, to support the implementation of evidence-based or evidence-informed integrated care models, including the psychiatric collaborative care model, including—

(i) by hiring staff;

(ii) by identifying and formalizing contractual relationships with other health care providers or other relevant entities offering care management and behavioral health consultation to facilitate the adoption of integrated care, including, as applicable, providers who will function as psychiatric consultants and behavioral health care managers in providing behavioral health integration services through the collaborative care model;

(iii) by purchasing or upgrading software and other resources, as applicable, needed to appropriately provide behavioral health integration, including resources needed to establish a patient registry and implement measurement-based care; and

(iv) for such other purposes as the Secretary determines to be applicable and appropriate.

(c) Applications

(1) In general

An eligible entity that is seeking a grant or cooperative agreement under this section shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require, including the contents described in paragraph (2).

(2) Contents for awards

Any such application of an eligible entity seeking a grant or cooperative agreement under this section shall include, as applicable—

(A) a description of a plan to achieve fully collaborative agreements to provide bidirectional integrated care to special populations;

(B) a summary of the policies, if any, that are barriers to the provision of integrated care, and the specific steps, if applicable, that will be taken to address such barriers;

(C) a description of partnerships or other arrangements with local health care providers to provide services to special populations and, as applicable, in areas with demonstrated need, such as Tribal, rural, or other medically underserved communities, such as those with a workforce shortage of mental health and substance use disorder, pediatric mental health, or other related professionals;

(D) an agreement and plan to report to the Secretary performance measures necessary to evaluate patient outcomes and facilitate evaluations across participating projects; and

(E) a description of the plan or progress in implementing the psychiatric collaborative care model, as applicable and appropriate;

(F) a description of the plan or progress of evidence-based or evidence-informed integrated care models other than the psychiatric collaborative care model implemented by primary care practices, as applicable and appropriate; and

(G) a plan for sustainability beyond the grant or cooperative agreement period under subsection (e).

(d) Grant and cooperative agreement amounts

(1) Target amount

The target amount that an eligible entity may receive for a year through a grant or cooperative agreement under this section shall be no more than $2,000,000.

(2) Adjustment permitted

The Secretary, taking into consideration the quality of an eligible entity's application and the number of eligible entities that received grants under this section prior to December 29, 2022, may adjust the target amount that an eligible entity may receive for a year through a grant or cooperative agreement under this section.

(3) Limitation

An eligible entity that is receiving funding under subsection (b)—

(A) may not allocate more than 10 percent of the funds awarded to such eligible entity under this section to administrative functions; and

(B) shall allocate the remainder of such funding to health facilities that provide integrated care.

(e) Duration

A grant or cooperative agreement under this section shall be for a period not to exceed 5 years.

(f) Report on program outcomes

An eligible entity receiving a grant or cooperative agreement under this section shall submit an annual report to the Secretary. Such annual report shall include—

(1) the progress made to reduce barriers to integrated care as described in the entity's application under subsection (c);

(2) a description of outcomes with respect to each special population listed in subsection (a)(4), including outcomes related to education, employment, and housing, or, as applicable and appropriate, outcomes for such populations receiving behavioral health care through the psychiatric collaborative care model in primary care practices; and

(3) progress in meeting performance metrics and other relevant benchmarks; and

(4) such other information that the Secretary may require.

(g) Technical assistance for primary-behavioral health care integration

(1) Certain recipients

The Secretary may provide appropriate information, training, and technical assistance

to eligible entities that receive a grant or cooperative agreement under subsection (b)(2), in order to help such entities meet the requirements of this section, including assistance with—

(A) development and selection of integrated care models;

(B) dissemination of evidence-based interventions in integrated care;

(C) establishment of organizational practices to support operational and administrative success; and

(D) as appropriate, appropriate information, training, and technical assistance in implementing the psychiatric collaborative care model when an eligible entity is collaborating with 1 or more primary care practices for the purposes of implementing the psychiatric collaborative care model.

(2) Additional dissemination of technical information

In addition to providing the assistance described in paragraph (1) to recipients of a grant or cooperative agreement under this section, the Secretary may also provide such assistance to other States and political subdivisions of States, Indian Tribes and Tribal organizations, as those terms are defined in section 5304 of title 25, outpatient mental health and addiction treatment centers, community mental health centers that meet the criteria under section 300x–2(c) of this title, certified community behavioral health clinics described in section 223 of the Protecting Access to Medicare Act of 2014, primary care organizations such as Federally qualified health centers or rural health clinics as defined in section 1395x(aa) of this title, primary health care practices, the community-based organizations, and other entities engaging in integrated care activities, as the Secretary determines appropriate.

(h) Report to Congress

Not later than 18 months after December 29, 2022, and annually thereafter, the Secretary shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives summarizing the information submitted in reports to the Secretary under subsection (f), including progress made in meeting performance metrics and the uptake of integrated care models, any adjustments made to target amounts pursuant to subsection (d)(2), and any other relevant information.

(i) Funding

(1) Authorization of appropriations

To carry out this section, there is authorized to be appropriated $60,000,000 for each of fiscal years 2023 through 2027.

(2) Increasing uptake of the psychiatric collaborative care model by primary care practices

Not less than 10 percent of funds appropriated to carry out this section shall be for the purposes of implementing the psychiatric collaborative care model implemented by primary care practices under subsection (b).

(3) Funding contingency

Paragraph (2) shall not apply to a fiscal year unless the amount made available to carry out this section for such fiscal year exceeds the amount appropriated to carry out this section (as in effect before December 29, 2022) for fiscal year 2022.

(July 1, 1944, ch.373, title V, § 520K, as added Pub. L. 111–148, title V, § 5604, Mar. 23, 2010, 124 Stat. 679; amended Pub. L. 114–255, div. B, title IX, § 9003, Dec. 13, 2016, 130 Stat. 1235; Pub. L. 117–328, div. FF, title I, § 1301, Dec. 29, 2022, 136 Stat. 5692.)

Editorial Notes

REFERENCES IN TEXT

Section 223 of the Protecting Access to Medicare Act of 2014, referred to in subsec. (g)(2), is section 223 of Pub. L. 113–93, which is set out as a note under section 1396a of this title.

AMENDMENTS

2022—Pub. L. 117–328 amended section generally. Prior to amendment, section authorized Secretary to award grants and cooperative agreements to eligible entities to support improvement of integrated care for primary care and behavioral health care.

2016—Pub. L. 114–255 amended section generally. Prior to amendment, section related to awards for co-locating primary and specialty care in community-based mental health settings.

§ 290bb–43. Adult suicide prevention

(a) Grants

(1) In general

The Assistant Secretary shall award grants to eligible entities described in paragraph (2) to implement suicide prevention and intervention programs, for adult individuals, that are designed to raise awareness of suicide prevention, establish referral processes, and improve care and outcomes for such individuals who are at risk of suicide.

(2) Eligible entities

To be eligible to receive a grant under this section, an entity shall be a community-based primary care or behavioral health care setting, an emergency department, a State mental health agency (or State health agency with mental or behavioral health functions), public health agency, a territory of the United States, or an Indian Tribe or Tribal organization (as the terms ''Indian Tribe'' and ''Tribal organization'' are defined in section 5304 of title 25).

(3) Use of funds

The grants awarded under paragraph (1) shall be used to implement programs, in accordance with such paragraph, that include one or more of the following components:

(A) Screening for suicide risk, suicide intervention services, and services for referral for treatment for individuals at risk for suicide.

(B) Implementing evidence-based practices to provide treatment for individuals at risk for suicide, including appropriate followup services.

(C) Raising awareness of suicide prevention resources and promoting help seeking among those at risk for suicide.

(b) Evaluations and technical assistance

The Assistant Secretary shall—

(1) evaluate the activities supported by grants awarded under subsection (a), and disseminate, as appropriate, the findings from the evaluation;

(2) provide appropriate information, training, and technical assistance, as appropriate, to eligible entities that receive a grant under this section, in order to help such entities to meet the requirements of this section, including assistance with selection and implementation of evidence-based interventions and frameworks to prevent suicide; and

(3) identify best practices, as applicable, to improve the identification, assessment, treatment, and timely transition, as appropriate, to additional or follow-up care for individuals in emergency departments who are at risk for suicide and enhance the coordination of care for such individuals during and after discharge, in support of activities under subsection (a).

(c) Duration

A grant under this section shall be for a period of not more than 5 years.

(d) Authorization of appropriations

There are authorized to be appropriated to carry out this section $30,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520L, as added Pub. L. 114–255, div. B, title IX, § 9009, Dec. 13, 2016, 130 Stat. 1243; amended Pub. L. 117–328, div. FF, title I, § 1122(c), Dec. 29, 2022, 136 Stat. 5652.)

Editorial Notes

AMENDMENTS

2022—Subsec. (a)(1). Pub. L. 117–328, § 1122(c)(1)(A), substituted ''adult individuals'' for ''individuals who are 25 years of age or older'' and inserted ''prevention'' after ''raise awareness of suicide''.

Subsec. (a)(2). Pub. L. 117–328, § 1122(c)(1)(B), in two places, substituted ''Indian Tribe'' for ''Indian tribe'' and ''Tribal organization'' for ''tribal organization''.

Subsec. (a)(3)(C). Pub. L. 117–328, § 1122(c)(1)(C), amended subpar. (C) generally. Prior to amendment, subpar. (C) read as follows: ''Raising awareness and reducing stigma of suicide.''

Subsec. (b)(3). Pub. L. 117–328, § 1122(c)(2), added par. (3).

Subsec. (d). Pub. L. 117–328, § 1122(c)(3), substituted ''$30,000,000 for each of fiscal years 2023 through 2027'' for ''$30,000,000 for the period of fiscal years 2018 through 2022''.

§ 290bb–44. Assertive community treatment grant program

(a) In general

The Assistant Secretary shall award grants to eligible entities—

(1) to establish assertive community treatment programs for adults with a serious mental illness; or

(2) to maintain or expand such programs.

(b) Eligible entities

To be eligible to receive a grant under this section, an entity shall be a State, political subdivision of a State, Indian Tribe or Tribal organization (as such terms are defined in section 5304 of title 25), mental health system, health care facility, or any other entity the Assistant Secretary deems appropriate.

(c) Special consideration

In selecting among applicants for a grant under this section, the Assistant Secretary may give special consideration to the potential of the applicant's program to reduce hospitalization, homelessness, and involvement with the criminal justice system while improving the health and social outcomes of the patient.

(d) Additional activities

The Assistant Secretary shall—

(1) not later than the end of fiscal year 2026, submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the grant program under this section, including an evaluation of—

(A) any cost savings and public health outcomes such as mortality, suicide, substance use disorders, hospitalization, and use of services;

(B) rates of involvement with the criminal justice system of patients;

(C) rates of homelessness among patients; and

(D) patient and family satisfaction with program participation; and

(2) provide appropriate information, training, and technical assistance to grant recipients under this section to help such recipients to establish, maintain, or expand their assertive community treatment programs.

(e) Authorization of appropriations

(1) In general

To carry out this section, there is authorized to be appropriated $9,000,000 for each of fiscal years 2023 through 2027.

(2) Use of certain funds

Of the funds appropriated to carry out this section in any fiscal year, not more than 5 percent shall be available to the Assistant Secretary for carrying out subsection (d).

(July 1, 1944, ch. 373, title V, § 520M, as added Pub. L. 114–255, div. B, title IX, § 9015, Dec. 13, 2016, 130 Stat. 1245; amended Pub. L. 117–328, div. FF, title I, § 1123(a), Dec. 29, 2022, 136 Stat. 5653.)

Editorial Notes

AMENDMENTS

2022—Subsec. (b). Pub. L. 117–328, § 1123(a)(1), substituted ''Indian Tribe or Tribal organization'' for ''Indian tribe or tribal organization''.

Subsec. (d)(1). Pub. L. 117–328, § 1123(a)(2), in introductory provisions, substituted ''not later than the end of fiscal year 2026'' for ''not later than the end of fiscal year 2021'' and ''Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives'' for ''appropriate congressional committees''.

Subsec. (e)(1). Pub. L. 117–328, § 1123(a)(3), substituted ''$9,000,000 for each of fiscal years 2023 through 2027'' for ''$5,000,000 for the period of fiscal years 2018 through 2022''.

§ 290bb–45. Center of Excellence for Eating Disorders for education and training on eating disorders

(a) In general

The Secretary, acting through the Assistant Secretary, shall maintain, by competitive grant or contract, a Center of Excellence for Eating Disorders (referred to in this section as the ''Center'') to improve the identification of, interventions for, and treatment of eating disorders in a manner that is developmentally, culturally, and linguistically appropriate.

(b) Subgrants and subcontracts

The Center shall coordinate and implement the activities under subsection (c), in whole or in part, which may include by awarding competitive subgrants or subcontracts—

(1) across geographical regions; and

(2) in a manner that is not duplicative.

(c) Activities

The Center—

(1) shall—

(A) provide training and technical assistance, including for—

(i) primary care and mental health providers to carry out screening, brief intervention, and referral to treatment for individuals experiencing, or at risk for, eating disorders; and

(ii) other paraprofessionals and relevant individuals providing nonclinical community services to identify and support individuals with, or at disproportionate risk for, eating disorders;

(B) facilitate the development of, and provide training materials to, health care providers (including primary care and mental health professionals) regarding the effective treatment and ongoing support of individuals with eating disorders, including children and marginalized populations at disproportionate risk for eating disorders;

(C) collaborate and coordinate, as appropriate, with other centers of excellence, technical assistance centers, and psychiatric consultation lines of the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration regarding eating disorders;

(D) coordinate with the Director of the Centers for Disease Control and Prevention and the Administrator of the Health Resources and Services Administration, and other Federal agencies, as appropriate, to disseminate training to primary care and mental health care providers; and

(E) support other activities, as determined appropriate by the Secretary; and

(2) may—

(A) support the integration of protocols pertaining to screening, brief intervention, and referral to treatment for individuals experiencing, or at risk for, eating disorders, with health information technology systems;

(B) develop and provide training materials to health care providers, including primary care and mental health providers, to provide screening, brief intervention, and referral to treatment for members of the military and veterans experiencing, or at risk for, eating disorders; and

(C) consult, as appropriate, with the Secretary of Defense and the Secretary of Veterans Affairs on prevention, identification, intervention for, and treatment of eating disorders.

(d) Authorization of appropriations

To carry out this section, there is authorized to be appropriated $1,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520N, as added Pub. L. 117–328, div. FF, title I, § 1131, Dec. 29, 2022, 136 Stat. 5655.)

§§ 290cc to 290cc–12. Repealed. Pub. L. 102–321, title I, §§ 117, 120(b)(3), 123(c), July 10, 1992, 106 Stat. 348, 358, 363

Section 290cc, act July 1, 1944, ch. 373, title V, § 515, formerly Pub. L. 92–255, title V, § 503, as added Pub. L. 94–237, § 13(a), Mar. 19, 1976, 90 Stat. 248; amended Pub. L. 95–461, § 2(c), Oct. 14, 1978, 92 Stat. 1268; Pub. L. 96–181, § 12, Jan. 2, 1980, 93 Stat. 1315; Pub. L. 97–35, title IX, § 972(a), (b), Aug. 13, 1981, 95 Stat. 597; renumbered § 515 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98–24, § 2(b)(11), 97 Stat. 180; Oct. 19, 1984, Pub. L. 98–509, title II, §§ 205(a)(2), 206(c)(2), 207(b), 98 Stat. 2361–2363; Oct. 27, 1986, Pub. L. 99–570, title IV, § 4009, 100 Stat. 3207–115; Nov. 18, 1988, Pub. L. 100–690, title II, § 2058(a)(3), 102 Stat. 4214, related to encouraging drug abuse research.

Section 290cc–1, act July 1, 1944, ch. 373, title V, § 516, as added Oct. 19, 1984, Pub. L. 98–509, title II, § 206(b), 98 Stat. 2362; amended Nov. 18, 1988, Pub. L. 100–690, title II, § 2058(a)(4), 102 Stat. 4214, related to drug abuse demonstration projects.

Section 290cc–2, act July 1, 1944, ch. 373, title V, § 517, as added Oct. 19, 1984, Pub. L. 98–509, title II, § 207(b), 98 Stat. 2363; amended Oct. 27, 1986, Pub. L. 99–570, title IV, § 4010(b), 100 Stat. 3207–115; Nov. 18, 1988, Pub. L. 100–690, title II, § 2056(b), 102 Stat. 4211; Aug. 15, 1990, Pub. L. 101–374, § 3(a), 104 Stat. 457, authorized appropriations for drug abuse research.

Section 290cc–11, act July 1, 1944, ch. 373, title V, § 518, formerly § 519, as added Nov. 18, 1988, Pub. L. 100–690, title II, § 2057(3), 102 Stat. 4212; renumbered § 518, Aug. 16, 1989, Pub. L. 101–93, § 3(e)(1)(A), 103 Stat. 610, related to establishment of a mental health research program.

Section 290cc–12, act July 1, 1944, ch. 373, title V, § 519, formerly § 520, as added Nov. 18, 1988, Pub. L. 100–690, title II, § 2057(3), 102 Stat. 4212; renumbered § 519, Aug. 16, 1989, Pub. L. 101–93, § 3(e)(1)(A), 103 Stat. 610, related to National Mental Health Education Program.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 290cc–13. Transferred

Editorial Notes

CODIFICATION

Section, act July 1, 1944, ch. 373, title V, § 520, formerly § 520A, as added Nov. 18, 1988, Pub. L. 100–690, title II, § 2057(3), 102 Stat. 4212, and amended, which related to establishment of grant programs for demonstration projects for drug abuse research, was renumbered section 520A of act July 1, 1944 by Pub. L. 102–321,

title I, § 116(a), July 10, 1992, 106 Stat. 348, and transferred to section 290bb–32 of this title.

PART C—PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

§ 290cc–21. Formula grants to States

For the purpose of carrying out section 290cc–22 of this title, the Secretary, acting through the Director of the Center for Mental Health Services, shall for each of the fiscal years 2023 through 2027 make an allotment for each State in an amount determined in accordance with section 290cc–24 of this title. The Secretary shall make payments, as grants, each such fiscal year to each State from the allotment for the State if the Secretary approves for the fiscal year involved an application submitted by the State pursuant to section 290cc–29 of this title.

(July 1, 1944, ch. 373, title V, § 521, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 516; amended Pub. L. 100–607, title VIII, § 813(1), Nov. 4, 1988, 102 Stat. 3170; Pub. L. 100–628, title VI, § 613(1), Nov. 7, 1988, 102 Stat. 3243; Pub. L. 101–93, § 5(t)(1), Aug. 16, 1989, 103 Stat. 615; Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4726; Pub. L. 102–321, title I, §§ 162(1), 163(a)(1), July 10, 1992, 106 Stat. 375; Pub. L. 102–352, § 2(b)(2), Aug. 26, 1992, 106 Stat. 939; Pub. L. 114–255, div. B, title IX, § 9004(a), Dec. 13, 2016, 130 Stat. 1238; Pub. L. 117–328, div. FF, title I, § 1217, Dec. 29, 2022, 136 Stat. 5670.)

Editorial Notes

PRIOR PROVISIONS

A prior section 521 of act July 1, 1944, was renumbered section 542 by section 611(2) of Pub. L. 100–77 and is classified to section 290dd–1 of this title.

AMENDMENTS

2022—Pub. L. 117–328 substituted ''2023 through 2027'' for ''2018 through 2022''.

2016—Pub. L. 114–255 substituted ''2018 through 2022'' for ''1991 through 1994''.

1992—Pub. L. 102–352 repealed Pub. L. 102–321, § 163(a)(1), which directed the substitution of ''Administrator of the Substance Abuse and Mental Health Services Administration'' for ''Director of the National Institute of Mental Health''.

Pub. L. 102–321, § 162(1), substituted ''Center for Mental Health Services'' for ''National Institute of Mental Health''.

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to formula grants to States for provisions relating to establishment of block grant program for services to homeless individuals who are chronically mentally ill.

1989—Subsec. (a). Pub. L. 101–93 directed that subsec. (a) of this section as similarly amended by title VIII of Pub. L. 100–607 and title VI of Pub. L. 100–628 be amended to read as if the amendments made by title VI of Pub. L. 100–628 had not been enacted. See 1988 Amendment note below.

1988—Subsec. (a). Pub. L. 100–607 and Pub. L. 100–628 made identical amendments, amending first sentence generally. Prior to amendment, first sentence read as follows: ''The Secretary shall for fiscal years 1987 and 1988 allot to each State an amount determined in accordance with sections 290cc–28 and 290cc–29 of this title.''

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

EFFECTIVE DATE OF 1988 AMENDMENTS

Amendment by Pub. L. 100–628 effective Nov. 7, 1988, see section 631 of Pub. L. 100–628, set out as a note under section 254e of this title.

Amendment by Pub. L. 100–607 effective Nov. 4, 1988, see section 831 of Pub. L. 100–607, set out as a note under section 254e of this title.

§ 290cc–22. Purpose of grants

(a) In general

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that the payments will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations), for the purpose of providing the services specified in subsection (b) to individuals who—

(1)(A) are suffering from serious mental illness; or

(B) are suffering from serious mental illness and from a substance use disorder; and

(2) are homeless or at imminent risk of becoming homeless.

(b) Specification of services

The services referred to in subsection (a) are—

(1) outreach services;

(2) screening and diagnostic treatment services;

(3) habilitation and rehabilitation services;

(4) community mental health services;

(5) alcohol or drug treatment services;

(6) staff training, including the training of individuals who work in shelters, mental health clinics, substance use disorder programs, and other sites where homeless individuals require services;

(7) case management services, including—

(A) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;

(B) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;

(C) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, supplemental nutrition assistance program benefits, and supplemental security income benefits;

(D) referring the eligible homeless individual for such other services as may be appropriate; and

(E) providing representative payee services in accordance with section 1631(a)(2) of the

Social Security Act [42 U.S.C. 1383(a)(2)] if the eligible homeless individual is receiving aid under title XVI of such act [42 U.S.C. 1381 et seq.] and if the applicant is designated by the Secretary to provide such services;

(8) supportive and supervisory services in residential settings;

(9) referrals for primary health services, job training, educational services, and relevant housing services;

(10) subject to subsection (h)(1)—

(A) minor renovation, expansion, and repair of housing;

(B) planning of housing;

(C) technical assistance in applying for housing assistance;

(D) improving the coordination of housing services;

(E) security deposits;

(F) the costs associated with matching eligible homeless individuals with appropriate housing situations; and

(G) 1-time rental payments to prevent eviction; and

(11) other appropriate services, as determined by the Secretary.

(c) Coordination

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees to make grants pursuant to subsection (a) only to entities that have the capacity to provide, directly or through arrangements, the services specified in subsection (b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance use disorder.

(d) Special consideration regarding veterans

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that, in making grants to entities pursuant to subsection (a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

(e) Special rules

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that grants pursuant to subsection (a) will not be made to any entity that—

(1) has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance use disorder; or

(2) has a policy of excluding individuals from substance use disorder services due to the existence or suspicion of mental illness.

(f) Administrative expenses

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that not more than 4 percent of the payments will be expended for administrative expenses regarding the payments.

(g) Restrictions on use of funds

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that—

(1) not more than 20 percent of the payments will be expended for housing services under subsection (b)(10); and

(2) the payments will not be expended—

(A) to support emergency shelters or construction of housing facilities;

(B) for inpatient psychiatric treatment costs or inpatient substance use disorder treatment costs; or

(C) to make cash payments to intended recipients of mental health or substance use disorder services.

(h) Waiver for territories

With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate.

(July 1, 1944, ch. 373, title V, §522, as added Pub. L. 100–77, title VI, §611(3), July 22, 1987, 101 Stat. 516; amended Pub. L. 101–645, title V, §511, Nov. 29, 1990, 104 Stat. 4726; Pub. L. 106–310, div. B, title XXXII, §3203(a), Oct. 17, 2000, 114 Stat. 1191; Pub. L. 110–234, title IV, §4002(b)(1)(E), (2)(U), May 22, 2008, 122 Stat. 1096, 1097; Pub. L. 110–246, §4(a), title IV, §4002(b)(1)(E), (2)(U), June 18, 2008, 122 Stat. 1664, 1857, 1858; Pub. L. 114–255, div. B, title IX, §9004(b), Dec. 13, 2016, 130 Stat. 1238.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (b)(7)(E), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Title XVI of the Act is classified generally to subchapter XVI (§1381 et seq.) of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

CODIFICATION

Pub. L. 110–234 and Pub. L. 110–246 made identical amendments to this section. The amendments by Pub. L. 110–234 were repealed by section 4(a) of Pub. L. 110–246.

PRIOR PROVISIONS

A prior section 522 of act July 1, 1944, was renumbered section 543 by section 611(2) of Pub. L. 100–77 and is classified to section 290dd–2 of this title.

AMENDMENTS

2016—Subsec. (a)(1)(B). Pub. L. 114–255, §9004(b)(1), substituted ''a substance use disorder'' for ''substance abuse''.

Subsec. (b)(6). Pub. L. 114–255, §9004(b)(2), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (c). Pub. L. 114–255, §9004(b)(3), substituted ''a substance use disorder'' for ''substance abuse''.

Subsec. (e)(1). Pub. L. 114–255, §9004(b)(4)(A), substituted ''a substance use disorder'' for ''substance abuse''.

Subsec. (e)(2). Pub. L. 114–255, §9004(b)(4)(B), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (g). Pub. L. 114–255, §9004(b)(5), redesignated subsec. (h) as (g) and struck out former subsec. (g). Prior to amendment, text of subsec. (g) read as follows: ''The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that the State will maintain State expenditures for services specified in subsection (b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.''

Subsec. (g)(2)(B), (C). Pub. L. 114–255, §9004(b)(6), substituted ''substance use disorder'' for ''substance abuse''.

Subsecs. (h), (i). Pub. L. 114–255, § 9004(b)(5), redesignated subsec. (i) as (h). Former subsec. (h) redesignated (g).

2008—Subsec. (b)(7)(C). Pub. L. 110–246, § 4002(b)(1)(E), (2)(U), substituted ''supplemental nutrition assistance program benefits'' for ''food stamps''.

2000—Subsec. (i). Pub. L. 106–310 added subsec. (i).

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to purpose of grants for provisions relating to requirement of submission of application containing certain agreements.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2008 AMENDMENT

Amendment of this section and repeal of Pub. L. 110–234 by Pub. L. 110–246 effective May 22, 2008, the date of enactment of Pub. L. 110–234, except as otherwise provided, see section 4 of Pub. L. 110–246, set out as an Effective Date note under section 8701 of Title 7, Agriculture.

Amendment by section 4002(b)(1)(E), (2)(U) of Pub. L. 110–246 effective Oct. 1, 2008, see section 4407 of Pub. L. 110–246, set out as a note under section 1161 of Title 2, The Congress.

§ 290cc–23. Requirement of matching funds

(a) In general

The Secretary may not make payments under section 290cc–21 of this title unless, with respect to the costs of providing services pursuant to section 290cc–22 of this title, the State involved agrees to make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than $1 for each $3 of Federal funds provided in such payments.

(b) Determination of amount

Non-Federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.

(c) Limitation regarding grants by States

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that the State will not require the entities to which grants are provided pursuant to section 290cc–22(a) of this title to provide non-Federal contributions in excess of the non-Federal contributions described in subsection (a).

(July 1, 1944, ch. 373, title V, § 523, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 517; amended Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4728.)

Editorial Notes

PRIOR PROVISIONS

A prior section 523 of act July 1, 1944, was renumbered section 544 by section 611(2) of Pub. L. 100–77 and is classified to section 290dd–3 of this title.

AMENDMENTS

1990—Pub. L. 101–645 amended section generally, substituting present provisions for provisions which related to: in subsec. (a), general requirements; and in subsec. (b), determination of amount of non-Federal contribution.

§ 290cc–24. Determination of amount of allotment

(a) Minimum allotment

The allotment for a State under section 290cc–21 of this title for a fiscal year shall be the greater of—

(1) $300,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and $50,000 for each of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands; and

(2) an amount determined in accordance with subsection (b).

(b) Determination under formula

The amount referred to in subsection (a)(2) is the product of—

(1) an amount equal to the amount appropriated under section 290cc–35(a) of this title for the fiscal year; and

(2) a percentage equal to the quotient of—

(A) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census; and

(B) an amount equal to the population living in urbanized areas of the United States, as indicated by the sum of the respective amounts determined for the States under subparagraph (A).

(July 1, 1944, ch. 373, title V, § 524, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 517; amended Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4728.)

Editorial Notes

PRIOR PROVISIONS

A prior section 524 of act July 1, 1944, was renumbered section 545 by section 611(2) of Pub. L. 100–77 and is classified to section 290ee of this title.

AMENDMENTS

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to determination of amount of allotment for provisions relating to requiring provision of certain mental health services.

§ 290cc–25. Conversion to categorical program in event of failure of State regarding expenditure of grants

(a) In general

Subject to subsection (c), the Secretary shall, from the amounts specified in subsection (b), make grants to public and nonprofit private entities for the purpose of providing to eligible homeless individuals the services specified in section 290cc–22(b) of this title.

(b) Specification of funds

The amounts referred to in subsection (a) are any amounts made available in appropriations Acts for allotments under section 290cc–21 of this title that are not paid to a State as a result of—

(A) the failure of the State to submit an application under section 290cc–29 of this title;

(B) the failure of the State, in the determination of the Secretary, to prepare the application in accordance with such section or to

submit the application within a reasonable period of time; or

(C) the State informing the Secretary that the State does not intend to expend the full amount of the allotment made to the State.

(c) Requirement of provision of services in State involved

With respect to grants under subsection (a), amounts made available under subsection (b) as a result of the State involved shall be available only for grants to provide services in such State.

(July 1, 1944, ch. 373, title V, § 525, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 518; amended Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4729.)

Editorial Notes

PRIOR PROVISIONS

A prior section 525 of act July 1, 1944, was renumbered section 546 by section 611(2) of Pub. L. 100–77 and is classified to section 290ee–1 of this title.

AMENDMENTS

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to conversion to categorical program in event of failure of State regarding expenditure of grants for provisions relating to restrictions on use of payments.

§ 290cc–26. Provision of certain information from State

The Secretary may not make payments under section 290cc–21 of this title to a State unless, as part of the application required in section 290cc–29 of this title, the State submits to the Secretary a statement—

(1) identifying existing programs providing services and housing to eligible homeless individuals and identify gaps in the delivery systems of such programs;

(2) containing a plan for providing services and housing to eligible homeless individuals, which plan—

(A) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and

(B) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;

(3) describes the source of the non-Federal contributions described in section 290cc–23 of this title;

(4) contains assurances that the non-Federal contributions described in section 290cc–23 of this title will be available at the beginning of the grant period;

(5) describe any voucher system that may be used to carry out this part; and

(6) contain such other information or assurances as the Secretary may reasonably require.

(July 1, 1944, ch. 373, title V, § 526, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 519; amended Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4729.)

Editorial Notes

PRIOR PROVISIONS

A prior section 526 of act July 1, 1944, was renumbered section 547 by section 611(2) of Pub. L. 100–77 and is classified to section 290ee–2 of this title.

AMENDMENTS

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to providing certain information from State for provisions relating to requirement of submission of description of intended use of block grant.

§ 290cc–27. Description of intended expenditures of grant

(a) In general

The Secretary may not make payments under section 290cc–21 of this title unless—

(1) as part of the application required in section 290cc–29 of this title, the State involved submits to the Secretary a description of the intended use for the fiscal year of the amounts for which the State is applying pursuant to such section;

(2) such description identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use disorder, and housing services are located;

(3) such description provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities; and

(4) the State agrees that such description will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to section 290cc–22 of this title.

(b) Opportunity for public comment

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that, in developing and carrying out the description required in subsection (a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested persons, such as family members, consumers, and mental health, substance use disorder, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

(c) Relationship to State comprehensive mental health services plan

(1) In general

The Secretary may not make payments under section 290cc–21 of this title unless the services to be provided pursuant to the description required in subsection (a) are consistent with the State comprehensive mental health services plan required in subpart 2[1] of part B of subchapter XVII.

(2) Special rule

The Secretary may not make payments under section 290cc–21 of this title unless the

[1] See References in Text note below.

services to be provided pursuant to the description required in subsection (a) have been considered in the preparation of, have been included in, and are consistent with, the State comprehensive mental health services plan referred to in paragraph (1).

(July 1, 1944, ch. 373, title V, § 527, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 520; amended Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4730; Pub. L. 114–255, div. B, title IX, § 9004(c), Dec. 13, 2016, 130 Stat. 1238.)

Editorial Notes

REFERENCES IN TEXT

Subpart 2 of part B of subchapter XVII, referred to in subsec. (c)(1), which related to State comprehensive mental health services plans and which was classified to section 300x–10 et seq. of this title, was repealed by Pub. L. 102–321, title II, § 201(2), July 10, 1992, 106 Stat. 378, and a new subpart 2 of part B of subchapter XVII of this chapter, relating to block grants for prevention and treatment of substance abuse, was added by section 202 of Pub. L. 102–321 and classified to section 300x–21 et seq. of this title.

PRIOR PROVISIONS

A prior section 527 of act July 1, 1944, was renumbered section 548 by section 611(2) of Pub. L. 100–77 and is classified to section 290ee–3 of this title.

AMENDMENTS

2016—Subsecs. (a)(2), (b). Pub. L. 114–255 substituted ''substance use disorder'' for ''substance abuse''.

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to description of intended expenditures of grant for provisions relating to requirement of reports by States.

§ 290cc–28. Requirement of reports by States

(a) In general

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees that, by not later than January 31 of each fiscal year, the State will prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the Assistant Secretary for Mental Health and Substance Use) to be necessary for—

(1) securing a record and a description of the purposes for which amounts received under section 290cc–21 of this title were expended during the preceding fiscal year and of the recipients of such amounts; and

(2) determining whether such amounts were expended in accordance with the provisions of this part.

(b) Availability to public of reports

The Secretary may not make payments under section 290cc–21 of this title unless the State involved agrees to make copies of the reports described in subsection (a) available for public inspection.

(c) Evaluations

The Assistant Secretary for Mental Health and Substance Use shall evaluate at least once every 3 years the expenditures of grants under this part by eligible entities in order to ensure that expenditures are consistent with the provisions of this part, and shall include in such evaluation recommendations regarding changes needed in program design or operations.

(July 1, 1944, ch. 373, title V, § 528, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 520; amended Pub. L. 100–607, title VIII, § 812(b), Nov. 4, 1988, 102 Stat. 3170; Pub. L. 100–628, title VI, § 612(b), Nov. 7, 1988, 102 Stat. 3243; Pub. L. 100–690, title II, § 2614(a), Nov. 18, 1988, 102 Stat. 4239; Pub. L. 101–93, § 5(t)(1), Aug. 16, 1989, 103 Stat. 615; Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4730; Pub. L. 102–321, title I, § 163(a)(1), formerly § 163(a)(2), July 10, 1992, 106 Stat. 375, renumbered § 163(a)(1), Pub. L. 102–352, § 2(b)(2), Aug. 26, 1992, 106 Stat. 939; Pub. L. 104–316, title I, § 122(c), Oct. 19, 1996, 110 Stat. 3836; Pub. L. 114–255, div. B, title VI, § 6001(c)(1), Dec. 13, 2016, 130 Stat. 1203.)

Editorial Notes

AMENDMENTS

2016—Subsecs. (a), (c). Pub. L. 114–255 substituted ''Assistant Secretary for Mental Health and Substance Use'' for ''Administrator of the Substance Abuse and Mental Health Services Administration''.

1996—Subsec. (a). Pub. L. 104–316, § 122(c)(1), struck out ''the Comptroller General of the United States, and'' after ''(after consultation with''.

Subsec. (c). Pub. L. 104–316, § 122(c)(2), struck out ''Comptroller General of the United States in cooperation with the'' before ''Administrator'' and struck out comma after ''Administration''.

1992—Subsec. (a). Pub. L. 102–321, § 163(a)(1)(A), as renumbered by Pub. L. 102–352, substituted ''and the Administrator of the Substance Abuse and Mental Health Services Administration'' for ''the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse''.

Subsec. (c). Pub. L. 102–321, § 163(a)(1)(B), as renumbered by Pub. L. 102–352, substituted ''Administrator of the Substance Abuse and Mental Health Services Administration'' for ''National Institute of Mental Health''.

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to requirement of reports by States for provisions relating to determination of amount of allotments.

1989—Subsec. (a)(1). Pub. L. 101–93 directed that subsec. (a)(1) of this section as similarly amended by title VIII of Pub. L. 100–607 and title VI of Pub. L. 100–628 be amended to read as if the amendments made by title VI of Pub. L. 100–628 had not been enacted. See 1988 Amendment note below.

1988—Subsec. (a)(1). Pub. L. 100–690 substituted ''the Commonwealth of the Northern Mariana Islands'' for ''the Northern Mariana Islands''.

Pub. L. 100–607 and Pub. L. 100–628 made identical amendments, amending par. (1) generally. Prior to amendment, par. (1) read as follows: ''$275,000; and''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

EFFECTIVE DATE OF 1988 AMENDMENTS

Amendment by Pub. L. 100–690 effective immediately after enactment of Pub. L. 100–607, which was approved Nov. 4, 1988, see section 2600 of Pub. L. 100–690, set out as a note under section 242m of this title.

Amendment by Pub. L. 100–628 effective Nov. 7, 1988, see section 631 of Pub. L. 100–628, set out as a note under section 254e of this title.

Amendment by Pub. L. 100–607 effective Nov. 4, 1988, see section 831 of Pub. L. 100–607, set out as a note under section 254e of this title.

§ 290cc–29. Requirement of application

The Secretary may not make payments under section 290cc–21 of this title unless the State involved—

(1) submits to the Secretary an application for the payments containing agreements and information in accordance with this part;

(2) the agreements are made through certification from the chief executive officer of the State; and

(3) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

(July 1, 1944, ch. 373, title V, § 529, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 520; amended Pub. L. 100–607, title VIII, § 811(b), Nov. 4, 1988, 102 Stat. 3170; Pub. L. 100–628, title VI, § 611(b), Nov. 7, 1988, 102 Stat. 3243; Pub. L. 101–93, § 5(t)(1), Aug. 16, 1989, 103 Stat. 615; Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4731.)

Editorial Notes

AMENDMENTS

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to requirement of application for provisions relating to conversion to State categorical program in event of failure of State with respect to expending allotment.

1989—Pub. L. 101–93 directed that this section as similarly amended by title VIII of Pub. L. 100–607 and title VI of Pub. L. 100–628 be amended to read as if the amendments made by title VI of Pub. L. 100–628 had not been enacted. See 1988 Amendment note below.

1988—Pub. L. 100–607 and Pub. L. 100–628 made identical amendments, amending section generally by substituting present provisions for provisions which had related to: in subsec. (a), additional allotments for certain States; in subsec. (b), description of funds; and in subsec. (c), determination of amount of allotment.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1988 AMENDMENTS

Amendment by Pub. L. 100–628 effective Nov. 7, 1988, see section 631 of Pub. L. 100–628, set out as a note under section 254e of this title.

Amendment by Pub. L. 100–607 effective Nov. 4, 1988, see section 831 of Pub. L. 100–607, set out as a note under section 254e of this title.

§ 290cc–30. Technical assistance

The Secretary, acting through the Assistant Secretary, shall provide technical assistance to eligible entities in developing planning and operating programs in accordance with the provisions of this part.

(July 1, 1944, ch. 373, title V, § 530, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 521; amended Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4731; Pub. L. 102–321, title I, §§ 162(2), 163(a)(3), July 10, 1992, 106 Stat. 375; Pub. L. 102–352, § 2(b)(2), Aug. 26, 1992, 106 Stat. 939; Pub. L. 114–255, div. B, title IX, § 9004(d), Dec. 13, 2016, 130 Stat. 1238.)

Editorial Notes

AMENDMENTS

2016—Pub. L. 114–255 substituted ''acting through the Assistant Secretary'' for ''through the National Institute of Mental Health, the National Institute of Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse''.

1992—Pub. L. 102–352 repealed Pub. L. 102–321, § 163(a)(3), which directed the substitution of ''the Administrator of the Substance Abuse and Mental Health Services Administration'' for ''the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse''.

Pub. L. 102–321, § 162(2), which directed the substitution of ''through the agencies of the Administration'' for ''through the National'' and all that followed through ''Abuse'', was not executed because the word ''Abuse'' appeared in two places and because of the amendment by Pub. L. 114–255, which presumed that the substitution did not take place. See 2016 Amendment note above.

1990—Pub. L. 101–645 amended section generally, substituting provision relating to technical assistance for provision relating to disbursement and availability of funds.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

§ 290cc–31. Failure to comply with agreements

(a) Repayment of payments

(1) The Secretary may, subject to subsection (c), require a State to repay any payments received by the State under section 290cc–21 of this title that the Secretary determines were not expended by the State in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 290cc–29 of this title.

(2) If a State fails to make a repayment required in paragraph (1), the Secretary may offset the amount of the repayment against the amount of any payment due to be paid to the State under section 290cc–21 of this title.

(b) Withholding of payments

(1) The Secretary may, subject to subsection (c), withhold payments due under section 290cc–21 of this title if the Secretary determines that the State involved is not expending amounts received under such section in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 290cc–29 of this title.

(2) The Secretary shall cease withholding payments from a State under paragraph (1) if the Secretary determines that there are reasonable assurances that the State will expend amounts received under section 290cc–21 of this title in accordance with the agreements referred to in such paragraph.

(3) The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the agreements referred to in such paragraph.

(c) Opportunity for hearing

Before requiring repayment of payments under subsection (a)(1), or withholding payments

under subsection (b)(1), the Secretary shall provide to the State an opportunity for a hearing.

(d) Rule of construction

Notwithstanding any other provision of this part, a State receiving payments under section 290cc–21 of this title may not, with respect to any agreements required to be contained in the application submitted under section 290cc–29 of this title, be considered to be in violation of any such agreements by reason of the fact that the State, in the regular course of providing services under section 290cc–22(b) of this title to eligible homeless individuals, incidentally provides services to homeless individuals who are not eligible homeless individuals.

(July 1, 1944, ch. 373, title V, § 531, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 521; amended Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4731.)

Editorial Notes

AMENDMENTS

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to failure to comply with agreements for provision relating to technical assistance.

§ 290cc–32. Prohibition against certain false statements

(a) In general

(1) A person may not knowingly make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which amounts may be paid by a State from payments received by the State under section 290cc–21 of this title.

(2) A person with knowledge of the occurrence of any event affecting the right of the person to receive any amounts from payments made to the State under section 290cc–21 of this title may not conceal or fail to disclose any such event with the intent of securing such an amount that the person is not authorized to receive or securing such an amount in an amount greater than the amount the person is authorized to receive.

(b) Criminal penalty for violation of prohibition

Any person who violates a prohibition established in subsection (a) may for each violation be fined in accordance with title 18 or imprisoned for not more than 5 years, or both.

(July 1, 1944, ch. 373, title V, § 532, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 521; amended Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4732.)

Editorial Notes

AMENDMENTS

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to prohibition against certain false statements for provisions relating to failure to comply with agreements.

§ 290cc–33. Nondiscrimination

(a) In general

(1) Rule of construction regarding certain civil rights laws

For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 [42 U.S.C. 6101 et seq.], on the basis of handicap under section 504 of the Rehabilitation Act of 1973 [29 U.S.C. 794], on the basis of sex under title IX of the Education Amendments of 1972 [20 U.S.C. 1681 et seq.], or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 [42 U.S.C. 2000d et seq.], programs and activities funded in whole or in part with funds made available under section 290cc–21 of this title shall be considered to be programs and activities receiving Federal financial assistance.

(2) Prohibition

No person shall on the ground of sex or religion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under section 290cc–21 of this title.

(b) Enforcement

(1) Referrals to Attorney General after notice

Whenever the Secretary finds that a State, or an entity that has received a payment pursuant to section 290cc–21 of this title, has failed to comply with a provision of law referred to in subsection (a)(1), with subsection (a)(2), or with an applicable regulation (including one prescribed to carry out subsection (a)(2)), the Secretary shall notify the chief executive officer of the State and shall request the chief executive officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the chief executive officer fails or refuses to secure compliance, the Secretary may—

(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

(B) exercise the powers and functions provided by the Age Discrimination Act of 1975 [42 U.S.C. 6101 et seq.], section 504 of the Rehabilitation Act of 1973 [29 U.S.C. 794], title IX of the Education Amendments of 1972 [20 U.S.C. 1681 et seq.], or title VI of the Civil Rights Act of 1964 [42 U.S.C. 2000d et seq.], as may be applicable; or

(C) take such other actions as may be authorized by law.

(2) Authority of Attorney General

When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) or in violation of subsection (a)(2), the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

(July 1, 1944, ch. 373, title V, § 533, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 522; amended Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4732.)

Editorial Notes

REFERENCES IN TEXT

The Age Discrimination Act of 1975, referred to in subsecs. (a)(1) and (b)(1)(B), is title III of Pub. L. 94–135, Nov. 28, 1975, 89 Stat. 728, as amended, which is classified generally to chapter 76 (§ 6101 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 6101 of this title and Tables.

The Education Amendments of 1972, referred to in subsecs. (a)(1) and (b)(1)(B), is Pub. L. 92–318, June 23, 1972, 86 Stat. 235, as amended. Title IX of the Act, known as the Patsy Takemoto Mink Equal Opportunity in Education Act, is classified principally to chapter 38 (§ 1681 et seq.) of Title 20, Education. For complete classification of title IX to the Code, see Short Title note set out under section 1681 of Title 20 and Tables.

The Civil Rights Act of 1964, referred to in subsecs. (a)(1) and (b)(1)(B), is Pub. L. 88–352, July 2, 1964, 78 Stat. 241, as amended. Title VI of the Civil Rights Act of 1964 is classified generally to subchapter V (§ 2000d et seq.) of chapter 21 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 2000a of this title and Tables.

AMENDMENTS

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to nondiscrimination for provision relating to establishment of prohibition against making certain false statements.

§ 290cc–34. Definitions

For purposes of this part:

(1) Eligible homeless individual

The term ''eligible homeless individual'' means an individual described in section 290cc–22(a) of this title.

(2) Homeless individual

The term ''homeless individual'' has the meaning given such term in section 254b(h)(5) of this title.

(3) State

The term ''State'' means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(4) Substance use disorder services

The term ''substance use disorder services'' has the meaning given the term ''substance abuse services'' in section 254b(h)(5)(C)[1] of this title.

(July 1, 1944, ch. 373, title V, § 534, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 522; amended Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4733; Pub. L. 107–251, title VI, § 601(b), Oct. 26, 2002, 116 Stat. 1665; Pub. L. 114–255, div. B, title IX, § 9004(e), Dec. 13, 2016, 130 Stat. 1238.)

Editorial Notes

REFERENCES IN TEXT

Section 254b(h)(5)(C) of this title, referred to in par. (4), was redesignated section 254b(h)(5)(B) of this title and the definition of ''substance abuse services'' was amended to define ''substance use disorder services'' by Pub. L. 115–123, div. E, title IX, § 50901(b)(8)(B)(ii), (iii), Feb. 9, 2018, 132 Stat. 285.

AMENDMENTS

2016—Par. (4). Pub. L. 114–255 amended par. (4) generally. Prior to amendment, text read as follows: ''The term 'substance abuse' means the abuse of alcohol or other drugs.''

2002—Par. (2). Pub. L. 107–251 substituted ''254b(h)(5) '' for ''256(r)''.

1990—Pub. L. 101–645 amended section generally, substituting provisions relating to definitions for provisions relating to nondiscrimination.

[1] See References in Text note below.

§ 290cc–35. Funding

(a) Authorization of appropriations

For the purpose of carrying out this part, there is authorized to be appropriated $64,635,000 for each of fiscal years 2023 through 2027.

(b) Effect of insufficient appropriations for minimum allotments

(1) In general

If the amounts made available under subsection (a) for a fiscal year are insufficient for providing each State with an allotment under section 290cc–21 of this title of not less than the applicable amount under section 290cc–24(a)(1) of this title, the Secretary shall, from such amounts as are made available under such subsection, make grants to the States for providing to eligible homeless individuals the services specified in section 290cc–22(b) of this title.

(2) Rule of construction

Paragraph (1) may not be construed to require the Secretary to make a grant under such paragraph to each State.

(July 1, 1944, ch. 373, title V, § 535, as added Pub. L. 100–77, title VI, § 611(3), July 22, 1987, 101 Stat. 523; amended Pub. L. 100–607, title VIII, § 811(a), Nov. 4, 1988, 102 Stat. 3169; Pub. L. 100–628, title VI, § 611(a), Nov. 7, 1988, 102 Stat. 3242; Pub. L. 101–93, § 5(t)(1), Aug. 16, 1989, 103 Stat. 615; Pub. L. 101–645, title V, § 511, Nov. 29, 1990, 104 Stat. 4733; Pub. L. 106–310, div. B, title XXXII, § 3203(b), Oct. 17, 2000, 114 Stat. 1191; Pub. L. 114–255, div. B, title IX, § 9004(f), Dec. 13, 2016, 130 Stat. 1238; Pub. L. 117–328, div. FF, title I, § 1218, Dec. 29, 2022, 136 Stat. 5670.)

Editorial Notes

PRIOR PROVISIONS

A prior section 290cc–36, act July 1, 1944, ch. 373, title V, § 536, as added July 22, 1987, Pub. L. 100–77, title VI, § 611(3), 101 Stat. 523, and amended Nov. 4, 1988, Pub. L. 100–607, title VIII, §§ 802(b)(3), 812(a), 102 Stat. 3169, 3170; Nov. 7, 1988, Pub. L. 100–628, title VI, §§ 602(b)(3), 612(a), 102 Stat. 3242, 3243; Nov. 18, 1988, Pub. L. 100–690, title II, § 2614(b), 102 Stat. 4239; Aug. 16, 1989, Pub. L. 101–93, § 5(t)(1), 103 Stat. 615, defined terms used in this part, prior to the general revision of this part by Pub. L. 101–645.

AMENDMENTS

2022—Subsec. (a). Pub. L. 117–328 substituted ''2023 through 2027'' for ''2018 through 2022''.

2016—Subsec. (a). Pub. L. 114–255 substituted ''$64,635,000 for each of fiscal years 2018 through 2022''

for ''$75,000,000 for each of the fiscal years 2001 through 2003''.

2000—Subsec. (a). Pub. L. 106–310 substituted ''fiscal years 2001 through 2003'' for ''fiscal years 1991 through 1994''.

1990—Pub. L. 101–645 amended section generally, substituting present provisions for similar provisions authorizing appropriations and providing for minimum allotments.

1989—Pub. L. 101–93 directed that this section as similarly amended by title VIII of Pub. L. 100–607 and title VI of Pub. L. 100–628 be amended to read as if the amendments made by title VI of Pub. L. 100–628 had not been enacted. See 1988 Amendment note below.

1988—Pub. L. 100–607 and Pub. L. 100–628 made identical amendments, amending section generally. Prior to amendment, section read as follows: ''There are authorized to be appropriated to carry out this part $35,000,000 for fiscal year 1987 and such sums as may be necessary for fiscal year 1988.''

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1988 AMENDMENTS

Amendment by Pub. L. 100–628 effective Nov. 7, 1988, see section 631 of Pub. L. 100–628, set out as a note under section 254e of this title.

Amendment by Pub. L. 100–607 effective Nov. 4, 1988, see section 831 of Pub. L. 100–607, set out as a note under section 254e of this title.

PART D—MISCELLANEOUS PROVISIONS RELATING TO SUBSTANCE ABUSE AND MENTAL HEALTH

§ 290dd. Substance abuse among government and other employees

(a) Programs and services

(1) Development

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall be responsible for fostering substance abuse prevention and treatment programs and services in State and local governments and in private industry.

(2) Model programs

(A) In general

Consistent with the responsibilities described in paragraph (1), the Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall develop a variety of model programs suitable for replication on a cost-effective basis in different types of business concerns and State and local governmental entities.

(B) Dissemination of information

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall disseminate information and materials relative to such model programs to the State agencies responsible for the administration of substance abuse prevention, treatment, and rehabilitation activities and shall, to the extent feasible provide technical assistance to such agencies as requested.

(b) Deprivation of employment

(1) Prohibition

No person may be denied or deprived of Federal civilian employment or a Federal professional or other license or right solely on the grounds of prior substance abuse.

(2) Application

This subsection shall not apply to employment in—

(A) the Central Intelligence Agency;

(B) the Federal Bureau of Investigation;

(C) the National Security Agency;

(D) any other department or agency of the Federal Government designated for purposes of national security by the President; or

(E) in any position in any department or agency of the Federal Government, not referred to in subparagraphs (A) through (D), which position is determined pursuant to regulations prescribed by the head of such agency or department to be a sensitive position.

(3) Rehabilitation Act

The inapplicability of the prohibition described in paragraph (1) to the employment described in paragraph (2) shall not be construed to reflect on the applicability of the Rehabilitation Act of 1973 [29 U.S.C. 701 et seq.] or other anti-discrimination laws to such employment.

(c) Construction

This section shall not be construed to prohibit the dismissal from employment of a Federal civilian employee who cannot properly function in his employment.

(July 1, 1944, ch. 373, title V, § 541, formerly Pub. L. 91–616, title III, § 301, Dec. 31, 1970, 84 Stat. 1849, as amended Pub. L. 92–554, Oct. 25, 1972, 86 Stat. 1167; Pub. L. 93–282, title I, § 105(a), May 14, 1974, 88 Stat. 127; Pub. L. 94–371, § 3(a), July 26, 1976, 90 Stat. 1035; Pub. L. 96–180, § 7, Jan. 2, 1980, 93 Stat. 1303; Pub. L. 97–35, title IX, § 962(a), Aug. 13, 1981, 95 Stat. 592; renumbered § 520 of act July 1, 1944, and amended Pub. L. 98–24, § 2(b)(13), Apr. 26, 1983, 97 Stat. 181; Pub. L. 98–509, title III, § 301(c)(2), Oct. 19, 1984, 98 Stat. 2364; renumbered § 541, Pub. L. 100–77, title VI, § 611(2), July 22, 1987, 101 Stat. 516; Pub. L. 100–607, title VIII, § 813(2), Nov. 4, 1988, 102 Stat. 3170; Pub. L. 100–628, title VI, § 613(2), Nov. 7, 1988, 102 Stat. 3243; Pub. L. 101–93, § 5(t)(1), Aug. 16, 1989, 103 Stat. 615; Pub. L. 102–321, title I, § 131, July 10, 1992, 106 Stat. 366; Pub. L. 114–255, div. B, title VI, § 6001(c)(1), Dec. 13, 2016, 130 Stat. 1203.)

Editorial Notes

REFERENCES IN TEXT

The Rehabilitation Act of 1973, referred to in subsec. (b)(3), is Pub. L. 93–112, Sept. 26, 1973, 87 Stat. 355, which is classified principally to chapter 16 (§ 701 et seq.) of Title 29, Labor. For complete classification of this Act to the Code, see Short Title note set out under section 701 of Title 29 and Tables.

CODIFICATION

Section was formerly classified to section 4571 of this title prior to renumbering by Pub. L. 98–24.

AMENDMENTS

2016—Subsec. (a). Pub. L. 114–255 substituted ''Assistant Secretary for Mental Health and Substance Use'' for ''Administrator of the Substance Abuse and Mental Health Services Administration'' wherever appearing.

1992—Pub. L. 102–321 amended section generally, substituting provisions relating to substance abuse among

government and other employees for provisions relating to technical assistance to States relative to alcohol abuse and alcoholism programs.

1989—Subsec. (a)(4). Pub. L. 101–93 directed that subsec. (a)(4) of this section as similarly amended by title VIII of Pub. L. 100–607 and title VI of Pub. L. 100–628 be amended to read as if the amendments made by title VI of Pub. L. 100–628 had not been enacted. See 1988 Amendment note below.

1988—Subsec. (a)(4). Pub. L. 100–607 and Pub. L. 100–628 made identical technical amendments to reference to section 290dd–2 of this title to reflect renumbering of corresponding section of original act.

1984—Pub. L. 98–509 amended directory language of Pub. L. 98–24, §2(b)(13). See 1983 Amendment note below.

1983—Pub. L. 98–24, §2(b)(13), as amended by Pub. L. 98–509, renumbered section 4571 of this title as this section.

Subsec. (a). Pub. L. 98–24, §2(b)(13)(A)(i), substituted ''the National Institute on Alcohol Abuse and Alcoholism'' for ''the Institute''.

Subsec. (a)(4). Pub. L. 98–24, §2(b)(13)(A)(ii), substituted ''section 290dd–2 of this title'' for ''section 4581 of this title''.

Subsec. (b). Pub. L. 98–24, §2(b)(13)(A)(iii), substituted ''this subchapter'' for references to ''this chapter'', meaning chapter 60 (§4541 et seq.) of this title, and the Drug Abuse Prevention, Treatment, and Rehabilitation Act [21 U.S.C. 1101 et seq.].

1981—Pub. L. 97–35 restructured provisions and substituted provisions relating to technical assistance for enumerated activities, and improvement of coordination with Drug Abuse Prevention, Treatment, and Rehabilitation Act, for provisions authorizing appropriations through fiscal year ending Sept. 30, 1981, for covered activities.

1980—Pub. L. 96–180 authorized appropriation of $60,000,000 and $65,000,000 for fiscal years ending Sept. 30, 1980, and 1981.

1976—Pub. L. 94–371 struck out ''and'' after ''1975'' and inserted provisions authorizing $70,000,000 to be appropriated for fiscal year ending Sept. 30, 1977, $77,000,000 to be appropriated for fiscal year ending Sept. 30, 1978, and $85,000,000 to be appropriated for fiscal year ending Sept. 30, 1979.

1974—Pub. L. 93–282 authorized appropriation of $80,000,000 for fiscal years ending June 30, 1975 and June 30, 1976.

1972—Pub. L. 92–554 substituted ''for each of the next two fiscal years'' for ''for the fiscal year ending June 30, 1973''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

EFFECTIVE DATE OF 1988 AMENDMENTS

Amendment by Pub. L. 100–628 effective Nov. 7, 1988, see section 631 of Pub. L. 100–628, set out as a note under section 254e of this title.

Amendment by Pub. L. 100–607 effective Nov. 4, 1988, see section 831 of Pub. L. 100–607, set out as a note under section 254e of this title.

§ 290dd–1. Admission of substance abusers to private and public hospitals and outpatient facilities

(a) Nondiscrimination

Substance abusers who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their substance abuse, by any private or public general hospital, or outpatient facility (as defined in section 300s–3(4) of this title) which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

(b) Regulations

(1) In general

The Secretary shall issue regulations for the enforcement of the policy of subsection (a) with respect to the admission and treatment of substance abusers in hospitals and outpatient facilities which receive support of any kind from any program administered by the Secretary. Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital or outpatient facility subject to such regulations has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital or outpatient facility receives support of any kind, with respect to the suspension or revocation of such other Federal support for such hospital or outpatient facility.

(2) Department of Veterans Affairs

The Secretary of Veterans Affairs, acting through the Under Secretary for Health, shall, to the maximum feasible extent consistent with their responsibilities under title 38, prescribe regulations making applicable the regulations prescribed by the Secretary under paragraph (1) to the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from substance abuse. In prescribing and implementing regulations pursuant to this paragraph, the Secretary shall, from time to time, consult with the Secretary of Health and Human Services in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

(July 1, 1944, ch. 373, title V, §542, formerly Pub. L. 91–616, title II, §201, Dec. 31, 1970, 84 Stat. 1849, as amended Pub. L. 96–180, §6(a), (b)(1), (2)(B), Jan. 2, 1980, 93 Stat. 1302, 1303; Pub. L. 97–35, title IX, §§961, 966(d), (e), Aug. 13, 1981, 95 Stat. 592, 595; renumbered §521 of act July 1, 1944, and amended Pub. L. 98–24, §2(b)(13), Apr. 26, 1983, 97 Stat. 181; Pub. L. 98–509, title III, §301(c)(2), Oct. 19, 1984, 98 Stat. 2364; Pub. L. 99–570, title VI, §6002(b)(1), Oct. 27, 1986, 100 Stat. 3207–158; renumbered §542, Pub. L. 100–77, title VI, §611(2), July 22, 1987, 101 Stat. 516; Pub. L. 102–321, title I, §131, July 10, 1992, 106 Stat. 368; Pub. L. 103–446, title XII, §1203(a)(2), Nov. 2, 1994, 108 Stat. 4689.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 4561 of this title prior to renumbering by Pub. L. 98–24.

AMENDMENTS

1994—Subsec. (b)(2). Pub. L. 103–446 substituted ''Under Secretary for Health'' for ''Chief Medical Director''.

1992—Pub. L. 102–321 amended section generally, substituting provisions relating to admission of substance abusers to private and public hospitals and outpatient facilities for provisions relating to programs for government and other employees.

1986—Subsec. (a). Pub. L. 99–570, § 6002(b)(1), redesignated subsec. (b) as (a), struck out ''similar'' after ''fostering and encouraging'' in par. (1), and struck out former subsec. (a) which read as follows: ''The Office of Personnel Management shall be responsible for developing and maintaining, in cooperation with the Secretary and with other Federal agencies and departments, and in accordance with the provisions of subpart F of part III of title 5, appropriate prevention, treatment, and rehabilitation programs and services for alcohol abuse and alcoholism among Federal civilian employees, consistent with the purposes of this chapter. Such agencies and departments are encouraged to extend, to the extent feasible, these programs and services to the families of alcoholic employees and to employees who have family members who are alcoholics. Such policies and services shall make optimal use of existing governmental facilities, services, and skills.''

Subsecs. (b) to (d). Pub. L. 99–570, § 6002(b)(1)(C), redesignated subsecs. (c) and (d) as (b) and (c), respectively. Former subsec. (b) redesignated (a).

1984—Pub. L. 98–509 amended directory language of Pub. L. 98–24, § 2(b)(13). See 1983 Amendment note below.

1983—Pub. L. 98–24, § 2(b)(13), as amended by Pub. L. 98–509, renumbered section 4561 of this title as this section.

Subsec. (b)(4). Pub. L. 98–24, § 2(b)(13)(B)(i), substituted ''section 290ee–1 of this title'' for ''section 1180(b) of title 21''.

Subsec. (d). Pub. L. 98–24, § 2(b)(13)(B)(ii), substituted ''this section'' for ''this subchapter'', meaning subchapter II (§ 4561 et seq.) of chapter 60 of this title.

1981—Subsec. (b). Pub. L. 97–35, §§ 961, 966(d), made changes in nomenclature, and substituted provisions relating to responsible State administrative agencies, for provisions relating to single State agencies designated pursuant to section 4573 of this title.

1980—Pub. L. 96–180, § 6(b)(2)(A), amended section catchline.

Subsec. (a). Pub. L. 96–180, § 6(a), substituted ''Office of Personnel Management'' for ''Civil Service Commission'' and inserted provisions that require compliance with provisions of subpart F of part III of title 5 and encourage agencies and departments to extend the programs and services to the families of alcoholic employees and to employees who have family members who are alcoholics.

Subsec. (b). Pub. L. 96–180, § 6(b)(1), designated existing provisions as par. (1), made the Secretary responsible for encouragement of programs and services, required the programs and services to be designed for application to families of employees and to employees who have family members who are alcoholics, and added pars. (2) to (4).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

§ 290dd–2. Confidentiality of records

(a) Requirement

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e), be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b).

(b) Permitted disclosure

(1) Consent

The following shall apply with respect to the contents of any record referred to in subsection (a):

(A) Such contents may be used or disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained.

(B) Once prior written consent of the patient has been obtained, such contents may be used or disclosed by a covered entity, business associate, or a program subject to this section for purposes of treatment, payment, and health care operations as permitted by the HIPAA regulations. Any information so disclosed may then be redisclosed in accordance with the HIPAA regulations. Section 17935(c) of this title shall apply to all disclosures pursuant to subsection (b)(1) of this section.

(C) It shall be permissible for a patient's prior written consent to be given once for all such future uses or disclosures for purposes of treatment, payment, and health care operations, until such time as the patient revokes such consent in writing.

(D) Section 17935(a) of this title shall apply to all disclosures pursuant to subsection (b)(1) of this section.

(2) Method for disclosure

Whether or not the patient, with respect to whom any given record referred to in subsection (a) is maintained, gives written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor, including the need to avert a substantial risk of death or serious bodily harm. In assessing good cause the court shall weigh the public interest and the need for disclosure

against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(D) To a public health authority, so long as such content meets the standards established in section 164.514(b) of title 45, Code of Federal Regulations (or successor regulations) for creating de-identified information.

(c) Use of records in criminal, civil, or administrative contexts

Except as otherwise authorized by a court order under subsection (b)(2)(C) or by the consent of the patient, a record referred to in subsection (a), or testimony relaying the information contained therein, may not be disclosed or used in any civil, criminal, administrative, or legislative proceedings conducted by any Federal, State, or local authority, against a patient, including with respect to the following activities:

(1) Such record or testimony shall not be entered into evidence in any criminal prosecution or civil action before a Federal or State court.

(2) Such record or testimony shall not form part of the record for decision or otherwise be taken into account in any proceeding before a Federal, State, or local agency.

(3) Such record or testimony shall not be used by any Federal, State, or local agency for a law enforcement purpose or to conduct any law enforcement investigation.

(4) Such record or testimony shall not be used in any application for a warrant.

(d) Application

The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when such individual ceases to be a patient.

(e) Nonapplicability

The prohibitions of this section do not apply to any interchange of records—

(1) within the Uniformed Services or within those components of the Department of Veterans Affairs furnishing health care to veterans; or

(2) between such components and the Uniformed Services.

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

(f) Penalties

The provisions of sections 1176 and 1177 of the Social Security Act [42 U.S.C. 1320d–5, 1320d–6] shall apply to a violation of this section to the extent and in the same manner as such provisions apply to a violation of part C of title XI of such Act [42 U.S.C. 1320d et seq.]. In applying the previous sentence—

(1) the reference to ''this subsection'' in subsection (a)(2) of such section 1176 shall be treated as a reference to ''this subsection (including as applied pursuant to section 290dd–2(f) of this title)''; and

(2) in subsection (b) of such section 1176—

(A) each reference to ''a penalty imposed under subsection (a)'' shall be treated as a reference to ''a penalty imposed under subsection (a) (including as applied pursuant to section 290dd–2(f) of this title)''; and

(B) each reference to ''no damages obtained under subsection (d)'' shall be treated as a reference to ''no damages obtained under subsection (d) (including as applied pursuant to section 290dd–2(f) of this title)''.

(g) Regulations

Except as provided in subsection (h), the Secretary shall prescribe regulations to carry out the purposes of this section. Such regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C), as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(h) Application to Department of Veterans Affairs

The Secretary of Veterans Affairs, acting through the Under Secretary for Health, shall, to the maximum feasible extent consistent with their responsibilities under title 38, prescribe regulations making applicable the regulations prescribed by the Secretary of Health and Human Services under subsection (g) to records maintained in connection with the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from substance use disorder. In prescribing and implementing regulations pursuant to this subsection, the Secretary of Veterans Affairs shall, from time to time, consult with the Secretary of Health and Human Services in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

(i) Antidiscrimination

(1) In general

No entity shall discriminate against an individual on the basis of information received by such entity pursuant to an inadvertent or intentional disclosure of records, or information contained in records, described in subsection (a) in—

(A) admission, access to, or treatment for health care;

(B) hiring, firing, or terms of employment, or receipt of worker's compensation;

(C) the sale, rental, or continued rental of housing;

(D) access to Federal, State, or local courts; or

(E) access to, approval of, or maintenance of social services and benefits provided or funded by Federal, State, or local governments.

(2) Recipients of Federal funds

No recipient of Federal funds shall discriminate against an individual on the basis of in-

formation received by such recipient pursuant to an intentional or inadvertent disclosure of such records or information contained in records described in subsection (a) in affording access to the services provided with such funds.

(j) Notification in case of breach

The provisions of section 17932 of this title shall apply to a program or activity described in subsection (a), in case of a breach of records described in subsection (a), to the same extent and in the same manner as such provisions apply to a covered entity in the case of a breach of unsecured protected health information.

(k) Definitions

For purposes of this section:

(1) Breach

The term ''breach'' has the meaning given such term for purposes of the HIPAA regulations.

(2) Business associate

The term ''business associate'' has the meaning given such term for purposes of the HIPAA regulations.

(3) Covered entity

The term ''covered entity'' has the meaning given such term for purposes of the HIPAA regulations.

(4) Health care operations

The term ''health care operations'' has the meaning given such term for purposes of the HIPAA regulations.

(5) HIPAA regulations

The term ''HIPAA regulations'' has the meaning given such term for purposes of parts 160 and 164 of title 45, Code of Federal Regulations.

(6) Payment

The term ''payment'' has the meaning given such term for purposes of the HIPAA regulations.

(7) Public health authority

The term ''public health authority'' has the meaning given such term for purposes of the HIPAA regulations.

(8) Treatment

The term ''treatment'' has the meaning given such term for purposes of the HIPAA regulations.

(9) Unsecured protected health information

The term ''unprotected[1] health information'' has the meaning given such term for purposes of the HIPAA regulations.

(July 1, 1944, ch. 373, title V, § 543, formerly Pub. L. 91–616, title III, § 321, Dec. 31, 1970, 84 Stat. 1852, as amended Pub. L. 93–282, title I, § 121(a), May 14, 1974, 88 Stat. 130; Pub. L. 94–371, § 11(a), (b), July 26, 1976, 90 Stat. 1041; Pub. L. 94–581, title I, § 111(c)(1), Oct. 21, 1976, 90 Stat. 2852; renumbered § 522 of act July 1, 1944, and amended Pub. L. 98–24, § 2(b)(13), Apr. 26, 1983, 97 Stat. 181; renumbered § 543, Pub. L. 100–77, title VI, § 611(2), July 22, 1987, 101 Stat. 516; Pub. L. 102–321, title I, § 131, July 10, 1992, 106 Stat. 368; Pub. L. 102–405, title III, § 302(e)(1), Oct. 9, 1992, 106 Stat. 1985; Pub. L. 105–392, title IV, § 402(c), Nov. 13, 1998, 112 Stat. 3588; Pub. L. 116–136, div. A, title III, § 3221(a)–(h), Mar. 27, 2020, 134 Stat. 375–378.)

[1] So in original.

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (f), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Part C of title XI of the Act is classified generally to part C (§ 1320d et seq.) of subchapter XI of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

CODIFICATION

Section was formerly classified to section 4581 of this title prior to renumbering by Pub. L. 98–24.

AMENDMENTS

2020—Subsec. (a). Pub. L. 116–136, § 3221(a), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (b)(1). Pub. L. 116–136, § 3221(b), amended par. (1) generally. Prior to amendment, text read as follows: ''The content of any record referred to in subsection (a) may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g).''

Subsec. (b)(2)(D). Pub. L. 116–136, § 3221(c), added subpar. (D).

Subsec. (c). Pub. L. 116–136, § 3221(e), amended subsec. (c) generally. Prior to amendment, text read as follows: ''Except as authorized by a court order granted under subsection (b)(2)(C), no record referred to in subsection (a) may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.''

Subsec. (f). Pub. L. 116–136, § 3221(f), amended subsec. (f) generally. Prior to amendment, text read as follows: ''Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined in accordance with title 18.''

Subsec. (h). Pub. L. 116–136, § 3221(a), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (i). Pub. L. 116–136, § 3221(g), added subsec. (i).

Subsec. (j). Pub. L. 116–136, § 3221(h), added subsec. (j).

Subsec. (k). Pub. L. 116–136, § 3221(d), added subsec. (k).

1998—Subsec. (e)(1), (2). Pub. L. 105–392 substituted ''Uniformed Services'' for ''Armed Forces''.

1992—Pub. L. 102–405 substituted ''Under Secretary for Health'' for ''Chief Medical Director'' in subsec. (h).

Pub. L. 102–321 amended section generally, substituting provisions relating to confidentiality of records for provisions relating to admission of alcohol abusers and alcoholics to general hospitals and outpatient facilities.

1983—Pub. L. 98–24, § 2(b)(13), renumbered section 4581 of this title as this section.

Subsec. (a). Pub. L. 98–24, § 2(b)(13)(C), made a technical amendment to reference to section 300s–3 of this title.

1976—Subsec. (a). Pub. L. 94–371, § 11(a), inserted '', or outpatient facility (as defined in section 300s–3(6) of this title)'' after ''hospital''.

Subsec. (b)(1). Pub. L. 94–371, § 11(b), inserted ''and outpatient facilities'' after ''hospitals'', and ''or outpatient facility'' after ''hospital'' wherever appearing, and substituted ''shall issue regulations not later than December 31, 1976'' for ''is authorized to make regulations''.

Subsec. (b)(2). Pub. L. 94–581 provided that subsec. (b)(2), which directed the Administrator of Veteran's

Affairs, through the Chief Medical Director, to prescribe regulations making applicable the regulations prescribed by the Secretary under subsec. (b)(1) to the provision of hospital care, nursing home care, domiciliary care, and medical services under title 38 to veterans suffering from alcohol abuse or alcoholism and to consult with the Secretary in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribed, was superseded by section 4131 [now 7331] et seq. of Title 38, Veterans' Benefits.

1974—Subsec. (a). Pub. L. 93–282, in revising text, prohibited discrimination because of alcohol abuse, substituted provisions respecting eligibility for admission and treatment based on suffering from medical conditions for former provision based on medical need and ineligibility, because of discrimination, for support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency for former requirement for treatment by a general hospital which received Federal funds, and deleted prohibition against receiving Federal financial assistance for violation of section and for termination of Federal assistance on failure to comply, now incorporated in regulation authorization of subsec. (b) of this section.

Subsec. (b). Pub. L. 93–282 substituted provisions respecting issuance of regulations by the Secretary concerning enforcement procedures and suspension or revocation of Federal support and by the Administrator concerning applicable regulations for veterans, and for coordination of the respective regulations for former provisions respecting judicial review.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102–321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as a note under section 236 of this title.

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94–581 effective Oct. 21, 1976, see section 211 of Pub. L. 94–581, set out as a note under section 111 of Title 38, Veterans' Benefits.

REGULATIONS

Pub. L. 116–136, div. A, title III, § 3221(i), Mar. 27, 2020, 134 Stat. 378, provided that:

''(1) IN GENERAL.—The Secretary of Health and Human Services, in consultation with appropriate Federal agencies, shall make such revisions to regulations as may be necessary for implementing and enforcing the amendments made by this section [amending this section], such that such amendments shall apply with respect to uses and disclosures of information occurring on or after the date that is 12 months after the date of enactment of this Act [Mar. 27, 2020].

''(2) EASILY UNDERSTANDABLE NOTICE OF PRIVACY PRACTICES.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with appropriate legal, clinical, privacy, and civil rights experts, shall update section 164.520 of title 45, Code of Federal Regulations, so that covered entities and entities creating or maintaining the records described in subsection (a) provide notice, written in plain language, of privacy practices regarding patient records referred to in section 543(a) of the Public Health Service Act (42 U.S.C. 290dd–2(a)), including—

''(A) a statement of the patient's rights, including self-pay patients, with respect to protected health information and a brief description of how the individual may exercise these rights (as required by subsection (b)(1)(iv) of such section 164.520); and

''(B) a description of each purpose for which the covered entity is permitted or required to use or disclose protected health information without the patient's written authorization (as required by subsection (b)(2) of such section 164.520).''

CONSTRUCTION OF 2020 AMENDMENT

Pub. L. 116–136, div. A, title III, § 3221(j), Mar. 27, 2020, 134 Stat. 379, provided that: ''Nothing in this Act [div. A of Pub. L. 116–136, see Tables for Classification] or the amendments made by this Act shall be construed to limit—

''(1) a patient's right, as described in section 164.522 of title 45, Code of Federal Regulations, or any successor regulation, to request a restriction on the use or disclosure of a record referred to in section 543(a) of the Public Health Service Act (42 U.S.C. 290dd–2(a)) for purposes of treatment, payment, or health care operations; or

''(2) a covered entity's choice, as described in section 164.506 of title 45, Code of Federal Regulations, or any successor regulation, to obtain the consent of the individual to use or disclose a record referred to in such section 543(a) to carry out treatment, payment, or health care operation.''

JESSIE'S LAW

Pub. L. 115–271, title VII, §§ 7051–7053, Oct. 24, 2018, 132 Stat. 4017, 4018, provided that:

''SEC. 7051. INCLUSION OF OPIOID ADDICTION HISTORY IN PATIENT RECORDS.

''(a) BEST PRACTICES.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act [Oct. 24, 2018], the Secretary of Health and Human Services (in this section referred to as the 'Secretary'), in consultation with appropriate stakeholders, including a patient with a history of opioid use disorder, an expert in electronic health records, an expert in the confidentiality of patient health information and records, and a health care provider, shall identify or facilitate the development of best practices regarding—

''(A) the circumstances under which information that a patient has provided to a health care provider regarding such patient's history of opioid use disorder should, only at the patient's request, be prominently displayed in the medical records (including electronic health records) of such patient;

''(B) what constitutes the patient's request for the purpose described in subparagraph (A); and

''(C) the process and methods by which the information should be so displayed.

''(2) DISSEMINATION.—The Secretary shall disseminate the best practices developed under paragraph (1) to health care providers and State agencies.

''(b) REQUIREMENTS.—In identifying or facilitating the development of best practices under subsection (a), as applicable, the Secretary, in consultation with appropriate stakeholders, shall consider the following:

''(1) The potential for addiction relapse or overdose, including overdose death, when opioid medications are prescribed to a patient recovering from opioid use disorder.

''(2) The benefits of displaying information about a patient's opioid use disorder history in a manner similar to other potentially lethal medical concerns, including drug allergies and contraindications.

''(3) The importance of prominently displaying information about a patient's opioid use disorder when a physician or medical professional is prescribing medication, including methods for avoiding alert fatigue in providers.

''(4) The importance of a variety of appropriate medical professionals, including physicians, nurses, and pharmacists, having access to information described in this section when prescribing or dispensing opioid medication, consistent with Federal and State laws and regulations.

''(5) The importance of protecting patient privacy, including the requirements related to consent for disclosure of substance use disorder information under all applicable laws and regulations.

''(6) All applicable Federal and State laws and regulations.

''SEC. 7052. COMMUNICATION WITH FAMILIES DURING EMERGENCIES.

''(a) PROMOTING AWARENESS OF AUTHORIZED DISCLOSURES DURING EMERGENCIES.—The Secretary of Health and Human Services shall annually notify health care providers regarding permitted disclosures under Federal health care privacy law during emergencies, including overdoses, of certain health information to families, caregivers, and health care providers.

''(b) USE OF MATERIAL.—For the purposes of carrying out subsection (a), the Secretary of Health and Human Services may use material produced under section 7053 of this Act or section 11004 of the 21st Century Cures Act (42 U.S.C. 1320d–2 note).

''SEC. 7053. DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS FOR SUBSTANCE USE DISORDER PATIENT RECORDS.

''(a) INITIAL PROGRAMS AND MATERIALS.—Not later than 1 year after the date of the enactment of this Act [Oct. 24, 2018], the Secretary of Health and Human Services (in this section referred to as the 'Secretary'), in consultation with appropriate experts, shall identify the following model programs and materials (or if no such programs or materials exist, recognize private or public entities to develop and disseminate such programs and materials):

''(1) Model programs and materials for training health care providers (including physicians, emergency medical personnel, psychiatrists, psychologists, counselors, therapists, nurse practitioners, physician assistants, behavioral health facilities and clinics, care managers, and hospitals, including individuals such as general counsels or regulatory compliance staff who are responsible for establishing provider privacy policies) concerning the permitted uses and disclosures, consistent with the standards and regulations governing the privacy and security of substance use disorder patient records promulgated by the Secretary under section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) for the confidentiality of patient records.

''(2) Model programs and materials for training patients and their families regarding their rights to protect and obtain information under the standards and regulations described in paragraph (1).

''(b) REQUIREMENTS.—The model programs and materials described in paragraphs (1) and (2) of subsection (a) shall address circumstances under which disclosure of substance use disorder patient records is needed to—

''(1) facilitate communication between substance use disorder treatment providers and other health care providers to promote and provide the best possible integrated care;

''(2) avoid inappropriate prescribing that can lead to dangerous drug interactions, overdose, or relapse; and

''(3) notify and involve families and caregivers when individuals experience an overdose.

''(c) PERIODIC UPDATES.—The Secretary shall—

''(1) periodically review and update the model program and materials identified or developed under subsection (a); and

''(2) disseminate such updated programs and materials to the individuals described in subsection (a)(1).

''(d) INPUT OF CERTAIN ENTITIES.—In identifying, reviewing, or updating the model programs and materials under this section, the Secretary shall solicit the input of relevant stakeholders.

''(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section—

''(1) $4,000,000 for fiscal year 2019;

''(2) $2,000,000 for each of fiscal years 2020 and 2021; and

''(3) $1,000,000 for each of fiscal years 2022 and 2023.''

REPORT OF ADMINISTRATOR OF VETERANS' AFFAIRS TO CONGRESSIONAL COMMITTEES; PUBLICATION IN FEDERAL REGISTER

Pub. L. 93–282, title I, §121(b), May 14, 1974, 88 Stat. 131, which directed Administrator of Veterans' Affairs to submit to appropriate committees of House of Representatives and Senate a full report (1) on regulations (including guidelines, policies, and procedures thereunder) he had prescribed pursuant to section 321(b)(2) of Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 [former 42 U.S.C. 290dd–2(b)(2)], (2) explaining bases for any inconsistency between such regulations and regulations of Secretary under section 321(b)(1) of such Act [42 U.S.C. 290dd–2(b)(1)], (3) on extent, substance, and results of his consultations with Secretary respecting prescribing and implementation of Administrator's regulations, and (4) containing such recommendations for legislation and administrative actions as he determined were necessary and desirable, with Administrator to submit report not later than sixty days after effective date of regulations prescribed by Secretary under such section 321(b)(1) [42 U.S.C. 290dd–2(b)(1)], and to publish such report in Federal Register, was characterized by section 111(c)(5) of Pub. L. 94–581 as having been superseded by section 4134 [now 7334] of Title 38, Veterans' Benefits.

§ 290dd–2a. Promoting access to information on evidence-based programs and practices

(a) In general

The Assistant Secretary shall, as appropriate, improve access to reliable and valid information on evidence-based programs and practices, including information on the strength of evidence associated with such programs and practices, related to mental and substance use disorders for States, local communities, nonprofit entities, and other stakeholders, by posting on the Internet website of the Administration information on evidence-based programs and practices that have been reviewed by the Assistant Secretary in accordance with the requirements of this section.

(b) Applications

(1) Application period

In carrying out subsection (a), the Assistant Secretary may establish a period for the submission of applications for evidence-based programs and practices to be posted publicly in accordance with subsection (a).

(2) Notice

In establishing the application period under paragraph (1), the Assistant Secretary shall provide for the public notice of such application period in the Federal Register. Such notice may solicit applications for evidence-based programs and practices to address gaps in information identified by the Assistant Secretary, the National Mental Health and Substance Use Policy Laboratory established under section 290aa–0 of this title, or the Assistant Secretary for Planning and Evaluation, including pursuant to the evaluation and recommendations under section 6021 of the Helping Families in Mental Health Crisis Reform Act of 2016 or priorities identified in the strategic plan under section 290aa(*l*) of this title.

(c) Requirements

The Assistant Secretary may establish minimum requirements for the applications submitted under subsection (b), including applications related to the submission of research and evaluation.

(d) Review and rating

(1) In general

The Assistant Secretary shall review applications prior to public posting in accordance with subsection (a), and may prioritize the review of applications for evidence-based programs and practices that are related to topics included in the notice provided under subsection (b)(2).

(2) System

In carrying out paragraph (1), the Assistant Secretary may utilize a rating and review system, which may include information on the strength of evidence associated with the evidence-based programs and practices and a rating of the methodological rigor of the research supporting the applications.

(3) Public access to metrics and rating

The Assistant Secretary shall make the metrics used to evaluate applications under this section, and any resulting ratings of such applications, publicly available.

(July 1, 1944, ch. 373, title V, § 543A, as added Pub. L. 114–255, div. B, title VII, § 7002, Dec. 13, 2016, 130 Stat. 1222.)

Editorial Notes

REFERENCES IN TEXT

Section 6021 of the Helping Families in Mental Health Crisis Reform Act of 2016, referred to in subsec. (b)(2), is section 6021 of Pub. L. 114–255, which is set out as a note under section 290aa of this title.

§ 290dd–3. Grants for reducing overdose deaths

(a) Establishment

(1) In general

The Secretary shall award grants to eligible entities to expand access to drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.] for emergency treatment of known or suspected opioid overdose.

(2) Eligible entity

For purposes of this section, the term ''eligible entity'' means a State, Territory, locality, or Indian Tribe or Tribal organization (as those terms are defined in section 5304 of title 25).

(3) Subgrants

For the purposes for which a grant is awarded under this section, the eligible entity receiving the grant may award subgrants to a Federally qualified health center (as defined in section 1395x(aa) of this title), an opioid treatment program (as defined in section 8.2 of title 42, Code of Federal Regulations (or any successor regulations)), any practitioner dispensing narcotic drugs for the purpose of maintenance or detoxification treatment, or any nonprofit organization that the Secretary deems appropriate, which may include Urban Indian organizations (as defined in section 1603 of title 25).

(4) Prescribing

For purposes of this section, the term ''prescribing'' means, with respect to a drug or device approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose, the practice of prescribing such drug or device—

(A) in conjunction with an opioid prescription for patients at an elevated risk of overdose, including patients prescribed both an opioid and a benzodiazepine;

(B) in conjunction with an opioid agonist approved under section 505 of the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 355] for the treatment of opioid use disorder;

(C) to the caregiver or a close relative of patients at an elevated risk of overdose from opioids; or

(D) in other circumstances in which a provider identifies a patient is at an elevated risk for an intentional or unintentional overdose from heroin or prescription opioid therapies.

(b) Application

To be eligible to receive a grant under this section, an eligible entity shall submit to the Secretary, in such form and manner as specified by the Secretary, an application that describes—

(1) the extent to which the area to which the entity will furnish services through use of the grant is experiencing significant morbidity and mortality caused by opioid abuse;

(2) the criteria that will be used to identify eligible patients to participate in such program; and

(3) a plan for sustaining the program after Federal support for the program has ended.

(c) Use of funds

An eligible entity receiving a grant under this section may use amounts under the grant for any of the following activities, but may use not more than 20 percent of the grant funds for activities described in paragraphs (3) and (4):

(1) To establish a program for prescribing a drug or device approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.] for emergency treatment of known or suspected opioid overdose.

(2) To train and provide resources for health care providers and pharmacists on the prescribing of drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

(3) To purchase drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose, for distribution under the program described in paragraph (1).

(4) To offset the co-payments and other cost sharing associated with drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

(5) To establish protocols to connect patients who have experienced an overdose with appropriate treatment, including overdose reversal medications, medication assisted treatment, and appropriate counseling and behavioral therapies.

(d) Improving access to overdose treatment

(1) Information on best practices

(A) Health and Human Services

The Secretary of Health and Human Services may provide information to States, localities, Indian Tribes, Tribal organizations, and Urban Indian organizations on best practices for prescribing or co-prescribing a drug or device approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.] for emergency treatment of known or suspected opioid overdose, including for patients receiving chronic opioid therapy and patients being treated for opioid use disorders.

(B) Defense

The Secretary of Health and Human Services may, as appropriate, consult with the Secretary of Defense regarding the provision of information to prescribers within Department of Defense medical facilities on best practices for prescribing or co-prescribing a drug or device approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose, including for patients receiving chronic opioid therapy and patients being treated for opioid use disorders.

(C) Veterans Affairs

The Secretary of Health and Human Services may, as appropriate, consult with the Secretary of Veterans Affairs regarding the provision of information to prescribers within Department of Veterans Affairs medical facilities on best practices for prescribing or co-prescribing a drug or device approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose, including for patients receiving chronic opioid therapy and patients being treated for opioid use disorders.

(2) Rule of construction

Nothing in this subsection shall be construed as establishing or contributing to a medical standard of care.

(e) Evaluations by recipients

As a condition of receipt of a grant under this section, an eligible entity shall, for each year for which the grant is received, submit to the Secretary an evaluation of activities funded by the grant which contains such information as the Secretary may reasonably require.

(f) Reports by the Secretary

Not later than 5 years after the date on which the first grant under this section is awarded, the Secretary shall submit to the appropriate committees of the House of Representatives and of the Senate a report aggregating the information received from the grant recipients for such year under subsection (e) and evaluating the outcomes achieved by the programs funded by grants awarded under this section.

(g) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $5,000,000 for the period of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 544, as added Pub. L. 114–198, title I, § 107(a), July 22, 2016, 130 Stat. 703; amended Pub. L. 117–215, title I, § 103(b)(3)(B), Dec. 2, 2022, 136 Stat. 2263; Pub. L. 117–328, div. FF, title I, §§ 1219(a)(1)–(7)(A), 1262(b)(4), Dec. 29, 2022, 136 Stat. 5670–5672, 5682.)

Editorial Notes

REFERENCES IN TEXT

The Federal Food, Drug, and Cosmetic Act, referred to in subsecs. (a)(1), (c)(1) to (4), and (d)(1), is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§ 301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

PRIOR PROVISIONS

A prior section 290dd–3, act July 1, 1944, ch. 373, title V, § 544, formerly Pub. L. 91–616, title III, § 333, Dec. 31, 1970, 84 Stat. 1853, as amended Pub. L. 93–282, title I, § 122(a), May 14, 1974, 88 Stat. 131; Pub. L. 94–581, title I, § 111(c)(4), Oct. 21, 1976, 90 Stat. 2852; renumbered § 523 of act July 1, 1944, Apr. 26, 1983, Pub. L. 98–24, § 2(b)(13), 97 Stat. 181; Aug. 27, 1986, Pub. L. 99–401, title I, § 106(a), 100 Stat. 907; renumbered § 544, July 22, 1987, Pub. L. 100–77, title VI, § 611(2), 101 Stat. 516; June 13, 1991, Pub. L. 102–54, § 13(q)(1)(A)(ii), 105 Stat. 278, which related to confidentiality of patient records for alcohol abuse and alcoholism programs, was omitted in the general revision of this part by Pub. L. 102–321. See section 290dd–2 of this title.

AMENDMENTS

2022—Pub. L. 117–328, § 1219(a)(7)(A), substituted ''approved, cleared, or otherwise legally marketed'' for ''approved or cleared'' wherever appearing.

Subsec. (a)(2). Pub. L. 117–328, § 1219(a)(1), (2), added par. (2) and struck out former par. (2). Prior to amendment, text read as follows: ''A grant awarded under this section may not be for more than $200,000 per grant year.''

Subsec. (a)(3). Pub. L. 117–328, § 1262(b)(4), substituted ''any practitioner dispensing narcotic drugs for the purpose of maintenance or detoxification treatment'' for ''any practitioner dispensing narcotic drugs pursuant to section 823(g) of title 21''.

Pub. L. 117–328, § 1219(a)(2), added par. (3) and struck out former par. (3). Prior to amendment, text read as follows: ''For purposes of this section, the term 'eligible entity' means a Federally qualified health center (as defined in section 1395x(aa) of this title), an opioid treatment program under part 8 of title 42, Code of Federal Regulations, any practitioner dispensing narcotic drugs pursuant to section 823(h) of title 21, or any other entity that the Secretary deems appropriate.''

Pub. L. 117–215 substituted ''823(h)'' for ''823(g)''.

Subsec. (a)(4)(A). Pub. L. 117–328, § 1219(a)(3)(A), inserted '', including patients prescribed both an opioid and a benzodiazepine'' after ''overdose''.

Subsec. (a)(4)(D). Pub. L. 117–328, § 1219(a)(3)(B), substituted ''overdose'' for ''drug overdose''.

Subsec. (c)(5). Pub. L. 117–328, §1219(a)(4), amended par. (5) generally. Prior to amendment, par. (5) read as follows: ''To establish protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication-assisted treatment and appropriate counseling and behavioral therapies.''

Subsecs. (d), (e). Pub. L. 117–328, §1219(a)(5)(A), (C), added subsec. (d) and redesignated former subsec. (d) as (e). Former subsec. (e) redesignated (f).

Subsec. (f). Pub. L. 117–328, §1219(a)(5)(A), (B), redesignated subsec. (e) as (f) and substituted ''subsection (e)'' for ''subsection (d)''. Former subsec. (f) redesignated (g).

Subsec. (g). Pub. L. 117–328, §1219(a)(5)(A), (6), redesignated subsec. (f) as (g) and substituted ''fiscal years 2023 through 2027'' for ''fiscal years 2017 through 2021''.

Statutory Notes and Related Subsidiaries

FUNDING FOR COMMUNITY-BASED FUNDING FOR LOCAL SUBSTANCE USE DISORDER SERVICES

Pub. L. 117–2, title II, §2706, Mar. 11, 2021, 135 Stat. 47, provided that:

''(a) IN GENERAL.—In addition to amounts otherwise available, there is appropriated to the Secretary [of Health and Human Services] for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, $30,000,000, to remain available until expended, to carry out the purpose described in subsection (b).

''(b) USE OF FUNDS.—

''(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use and in consultation with the Director of the Centers for Disease Control and Prevention, shall award grants to support States; local, Tribal, and territorial governments; Tribal organizations; nonprofit community-based organizations; and primary and behavioral health organizations to support community-based overdose prevention programs, syringe services programs, and other harm reduction services.

''(2) USE OF GRANT FUNDS.—Grant funds awarded under this section to eligible entities shall be used for preventing and controlling the spread of infectious diseases and the consequences of such diseases for individuals with substance use disorder, distributing opioid overdose reversal medication to individuals at risk of overdose, connecting individuals at risk for, or with, a substance use disorder to overdose education, counseling, and health education, and encouraging such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse.''

IMPROVING ACCESS TO OVERDOSE TREATMENT

Pub. L. 114–198, title I, §107(b), July 22, 2016, 130 Stat. 705, authorized Secretary of Health and Human Services to provide information to prescribers within certain Federal health facilities on best practices for prescribing or co-prescribing drugs or devices for emergency treatment of opioid overdose, prior to repeal by Pub. L. 117–328, div. FF, title I, §1219(a)(7)(B), Dec. 29, 2022, 136 Stat. 5672. See subsec. (d) of this section.

§ 290dd–4. Program to support coordination and continuation of care for drug overdose patients

(a) In general

The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall identify or facilitate the development of best practices for—

(1) emergency treatment of known or suspected drug overdose;

(2) the use of recovery coaches, as appropriate, to encourage individuals who experience a non-fatal overdose to seek treatment for substance use disorder and to support coordination and continuation of care;

(3) coordination and continuation of care and treatment, including, as appropriate, through referrals, of individuals after a drug overdose; and

(4) the provision or prescribing of overdose reversal medication, as appropriate.

(b) Grant establishment and participation

(1) In general

The Secretary shall award grants on a competitive basis to eligible entities to support implementation of voluntary programs for care and treatment of individuals after a drug overdose, as appropriate, which may include implementation of the best practices described in subsection (a).

(2) Eligible entity

In this section, the term ''eligible entity'' means—

(A) a State substance abuse agency;

(B) an Indian Tribe or tribal organization; or

(C) an entity that offers treatment or other services for individuals in response to, or following, drug overdoses or a drug overdose, such as an emergency department, in consultation with a State substance abuse agency.

(3) Application

An eligible entity desiring a grant under this section shall submit an application to the Secretary, at such time and in such manner as the Secretary may require, that includes—

(A) evidence that such eligible entity carries out, or is capable of contracting and coordinating with other community entities to carry out, the activities described in paragraph (4);

(B) evidence that such eligible entity will work with a recovery community organization to recruit, train, hire, mentor, and supervise recovery coaches and fulfill the requirements described in paragraph (4)(A); and

(C) such additional information as the Secretary may require.

(4) Use of grant funds

An eligible entity awarded a grant under this section shall use such grant funds to—

(A) hire or utilize recovery coaches to help support recovery, including by—

(i) connecting patients to a continuum of care services, such as—

(I) treatment and recovery support programs;

(II) programs that provide non-clinical recovery support services;

(III) peer support networks;

(IV) recovery community organizations;

(V) health care providers, including physicians and other providers of behavioral health and primary care;

(VI) education and training providers;

(VII) employers;

(VIII) housing services; and

(IX) child welfare agencies;

(ii) providing education on overdose prevention and overdose reversal to patients and families, as appropriate;

(iii) providing follow-up services for patients after an overdose to ensure continued recovery and connection to support services;

(iv) collecting and evaluating outcome data for patients receiving recovery coaching services; and

(v) providing other services the Secretary determines necessary to help ensure continued connection with recovery support services, including culturally appropriate services, as applicable;

(B) establish policies and procedures, pursuant to Federal and State law, that address the provision of overdose reversal medication, the administration of all drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) and all biological products licensed under section 262 of this title to treat substance use disorder, and subsequent continuation of, or referral to, evidence-based treatment for patients with a substance use disorder who have experienced a non-fatal drug overdose, in order to support long-term treatment, prevent relapse, and reduce recidivism and future overdose; and

(C) establish integrated models of care for individuals who have experienced a non-fatal drug overdose which may include patient assessment, follow up, and transportation to and from treatment facilities.

(5) Additional permissible uses

In addition to the uses described in paragraph (4), a grant awarded under this section may be used, directly or through contractual arrangements, to provide—

(A) all drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) and all biological products licensed under section 262 of this title to treat substance use disorders or reverse overdose, pursuant to Federal and State law;

(B) withdrawal and detoxification services that include patient evaluation, stabilization, and preparation for treatment of substance use disorder, including treatment described in subparagraph (A), as appropriate; or

(C) mental health services provided by a certified professional who is licensed and qualified by education, training, or experience to assess the psychosocial background of patients, to contribute to the appropriate treatment plan for patients with substance use disorder, and to monitor patient progress.

(6) Preference

In awarding grants under this section, the Secretary shall give preference to eligible entities that meet any or all of the following criteria:

(A) The eligible entity is a critical access hospital (as defined in section 1395x(mm)(1) of this title), a low volume hospital (as defined in section 1395ww(d)(12)(C)(i) of such title), a sole community hospital (as defined in section 1395ww(d)(5)(D)(iii) of such title), or a hospital that receives disproportionate share hospital payments under section 1395ww(d)(5)(F) of this title.

(B) The eligible entity is located in a State with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention, or under the jurisdiction of an Indian Tribe with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined through appropriate mechanisms as determined by the Secretary in consultation with Indian Tribes.

(C) The eligible entity demonstrates that recovery coaches will be placed in both health care settings and community settings.

(7) Period of grant

A grant awarded to an eligible entity under this section shall be for a period of not more than 5 years.

(c) Definitions

In this section:

(1) Indian Tribe; tribal organization

The terms ''Indian Tribe'' and ''tribal organization'' have the meanings given the terms ''Indian tribe'' and ''tribal organization'' in section 5304 of title 25.

(2) Recovery coach

the[1] term ''recovery coach'' means an individual—

(A) with knowledge of, or experience with, recovery from a substance use disorder; and

(B) who has completed training from, and is determined to be in good standing by, a recovery services organization capable of conducting such training and making such determination.

(3) Recovery community organization

The term ''recovery community organization'' has the meaning given such term in section 290ee–2(a) of this title.

(d) Reporting Requirements

(1) Reports by grantees

Each eligible entity awarded a grant under this section shall submit to the Secretary an annual report for each year for which the entity has received such grant that includes information on—

(A) the number of individuals treated by the entity for non-fatal overdoses, including the number of non-fatal overdoses where overdose reversal medication was administered;

(B) the number of individuals administered medication-assisted treatment by the entity;

(C) the number of individuals referred by the entity to other treatment facilities after a non-fatal overdose, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals; and

[1] So in original. Probably should be capitalized.

(D) the frequency and number of patients with reoccurrences, including readmissions for non-fatal overdoses and evidence of relapse related to substance use disorder.

(2) Report by Secretary

Not later than 5 years after October 24, 2018, the Secretary shall submit to Congress a report that includes an evaluation of the effectiveness of the grant program carried out under this section with respect to long term health outcomes of the population of individuals who have experienced a drug overdose, the percentage of patients treated or referred to treatment by grantees, and the frequency and number of patients who experienced relapse, were readmitted for treatment, or experienced another overdose.

(e) Privacy

The requirements of this section, including with respect to data reporting and program oversight, shall be subject to all applicable Federal and State privacy laws.

(f) Authorization of appropriations

There is authorized to be appropriated to carry out this section $10,000,000 for each of fiscal years 2019 through 2023.

(Pub. L. 115–271, title VII, §7081, Oct. 24, 2018, 132 Stat. 4032.)

Editorial Notes

REFERENCES IN TEXT

The Federal Food, Drug, and Cosmetic Act, referred to in subsec. (b)(4)(B), (5)(A), is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

CODIFICATION

Section was enacted as part of the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act, and not as part of the Public Health Service Act which comprises this chapter.

§ 290ee. Opioid overdose reversal medication access, education, and co-prescribing grant programs

(a) Grants

The Secretary shall make grants to States, localities, Indian Tribes, and Tribal organizations (as those terms are defined in section 5304 of title 25) to—

(1) implement strategies that increase access to drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.] for emergency treatment of known or suspected opioid overdose, as appropriate, pursuant to a standing order;

(2) encourage pharmacies to dispense opioid overdose reversal medication pursuant to a standing order;

(3) encourage health care providers to coprescribe, as appropriate, drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose;

(4) develop or provide training materials that persons authorized to prescribe or dispense a drug or device approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose may use to educate the public concerning—

(A) when and how to safely administer such drug or device; and

(B) steps to be taken after administering such drug or device; and

(5) educate the public concerning the availability of drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose without a person-specific prescription.

(b) Certain requirement

A grant may be made under this section only if the State involved has authorized standing orders to be issued for drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

(c) Preference in making grants

In making grants under this section, the Secretary may give preference to States that have a significantly higher rate of opioid overdoses than the national average, and that—

(1) have not implemented standing orders regarding drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose;

(2) authorize standing orders to be issued that permit community-based organizations, substance abuse programs, or other nonprofit entities to acquire, dispense, or administer drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose; or

(3) authorize standing orders to be issued that permit police, fire, or emergency medical services agencies to acquire and administer drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

(d) Grant terms

(1) Number

A State may not receive more than one grant under this section at a time.

(2) Period

A grant under this section shall be for a period of 5 years.

(3) Limitations

A State may—

(A) use not more than 10 percent of a grant under this section for educating the public pursuant to subsection (a)(5); and

(B) use not less than 20 percent of a grant under this section to offset cost-sharing for distribution and dispensing of drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

(e) Applications

To be eligible to receive a grant under this section, a State shall submit an application to the Secretary in such form and manner and containing such information as the Secretary may reasonably require, including detailed proposed expenditures of grant funds.

(f) Reporting

A State that receives a grant under this section shall, at least annually for the duration of the grant, submit a report to the Secretary evaluating the progress of the activities supported through the grant. Such reports shall include information on the number of pharmacies in the State that dispense a drug or device approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose under a standing order, and other information as the Secretary determines appropriate to evaluate the use of grant funds.

(g) Definitions

In this section the term ''standing order'' means a document prepared by a person authorized to prescribe medication that permits another person to acquire, dispense, or administer medication without a person-specific prescription.

(h) Authorization of appropriations

(1) In general

To carry out this section, there are authorized to be appropriated $5,000,000 for the period of fiscal years 2023 through 2027.

(2) Administrative costs

Not more than 3 percent of the amounts made available to carry out this section may be used by the Secretary for administrative expenses of carrying out this section.

(July 1, 1944, ch. 373, title V, § 545, as added Pub. L. 114–198, title I, § 110(a), July 22, 2016, 130 Stat. 709; amended Pub. L. 117–328, div. FF, title I, § 1220, Dec. 29, 2022, 136 Stat. 5672.)

Editorial Notes

REFERENCES IN TEXT

The Federal Food, Drug, and Cosmetic Act, referred to in text, is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§ 301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

PRIOR PROVISIONS

A prior section 290ee, act July 1, 1944, ch. 373, title V, § 545, formerly Pub. L. 92–255, title V, § 502, as added Pub. L. 94–237, § 12(b)(1), Mar. 19, 1976, 90 Stat. 247, and amended Pub. L. 95–461, § 5, Oct. 14, 1978, 92 Stat. 1269; Pub. L. 96–181, § 11, Jan. 2, 1980, 93 Stat. 1315; renumbered § 524 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98–24, § 2(b)(15), 97 Stat. 181; renumbered § 545, July 22, 1987, Pub. L. 100–77, title VI, § 611(2), 101 Stat. 516; Nov. 4, 1988, Pub. L. 100–607, title VIII, § 813(3), 102 Stat. 3170; Nov. 7, 1988, Pub. L. 100–628, title VI, § 613(3), 102 Stat. 3243; Aug. 16, 1989, Pub. L. 101–93, § 5(t)(1), 103 Stat. 615, which related to technical assistance to State and local agencies by the National Institute on Drug Abuse, was omitted in the general revision of this part by Pub. L. 102–321.

AMENDMENTS

2022—Pub. L. 117–328, § 1220(e), substituted ''approved, cleared, or otherwise legally marketed'' for ''approved or cleared'' wherever appearing.

Pub. L. 117–328, § 1220(a)(1), substituted ''access, education, and co-prescribing grant programs'' for ''access and education grant programs'' in section catchline.

Subsec. (a). Pub. L. 117–328, § 1220(a)(2), (3), substituted ''Grants'' for ''Grants to States'' in heading and ''shall make grants to States, localities, Indian Tribes, and Tribal organizations (as those terms are defined in section 5304 of title 25)'' for ''shall make grants to States'' in introductory provisions.

Subsec. (a)(1). Pub. L. 117–328, § 1220(a)(4), substituted ''implement strategies that increase access to drugs or devices'' for ''implement strategies for pharmacists to dispense a drug or device''.

Subsec. (a)(3) to (5). Pub. L. 117–328, § 1220(a)(5), (6), added par. (3) and redesignated former pars. (3) and (4) as (4) and (5), respectively.

Subsec. (d)(2). Pub. L. 117–328, § 1220(b), substituted ''5 years'' for ''3 years''.

Subsec. (d)(3). Pub. L. 117–328, § 1220(c), amended par. (3) generally. Prior to amendment, text read as follows: ''A State may use not more than 20 percent of a grant under this section for educating the public pursuant to subsection (a)(4).''

Subsec. (h)(1). Pub. L. 117–328, § 1220(d), substituted ''fiscal years 2023 through 2027'' for ''fiscal years 2017 through 2019''.

§ 290ee–1. First responder training

(a) Program authorized

The Secretary shall make grants to States, local governmental entities, and Indian tribes and tribal organizations (as defined in section 5304 of title 25) to allow first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.] for emergency treatment of known or suspected opioid overdose.

(b) Application

(1) In general

An entity seeking a grant under this section shall submit an application to the Secretary—

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

(B) at such time, in such manner, and accompanied by such information as the Secretary may require.

(2) Criteria

An entity, in submitting an application under paragraph (1), shall—

(A) describe the evidence-based methodology and outcome measurements that will be used to evaluate the program funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the program;

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

(C) identify the governmental and community agencies with which the entity will coordinate to implement the program; and

(D) describe how the entity will ensure that law enforcement agencies will coordinate with their corresponding State substance abuse and mental health agencies to identify protocols and resources that are available to overdose victims and families, including information on treatment and recovery resources.

(c) Use of funds

An entity shall use a grant received under this section to—

(1) make a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose available to be carried and administered by first responders and members of other key community sectors;

(2) train and provide resources for first responders and members of other key community sectors on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose;

(3) establish processes, protocols, and mechanisms for referral to appropriate treatment, which may include an outreach coordinator or team to connect individuals receiving opioid overdose reversal drugs to followup services; and

(4) train and provide resources for first responders and members of other key community sectors on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs to protect themselves from exposure to such drugs and respond appropriately when exposure occurs.

(d) Technical assistance grants

The Secretary shall make a grant for the purpose of providing technical assistance and training on the use of a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose, mechanisms for referral to appropriate treatment, and safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs.

(e) Geographic distribution

In making grants under this section, the Secretary shall ensure that not less than 20 percent of grant funds are awarded to eligible entities that are not located in metropolitan statistical areas (as defined by the Office of Management and Budget). The Secretary shall take into account the unique needs of rural communities, including communities with an incidence of individuals with opioid use disorder that is above the national average and communities with a shortage of prevention and treatment services.

(f) Evaluation

The Secretary shall conduct an evaluation of grants made under this section to determine—

(1) the number of first responders and members of other key community sectors equipped with a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.] for emergency treatment of known or suspected opioid overdose;

(2) the number of opioid and heroin overdoses reversed by first responders and members of other key community sectors receiving training and supplies of a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose, through a grant received under this section;

(3) the number of responses to requests for services by the entity or subgrantee, to opioid and heroin overdose;

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

(5) the number of first responders and members of other key community sectors trained on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs.

(g) Other key community sectors

In this section, the term ''other key community sectors'' includes substance use disorder treatment providers, emergency medical services agencies, agencies and organizations working with prison and jail populations and offender reentry programs, health care providers, harm reduction groups, pharmacies, community health centers, tribal health facilities, and mental health providers.

(h) Authorization of appropriations

To carry out this section, there are authorized to be appropriated $36,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title V, § 546, as added Pub. L. 114–198, title II, § 202, July 22, 2016, 130 Stat. 715; amended Pub. L. 115–271, title VII, § 7002, Oct. 24, 2018, 132 Stat. 4007.)

Editorial Notes

REFERENCES IN TEXT

The Federal Food, Drug, and Cosmetic Act, referred to in subsecs. (a), (c)(1), (2), (d), and (f)(1), (2), is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§ 301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

PRIOR PROVISIONS

A prior section 290ee–1, act July 1, 1944, ch. 373, title V, § 546, formerly Pub. L. 92–255, title IV, § 413, Mar. 21, 1972, 86 Stat. 84, as amended Pub. L. 96–181, § 8(a), (b)(1), Jan. 2, 1980, 93 Stat. 1313, 1314; Pub. L. 97–35, title IX, § 973(e), Aug. 13, 1981, 95 Stat. 598; renumbered § 525 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98–24, § 2(b)(16)(A), 97 Stat. 182; Oct. 27, 1986, Pub. L. 99–570, title VI, § 6002(b)(2), 100 Stat. 3207–159; renumbered § 546, July 22, 1987, Pub. L. 100–77, title VI, § 611(2), 101 Stat. 516; Nov. 4, 1988, Pub. L. 100–607, title VIII, § 813(4), 102 Stat. 3171; Nov. 7, 1988, Pub. L. 100–628, title VI, § 613(4), 102 Stat. 3243; Aug. 16, 1989, Pub. L. 101–93, § 5(t)(1), 103 Stat. 615, which related to drug abuse among government and other employees, was omitted in the general revision of this part by Pub. L. 102–321.

AMENDMENTS

2018—Subsec. (c)(4). Pub. L. 115–271, § 7002(1), added par. (4).

Subsec. (d). Pub. L. 115–271, § 7002(2), substituted ''mechanisms for referral to appropriate treatment, and safety around fentanyl, carfentanil, and other dan-

gerous licit and illicit drugs'' for ''and mechanisms for referral to appropriate treatment for an entity receiving a grant under this section''.

Subsec. (f)(5). Pub. L. 115–271, § 7002(3), added par. (5).

Subsec. (g). Pub. L. 115–271, § 7002(5), added subsec. (g). Former subsec. (g) redesignated (h).

Subsec. (h). Pub. L. 115–271, § 7002(4), (6), redesignated subsec. (g) as (h) and substituted ''$36,000,000 for each of fiscal years 2019 through 2023'' for ''$12,000,000 for each of fiscal years 2017 through 2021''.

§ 290ee–2. Building communities of recovery

(a) Definition

In this section, the term ''recovery community organization'' means an independent nonprofit organization that—

(1) mobilizes resources within and outside of the recovery community, which may include through a peer support network, to increase the prevalence and quality of long-term recovery from substance use disorders; and

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

(b) Grants authorized

The Secretary shall award grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services.

(c) Federal share

The Federal share of the costs of a program funded by a grant under this section may not exceed 85 percent.

(d) Use of funds

Grants awarded under subsection (b)—

(1) shall be used to develop, expand, and enhance community and statewide recovery support services; and

(2) may be used to—

(A) build connections between recovery networks, including between recovery community organizations and peer support networks, and with other recovery support services, including—

(i) behavioral health providers;

(ii) primary care providers and physicians;

(iii) educational and vocational schools;

(iv) employers;

(v) housing services;

(vi) child welfare agencies; and

(vii) other recovery support services that facilitate recovery from substance use disorders, including non-clinical community services;

(B) reduce stigma associated with substance use disorders; and

(C) conduct outreach on issues relating to substance use disorders and recovery, including—

(i) identifying the signs of substance use disorder;

(ii) the resources available to individuals with substance use disorder and to families of an individual with a substance use disorder, including programs that mentor and provide support services to children;

(iii) the resources available to help support individuals in recovery; and

(iv) related medical outcomes of substance use disorders, the potential of acquiring an infection commonly associated with illicit drug use, and neonatal abstinence syndrome among infants exposed to opioids during pregnancy.

(e) Special consideration

In carrying out this section, the Secretary shall give special consideration to the unique needs of rural areas, including areas with an age-adjusted rate of drug overdose deaths that is above the national average and areas with a shortage of prevention and treatment services.

(f) Authorization of appropriations

There is authorized to be appropriated to carry out this section $5,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title V, § 547, as added Pub. L. 114–198, title III, § 302, July 22, 2016, 130 Stat. 719; amended Pub. L. 115–271, title VII, § 7151, Oct. 24, 2018, 132 Stat. 4057.)

Editorial Notes

PRIOR PROVISIONS

A prior section 290ee–2, act July 1, 1944, ch. 373, title V, § 547, formerly Pub. L. 92–255, title IV, § 407, Mar. 21, 1972, 86 Stat. 78, as amended Pub. L. 94–237, § 6(a), Mar. 19, 1976, 90 Stat. 244; Pub. L. 94–581, title I, § 111(c)(2), Oct. 21, 1976, 90 Stat. 2852; renumbered § 526 of act July 1, 1944, Apr. 26, 1983. Pub. L. 98–24, § 2(b)(16)(B), 97 Stat. 182; renumbered § 547, July 22, 1987, Pub. L. 100–77, title VI, § 611(2), 101 Stat. 516, which related to admission of drug abusers to private and public hospitals, was omitted in the general revision of this part by Pub. L. 102–321.

AMENDMENTS

2018—Pub. L. 115–271 amended section generally. Prior to amendment, section authorized the Secretary to award grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services, set the Federal share of program costs at no more than 50 percent, and appropriated $1,000,000 for each of fiscal years 2017 through 2021.

§ 290ee–2a. Peer support technical assistance center

(a) Establishment

The Secretary, acting through the Assistant Secretary, shall establish or operate a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support (referred to in this section as the ''Center'').

(b) Functions

The Center established under subsection (a) shall provide technical assistance and support to recovery community organizations and peer support networks, including such assistance and support related to—

(1) training on identifying—

(A) signs of substance use disorder;

(B) resources to assist individuals with a substance use disorder, or resources for families of an individual with a substance use disorder; and

(C) best practices for the delivery of recovery support services;

(2) the provision of translation services, interpretation, or other such services for clients with limited English speaking proficiency;

(3) data collection to support research, including for translational research;

(4) capacity building; and

(5) evaluation and improvement, as necessary, of the effectiveness of such services provided by recovery community organizations.

(c) Best practices

The Center established under subsection (a) shall periodically issue best practices for use by recovery community organizations and peer support networks.

(d) Recovery community organization

In this section, the term ''recovery community organization'' has the meaning given such term in section 290ee–2 of this title.

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section $1,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title V, § 547A, as added Pub. L. 115–271, title VII, § 7152, Oct. 24, 2018, 132 Stat. 4058.)

§ 290ee–3. State demonstration grants for comprehensive opioid abuse response

(a) Definitions

In this section:

(1) Dispenser

The term ''dispenser'' has the meaning given the term in section 802 of title 21.

(2) Prescriber

The term ''prescriber'' means a dispenser who prescribes a controlled substance, or the agent of such a dispenser.

(3) Prescriber of a schedule II, III, or IV controlled substance

The term ''prescriber of a schedule II, III, or IV controlled substance'' does not include a prescriber of a schedule II, III, or IV controlled substance that dispenses the substance—

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

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

(C) for a certified opioid treatment program; or

(D) in other situations as the Secretary may reasonably determine.

(4) Schedule II, III, or IV controlled substance

The term ''schedule II, III, or IV controlled substance'' means a controlled substance that is listed on schedule II, schedule III, or schedule IV of section 812(c) of title 21.

(b) Grants for comprehensive opioid abuse response

(1) In general

The Secretary shall award grants to States, and combinations of States, to implement an integrated opioid abuse response initiative.

(2) Purposes

A State receiving a grant under this section shall establish a comprehensive response plan to opioid abuse, which may include—

(A) education efforts around opioid use, treatment, and addiction recovery, including education of residents, medical students, and physicians and other prescribers of schedule II, III, or IV controlled substances on relevant prescribing guidelines, the prescription drug monitoring program of the State described in subparagraph (B), and overdose prevention methods;

(B) establishing, maintaining, or improving a comprehensive prescription drug monitoring program to track dispensing of schedule II, III, or IV controlled substances, which may—

(i) provide for data sharing with other States; and

(ii) allow all individuals authorized by the State to write prescriptions for schedule II, III, or IV controlled substances to access the prescription drug monitoring program of the State;

(C) developing, implementing, or expanding prescription drug and opioid addiction treatment programs by—

(i) expanding the availability of treatment for prescription drug and opioid addiction, including medication-assisted treatment and behavioral health therapy, as appropriate;

(ii) developing, implementing, or expanding screening for individuals in treatment for prescription drug and opioid addiction for hepatitis C and HIV, and treating or referring those individuals if clinically appropriate; or

(iii) developing, implementing, or expanding recovery support services and programs at high schools or institutions of higher education;

(D) developing, implementing, and expanding efforts to prevent overdose death from opioid abuse or addiction to prescription medications and opioids; and

(E) advancing the education and awareness of the public, providers, patients, consumers, and other appropriate entities regarding the dangers of opioid abuse, safe disposal of prescription medications, and detection of early warning signs of opioid use disorders.

(3) Application

A State seeking a grant under this section shall submit to the Secretary an application in such form, and containing such information, as the Secretary may reasonably require.

(4) Use of funds

A State that receives a grant under this section shall use the grant for the cost, including the cost for technical assistance, training, and administration expenses, of carrying out an integrated opioid abuse response initiative as outlined by the State's comprehensive response plan to opioid abuse established under paragraph (2).

(5) Priority considerations

In awarding grants under this section, the Secretary shall, as appropriate, give priority to a State that—

(A)(i) provides civil liability protection for first responders, health professionals, and

family members who have received appropriate training in administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.] for emergency treatment of known or suspected opioid overdose; and

(ii) submits to the Secretary a certification by the attorney general of the State that the attorney general has—

(I) reviewed any applicable civil liability protection law to determine the applicability of the law with respect to first responders, health care professionals, family members, and other individuals who—

(aa) have received appropriate training in administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose; and

(bb) may administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose; and

(II) concluded that the law described in subclause (I) provides adequate civil liability protection applicable to such persons;

(B) has a process for enrollment in services and benefits necessary by criminal justice agencies to initiate or continue treatment in the community, under which an individual who is incarcerated may, while incarcerated, enroll in services and benefits that are necessary for the individual to continue treatment upon release from incarceration;

(C) ensures the capability of data sharing with other States, where applicable, such as by making data available to a prescription monitoring hub;

(D) ensures that data recorded in the prescription drug monitoring program database of the State are regularly updated, to the extent possible;

(E) ensures that the prescription drug monitoring program of the State notifies prescribers and dispensers of schedule II, III, or IV controlled substances when overuse or misuse of such controlled substances by patients is suspected; and

(F) has in effect one or more statutes or implements policies that maximize use of prescription drug monitoring programs by individuals authorized by the State to prescribe schedule II, III, or IV controlled substances.

(6) Evaluation

In conducting an evaluation of the program under this section pursuant to section 701 of the Comprehensive Addiction and Recovery Act of 2016, with respect to a State, the Secretary shall report on State legislation or policies related to maximizing the use of prescription drug monitoring programs and the incidence of opioid use disorders and overdose deaths in such State.

(7) States with local prescription drug monitoring programs

(A) In general

In the case of a State that does not have a prescription drug monitoring program, a county or other unit of local government within the State that has a prescription drug monitoring program shall be treated as a State for purposes of this section, including for purposes of eligibility for grants under paragraph (1).

(B) Plan for interoperability

In submitting an application to the Secretary under paragraph (3), a county or other unit of local government shall submit a plan outlining the methods such county or unit of local government shall use to ensure the capability of data sharing with other counties and units of local government within the state[1] and with other States, as applicable.

(c) Authorization of funding

For the purpose of carrying out this section, there are authorized to be appropriated $5,000,000 for each of fiscal years 2017 through 2021.

(July 1, 1944, ch. 373, title V, § 548, as added Pub. L. 114–198, title VI, § 601, July 22, 2016, 130 Stat. 732.)

Editorial Notes

REFERENCES IN TEXT

The Federal Food, Drug, and Cosmetic Act, referred to in subsec. (b)(5)(A)(i), (ii)(I), is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§ 301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

Section 701 of the Comprehensive Addiction and Recovery Act of 2016, referred to in subsec. (b)(6), is section 701 of Pub. L. 114–198, which enacted sections 290aa–15 and 290aa–16 of this title, sections 10706 and 10707 of Title 34, Crime Control and Law Enforcement, and provisions set out as a note under section 290aa–15 of this title.

PRIOR PROVISIONS

A prior section 290ee–3, act July 1, 1944, ch. 373, title V, § 548, formerly Pub. L. 92–255, title IV, § 408, Mar. 21, 1972, 86 Stat. 79, as amended Pub. L. 93–282, title III, § 303(a), (b), May 14, 1974, 88 Stat. 137, 138; Pub. L. 94–237, § 4(c)(5)(A), Mar. 19, 1976, 90 Stat. 244; Pub. L. 94–581, title I, § 111(c)(3), Oct. 21, 1976, 90 Stat. 2852; Pub. L. 97–35, title IX, § 973(d), Aug. 13, 1981, 95 Stat. 598; renumbered § 527 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98–24, § 2(b)(16)(B), 97 Stat. 182; Aug. 27, 1986, Pub. L. 99–401, title I, § 106(b), 100 Stat. 907; renumbered § 548, July 22, 1987, Pub. L. 100–77, title VI, § 611(2), 101 Stat. 516; June 13, 1991, Pub. L. 102–54, § 13(q)(1)(A)(iii), (B)(ii), 105 Stat. 278, which related to confidentiality of patient records for drug abuse programs, was omitted in the general revision of this part by Pub. L. 102–321. See section 290dd–2 of this title.

Statutory Notes and Related Subsidiaries

GRANT PROGRAM FOR THE STATE AND TRIBAL RESPONSE TO THE OPIOID ABUSE CRISIS

Pub. L. 114–255, div. A, title I, § 1003, Dec. 13, 2016, 130 Stat. 1044, as amended by Pub. L. 115–271, title VII,

[1] So in original. Probably should be capitalized.

§ 7181(a), Oct. 24, 2018, 132 Stat. 4068, which related to grant program to address opioid abuse crisis within States and Indian Tribes, was editorially reclassified as section 290ee–3a of this title.

§ 290ee–3a. Grant program for State and Tribal response to opioid use disorders

(a) In general

The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall carry out the grant program described in subsection (b) for purposes of addressing opioid misuse and use disorders and, as applicable and appropriate, stimulant misuse and use disorders, within States, Indian Tribes, and populations served by Tribal organizations and Urban Indian organizations.

(b) Grants program

(1) In general

Subject to the availability of appropriations, the Secretary shall award grants to the single State agency responsible for administering the substance use prevention, treatment, and recovery services block grant under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–21 et seq.), Indian Tribes, and Tribal organizations for the purpose of addressing opioid misuse and use disorders, and as applicable and appropriate, stimulant misuse and use disorders, within such States, such Indian Tribes, and populations served by such Tribal organizations, in accordance with paragraph (2). Indian Tribes or Tribal organizations may also apply for an award as part of a consortia or may include in an application a partnership with an Urban Indian organization.

(2) Minimum allocations

Notwithstanding subsection (i)(3), in determining grant amounts for each recipient of a grant under paragraph (1), the Secretary shall ensure that each State and the District of Columbia receive not less than $4,000,000 and ensure that each Territory receives not less than $250,000.

(3) Formula methodology

(A) In general

At least 30 days before publishing a funding opportunity announcement with respect to grants under this section, the Secretary shall—

(i) develop a formula methodology to be followed in allocating grant funds awarded under this section among grantees, which, where applicable and appropriate based on populations being served by the relevant entity—

(I) with respect to allocations for States, gives preference to States whose populations have a prevalence of opioid misuse and use disorders or drug overdose deaths that is substantially higher relative to the populations of other States;

(II) with respect to allocations for Tribes and Tribal organizations, gives preferences to Tribes and Tribal organizations (including those applying in partnership with an Urban Indian organization) serving populations with demonstrated need with respect to opioid misuse and use disorders or drug overdose deaths;

(III) includes performance assessments for continuation awards; and

(IV) ensures that the formula avoids a funding cliff between States with similar overdose mortality rates to prevent funding reductions when compared to prior year allocations, as determined by the Secretary; and

(ii) not later than 30 days after developing the formula methodology under clause (i), submit the formula methodology to—

(I) the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate; and

(II) the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives.

(B) Report

Not later than two years after December 29, 2022, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that—

(i) assesses how grant funding is allocated to States under this section and how such allocations have changed over time;

(ii) assesses how any changes in funding under this section have affected the efforts of States to address opioid misuse and use disorders and, as applicable and appropriate, stimulant misuse and use disorders; and

(iii) assesses the use of funding provided through the grant program under this section and other similar grant programs administered by the Substance Abuse and Mental Health Services Administration.

(4) Use of funds

Grants awarded under this subsection shall be used for carrying out activities that supplement activities pertaining to opioid misuse and use disorders and, as applicable and appropriate, stimulant misuse and use disorders (including co-occurring substance misuse and use disorders), undertaken by the entities described in paragraph (1), which may include public health-related activities such as the following:

(A) Implementing substance use disorder and overdose prevention activities, including primary prevention activities, and evaluating such activities to identify effective strategies to prevent substance use disorders and overdoses, which may include drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.].

(B) Establishing or improving prescription drug monitoring programs.

(C) Training for health care practitioners, such as best practices for prescribing opioids, pain management, recognizing potential cases of substance use disorders, referral of patients to treatment programs, preventing diversion of controlled substances, and overdose prevention.

(D) Supporting access to and the provision of substance use disorder-related health care services, including—

(i) services provided by federally certified opioid treatment programs;

(ii) services provided in outpatient and residential substance use disorder treatment programs or facilities, including those that utilize medication-assisted treatment, as appropriate; or

(iii) services provided by other appropriate health care providers to treat substance use disorders, including crisis services and services provided in integrated health care settings by appropriate health care providers that treat substance use disorders.

(E) Recovery support services, including—

(i) community-based services that include education, outreach, and peer supports such as peer support specialists and recovery coaches to help support recovery;

(ii) mutual aid recovery programs that support medication-assisted treatment;

(iii) services to address housing needs; or

(iv) services related to supporting families that include an individual with a substance use disorder.

(F) Other public health-related activities, as such entity determines appropriate, related to addressing opioid misuse and use disorders and, as applicable and appropriate, stimulant misuse and use disorders, within such entity, including directing resources in accordance with local needs related to substance use disorders.

(c) Accountability and oversight

A State receiving a grant under subsection (b) shall submit to the Secretary a description of—

(1) the purposes for which the grant funds received by the State under such subsection for the preceding fiscal year were expended and a description of the activities of the State under the grant;

(2) the ultimate recipients of amounts provided to the State;

(3) the number of individuals served through the grant; and

(4) such other information as determined appropriate by the Secretary.

(d) Limitations

Any funds made available pursuant to subsection (i) shall not be used for any purpose other than the grant program under subsection (b).

(e) Indian Tribes and Tribal organizations

The Secretary, in consultation with Indian Tribes and Tribal organizations, shall identify and establish appropriate mechanisms for Indian Tribes and Tribal organizations to demonstrate or report the information as required under subsections (b), (c), and (d).

(f) Report to Congress

Not later than September 30, 2024, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and the Committees on Appropriations of the House of Representatives and the Senate, a report that includes a summary of the information provided to the Secretary in reports made pursuant to subsections (c) and (d), including—

(1) the purposes for which grant funds are awarded under this section;

(2) the activities of the grant recipients; and

(3) each entity that receives a grant under this section, including the funding level provided to such recipient.

(g) Technical assistance

The Secretary, including through the Tribal Training and Technical Assistance Center of the Substance Abuse and Mental Health Services Administration, as applicable, shall provide entities described in subsection (b)(1) with technical assistance concerning grant application and submission procedures under this section, award management activities, and enhancing outreach and direct support to rural and underserved communities and providers in addressing substance use disorders.

(h) Definitions

In this section:

(1) Indian Tribe

The term ''Indian Tribe'' has the meaning given the term ''Indian tribe'' in section 5304 of title 25.

(2) Tribal organization

The term ''Tribal organization'' has the meaning given the term ''tribal organization'' in section 5304 of title 25.

(3) State

The term ''State'' has the meaning given such term in section 300x–64(b) of this title.

(4) Urban Indian organization

The term ''Urban Indian organization'' has the meaning given such term in section 1603 of title 25.

(i) Authorization of appropriations

(1) In general

For purposes of carrying out the grant program under subsection (b), there is authorized to be appropriated $1,750,000,000 for each of fiscal years 2023 through 2027.

(2) Federal administrative expenses

Of the amounts made available for each fiscal year to award grants under subsection (b), the Secretary shall not use more than 2 percent for Federal administrative expenses, training, technical assistance, and evaluation.

(3) Set aside

Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, the Secretary shall—

(A) award not more than 5 percent to Indian Tribes and Tribal organizations; and

(B) of the amount remaining after application of subparagraph (A), set aside up to 15 percent for awards to States with the highest age-adjusted rate of drug overdose death based on the ordinal ranking of States according to the Director of the Centers for Disease Control and Prevention.

(Pub. L. 114–255, div. A, title I, §1003, Dec. 13, 2016, 130 Stat. 1044; Pub. L. 115–271, title VII, §7181(a), Oct. 24, 2018, 132 Stat. 4068; Pub. L. 117–328, div. FF, title I, §1273, Dec. 29, 2022, 136 Stat. 5688.)

Editorial Notes

REFERENCES IN TEXT

The Public Health Service Act, referred to in subsec. (b)(1), is act July 1, 1944, ch. 373, 58 Stat. 682. Subpart II of part B of title XIX of the Act is classified generally to subpart II (§300x–21 et seq.) of part B of subchapter XVII of chapter 6A of this title. For complete classification of this Act to the Code, see Short Title note set out under section 201 of this title and Tables.

The Federal Food, Drug, and Cosmetic Act, referred to in subsec. (b)(4)(A), is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

CODIFICATION

Section was formerly classified as a note under section 290ee–3 of this title prior to editorial reclassification and renumbering as this section.

Section was enacted as part of the 21st Century Cures Act, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2022—Pub. L. 117–328 amended section generally. Prior to amendment, section related to grant program for purposes of addressing opioid abuse crisis within States and Indian Tribes.

2018—Subsec. (a). Pub. L. 115–271, §7181(a)(1), substituted ''subsection (h) to carry out the grant program described in subsection (b)'' for ''the authorization of appropriations under subsection (b) to carry out the grant program described in subsection (c)'' and inserted ''and Indian Tribes'' after ''States''.

Subsec. (b). Pub. L. 115–271, §7181(a)(2), (3), redesignated subsec. (c) as (b) and struck out former subsec. (b) which established the Account for the State Response to the Opioid Abuse Crisis in the Treasury.

Subsec. (b)(1). Pub. L. 115–271, §7181(a)(5)(A), inserted ''and tribal'' after ''State'' in heading and, in text, substituted ''States and Indian Tribes for the purpose of addressing the opioid abuse crisis within such States and Indian Tribes'' for ''States for the purpose of addressing the opioid abuse crisis within such States'' and inserted ''or Indian Tribes'' after ''preference to States'' and ''or other Indian Tribes, as applicable'' after ''to other States''.

Subsec. (b)(2). Pub. L. 115–271, §7181(a)(5)(B)(i), struck out ''to a State'' after ''Grants awarded'' in introductory provisions.

Subsec. (b)(2)(A). Pub. L. 115–271, §7181(a)(5)(B)(ii), substituted ''Establishing or improving'' for ''Improving State''.

Subsec. (b)(2)(C). Pub. L. 115–271, §7181(a)(5)(B)(iii), inserted ''preventing diversion of controlled substances,'' after ''treatment programs,''.

Subsec. (b)(2)(E). Pub. L. 115–271, §7181(a)(5)(B)(iv), substituted ''as the State or Indian Tribe determines appropriate, related to addressing the opioid abuse crisis within the State or Indian Tribe, including directing resources in accordance with local needs related to substance use disorders'' for ''as the State determines appropriate, related to addressing the opioid abuse crisis within the State''.

Subsec. (c). Pub. L. 115–271, §7181(a)(6), substituted ''subsection (b)'' for ''subsection (c)'' in introductory provisions.

Pub. L. 115–271, §7181(a)(3), redesignated subsec. (d) as (c). Former subsec. (c) redesignated (b).

Subsec. (d). Pub. L. 115–271, §7181(a)(7)(A), substituted ''subsection (h)'' for ''the authorization of appropriations under subsection (b)'' in introductory provisions.

Pub. L. 115–271, §7181(a)(3), redesignated subsec. (e) as (d). Former subsec. (d) redesignated (c).

Subsec. (d)(1). Pub. L. 115–271, §7181(a)(7)(B), substituted ''subsection (b)'' for ''subsection (c)''.

Subsecs. (e) to (i). Pub. L. 115–271, §7181(a)(8), added subsec. (e) to (i). Former subsecs. (e) and (f) redesignated (d) and (j), respectively.

Subsec. (j). Pub. L. 115–271, §7181(a)(4), redesignated subsec. (f) as (j).

§ 290ee–4. Mental and behavioral health outreach and education at institutions of higher education

(a) Purpose

It is the purpose of this section to increase access to, and reduce the stigma associated with, mental health services to ensure that students at institutions of higher education have the support necessary to successfully complete their studies.

(b) National public education campaign

The Secretary, acting through the Assistant Secretary and in collaboration with the Director of the Centers for Disease Control and Prevention, shall convene an interagency, public-private sector working group to plan, establish, and begin coordinating and evaluating a targeted public education campaign that is designed to focus on mental and behavioral health on the campuses of institutions of higher education. Such campaign shall be designed to—

(1) improve the general understanding of mental health and mental disorders;

(2) encourage help-seeking behaviors relating to the promotion of mental health, prevention of mental disorders, and treatment of such disorders;

(3) make the connection between mental and behavioral health and academic success; and

(4) assist the general public in identifying the early warning signs and reducing the stigma of mental illness.

(c) Composition

The working group convened under subsection (b) shall include—

(1) mental health consumers, including students and family members;

(2) representatives of institutions of higher education, including minority-serving institutions as described in section 1067q(a) of title 20 and community colleges;

(3) representatives of national mental and behavioral health associations and associations of institutions of higher education;

(4) representatives of health promotion and prevention organizations at institutions of higher education;

(5) representatives of mental health providers, including community mental health centers; and

(6) representatives of private-sector and public-sector groups with experience in the devel-

opment of effective public health education campaigns.

(d) Plan

The working group under subsection (b) shall develop a plan that—

(1) targets promotional and educational efforts to the age population of students at institutions of higher education and individuals who are employed in settings of institutions of higher education, including through the use of roundtables;

(2) develops and proposes the implementation of research-based public health messages and activities;

(3) provides support for local efforts to reduce stigma by using the National Health Information Center as a primary point of contact for information, publications, and service program referrals; and

(4) develops and proposes the implementation of a social marketing campaign that is targeted at the population of students attending institutions of higher education and individuals who are employed in settings of institutions of higher education.

(e) Definition

In this section, the term ''institution of higher education'' has the meaning given such term in section 1001 of title 20.

(f) Authorization of appropriations

To carry out this section, there are authorized to be appropriated $1,000,000 for the period of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 549, as added Pub. L. 114–255, div. B, title IX, § 9033, Dec. 13, 2016, 130 Stat. 1261; amended Pub. L. 117–328, div. FF, title I, § 1424, Dec. 29, 2022, 136 Stat. 5704.)

Editorial Notes

AMENDMENTS

2022—Pub. L. 117–328, § 1424(1), substituted ''at institutions of higher education'' for ''on college campuses'' in section catchline.

Subsec. (c)(2). Pub. L. 117–328, § 1424(2), inserted '', including minority-serving institutions as described in section 1067q(a) of title 20 and community colleges'' after ''higher education''.

Subsec. (f). Pub. L. 117–328, § 1424(3), substituted ''2023 through 2027'' for ''2018 through 2022''.

§ 290ee–5. National recovery housing best practices

(a) Best practices for operating recovery housing

(1) In general

The Secretary, in consultation with the individuals and entities specified in paragraph (2), shall continue activities to identify, facilitate the development of, and periodically update consensus-based best practices, which may include model laws for implementing suggested minimum standards for operating, and promoting the availability of, high-quality recovery housing.

(2) Consultation

In carrying out the activities described in paragraph (1), the Secretary shall consult with, as appropriate—

(A) officials representing the agencies described in subsection (e)(2);

(B) directors or commissioners, as applicable, of State health departments, Tribal health departments, State Medicaid programs, and State insurance agencies;

(C) representatives of health insurance issuers;

(D) national accrediting entities and reputable providers of, and analysts of, recovery housing services, including Indian Tribes, Tribal organizations, and Tribally designated housing entities that provide recovery housing services, as applicable;

(E) individuals with a history of substance use disorder; and

(F) other stakeholders identified by the Secretary.

(3) Availability

The best practices referred to in paragraph (1) shall be—

(A) made publicly available; and

(B) published on the public website of the Substance Abuse and Mental Health Services Administration.

(4) Exclusion of guideline on treatment services

In facilitating the development of best practices under paragraph (1), the Secretary may not include any best practices with respect to substance use disorder treatment services.

(b) Identification of fraudulent recovery housing operators

(1) In general

The Secretary, in consultation with the individuals and entities described in paragraph (2), shall identify or facilitate the development of common indicators that could be used to identify potentially fraudulent recovery housing operators.

(2) Consultation

In carrying out the activities described in paragraph (1), the Secretary shall consult with, as appropriate, the individuals and entities specified in subsection (a)(2) and the Attorney General of the United States.

(3) Requirements

(A) Practices for identification and reporting

In carrying out the activities described in paragraph (1), the Secretary shall consider how law enforcement, public and private payers, and the public can best identify and report fraudulent recovery housing operators.

(B) Factors to be considered

In carrying out the activities described in paragraph (1), the Secretary shall identify or develop indicators, which may include indicators related to—

(i) unusual billing practices;

(ii) average lengths of stays;

(iii) excessive levels of drug testing (in terms of cost or frequency); and

(iv) unusually high levels of recidivism.

(c) Dissemination

The Secretary shall, as appropriate, disseminate the best practices identified or developed

under subsection (a) and the common indicators identified or developed under subsection (b) to—

(1) State agencies, which may include the provision of technical assistance to State agencies seeking to adopt or implement such best practices;

(2) Indian Tribes, Tribal organizations, and tribally designated housing entities;

(3) the Attorney General of the United States;

(4) the Secretary of Labor;

(5) the Secretary of Housing and Urban Development;

(6) State and local law enforcement agencies;

(7) health insurance issuers;

(8) recovery housing entities; and

(9) the public.

(d) Requirements

In carrying out the activities described in subsections (a) and (b), the Secretary, in consultation with appropriate individuals and entities described in subsections (a)(2) and (b)(2), shall consider how recovery housing is able to support recovery and prevent relapse, recidivism, or overdose (including overdose death), including by improving access and adherence to treatment, including medication-assisted treatment.

(e) Coordination of Federal activities to promote the availability of housing for individuals experiencing homelessness, individuals with a mental illness, and individuals with a substance use disorder

(1) In general

The Secretary, acting through the Assistant Secretary, and the Secretary of Housing and Urban Development shall convene an interagency working group for the following purposes:

(A) To increase collaboration, cooperation, and consultation among the Department of Health and Human Services, the Department of Housing and Urban Development, and the Federal agencies listed in paragraph (2)(B), with respect to promoting the availability of housing, including high-quality recovery housing, for individuals experiencing homelessness, individuals with mental illnesses, and individuals with substance use disorder.

(B) To align the efforts of such agencies and avoid duplication of such efforts by such agencies.

(C) To develop objectives, priorities, and a long-term plan for supporting State, Tribal, and local efforts with respect to the operation of high-quality recovery housing that is consistent with the best practices developed under this section.

(D) To improve information on the quality of recovery housing.

(2) Composition

The interagency working group under paragraph (1) shall be composed of—

(A) the Secretary, acting through the Assistant Secretary, and the Secretary of Housing and Urban Development, who shall serve as the co-chairs; and

(B) representatives of each of the following Federal agencies:

(i) The Centers for Medicare & Medicaid Services.

(ii) The Substance Abuse and Mental Health Services Administration.

(iii) The Health Resources and Services Administration.

(iv) The Office of the Inspector General of the Department of Health and Human Services.

(v) The Indian Health Service.

(vi) The Department of Agriculture.

(vii) The Department of Justice.

(viii) The Office of National Drug Control Policy.

(ix) The Bureau of Indian Affairs.

(x) The Department of Labor.

(xi) The Department of Veterans Affairs.

(xii) Any other Federal agency as the co-chairs determine appropriate.

(3) Meetings

The working group shall meet on a quarterly basis.

(4) Reports to Congress

Not later than 4 years after December 29, 2022, the working group shall submit to the Committee on Health, Education, Labor, and Pensions, the Committee on Agriculture, Nutrition, and Forestry, and the Committee on Finance of the Senate and the Committee on Energy and Commerce, the Committee on Ways and Means, the Committee on Agriculture, and the Committee on Financial Services of the House of Representatives a report describing the work of the working group and any recommendations of the working group to improve Federal, State, and local coordination with respect to recovery housing and other housing resources and operations for individuals experiencing homelessness, individuals with a mental illness, and individuals with a substance use disorder.

(f) Grants for implementing national recovery housing best practices

(1) In general

The Secretary shall award grants to States (and political subdivisions thereof), Indian Tribes, and territories—

(A) for the provision of technical assistance to implement the guidelines and recommendations developed under subsection (a); and

(B) to promote—

(i) the availability of recovery housing for individuals with a substance use disorder; and

(ii) the maintenance of recovery housing in accordance with best practices developed under this section.

(2) State promotion plans

Not later than 90 days after receipt of a grant under paragraph (1), and every 2 years thereafter, each State (or political subdivisions thereof,)[1] Indian Tribe, or territory receiving a grant under paragraph (1) shall submit to the Secretary, and publish on a pub-

[1] So in original. The comma probably should follow the closing parenthesis.

licly accessible internet website of the State (or political subdivisions thereof), Indian Tribe, or territory—

(A) the plan of the State (or political subdivisions thereof), Indian Tribe, or territory, with respect to the promotion of recovery housing for individuals with a substance use disorder located within the jurisdiction of such State (or political subdivisions thereof), Indian Tribe, or territory; and

(B) a description of how such plan is consistent with the best practices developed under this section.

(g) Rule of construction

Nothing in this section shall be construed to provide the Secretary with the authority to require States to adhere to minimum standards in the State oversight of recovery housing.

(h) Definitions

In this section:

(1) The term ''recovery housing'' means a shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders.

(2) The terms ''Indian Tribe'' and ''Tribal organization'' have the meanings given those terms in section 5304 of title 25.

(3) The term ''tribally designated housing entity'' has the meaning given that term in section 4103 of title 25.

(i) Authorization of appropriations

To carry out this section, there is authorized to be appropriated $5,000,000 for the period of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 550, as added Pub. L. 115–271, title VII, § 7031, Oct. 24, 2018, 132 Stat. 4014; amended Pub. L. 117–328, div. FF, title I, §§ 1232, 1233, 1235, 1236, Dec. 29, 2022, 136 Stat. 5674, 5676, 5677.)

Editorial Notes

REFERENCES IN TEXT

December 29, 2022, referred to in subsec. (e)(4), was in the original ''the date of the enactment of this section'', and was translated as reading ''the date of the enactment of this subsection'', meaning the date of enactment of Pub. L. 117–328, which enacted subsec. (e), to reflect the probable intent of Congress.

PRIOR PROVISIONS

A prior section 550 of act July 1, 1944, was renumbered section 550A of act July 1, 1944, and is classified to section 290ee–5a of this title.

AMENDMENTS

2022—Subsec. (a)(1). Pub. L. 117–328, § 1232(1), amended par. (1) generally. Prior to amendment, text read as follows: ''The Secretary, in consultation with the individuals and entities specified in paragraph (2), shall identify or facilitate the development of best practices, which may include model laws for implementing suggested minimum standards, for operating recovery housing.''

Subsec. (a)(2)(A). Pub. L. 117–328, § 1232(2)(A), added subpar. (A) and struck out former subpar. (A) which read as follows: ''relevant divisions of the Department of Health and Human Services, including the Substance Abuse and Mental Health Services Administration, the Office of Inspector General, the Indian Health Service, and the Centers for Medicare & Medicaid Services;''.

Subsec. (a)(2)(B). Pub. L. 117–328, § 1232(2)(A)–(C), redesignated subpar. (C) as (B), substituted ''Tribal'' for ''tribal'', and struck out former subpar. (B) which read as follows: ''the Secretary of Housing and Urban Development;''.

Subsec. (a)(2)(C). Pub. L. 117–328, § 1232(2)(B), redesignated subpar. (D) as (C). Former subpar. (C) redesignated (B).

Subsec. (a)(2)(D). Pub. L. 117–328, § 1232(2)(B), (D), redesignated subpar. (E) as (D) and substituted ''Tribes, Tribal organizations, and Tribally'' for ''tribes, tribal organizations, and tribally''. Former subpar. (D) redesignated (C).

Subsec. (a)(2)(E) to (G). Pub. L. 117–328, § 1232(2)(B), redesignated subpars. (F) and (G) as (E) and (F), respectively. Former subpar. (E) redesignated (D).

Subsec. (a)(3), (4). Pub. L. 117–328, § 1232(3), added pars. (3) and (4).

Subsec. (c)(2). Pub. L. 117–328, § 1233(2), substituted ''Indian Tribes, Tribal'' for ''Indian tribes, tribal''.

Subsec. (e). Pub. L. 117–328, § 1233(4), added subsec. (e). Former subsec. (e) redesignated (g).

Subsec. (f). Pub. L. 117–328, § 1235, added subsec. (f). Former subsec. (f) redesignated (h).

Subsec. (g). Pub. L. 117–328, § 1233(1), redesignated subsec. (e) as (g). Former subsec. (g) redesignated (i).

Subsec. (h). Pub. L. 117–328, § 1233(1), redesignated subsec. (f) as (h).

Subsec. (h)(2). Pub. L. 117–328, § 1233(3), substituted ''Indian Tribe'' for ''Indian tribe'' and ''Tribal organization'' for ''tribal organization''.

Subsec. (i). Pub. L. 117–328, § 1236, substituted ''$5,000,000 for the period of fiscal years 2023 through 2027'' for ''$3,000,000 for the period of fiscal years 2019 through 2021''.

Pub. L. 117–328, § 1233(1), redesignated subsec. (g) as (i).

§ 290ee–5a. Sobriety treatment and recovery teams

(a) In general

The Secretary may make grants to States, units of local government, or tribal governments to establish or expand Sobriety Treatment And Recovery Team (referred to in this section as ''START'') or other similar programs to determine the effectiveness of pairing social workers or mentors with families that are struggling with a substance use disorder and child abuse or neglect in order to help provide peer support, intensive treatment, and child welfare services to such families.

(b) Allowable uses

A grant awarded under this section may be used for one or more of the following activities:

(1) Training eligible staff, including social workers, social services coordinators, child welfare specialists, substance use disorder treatment professionals, and mentors.

(2) Expanding access to substance use disorder treatment services and drug testing.

(3) Enhancing data sharing with law enforcement agencies, child welfare agencies, substance use disorder treatment providers, judges, and court personnel.

(4) Program evaluation and technical assistance.

(c) Program requirements

A State, unit of local government, or tribal government receiving a grant under this section shall—

(1) serve only families for which—

(A) there is an open record with the child welfare agency; and

(B) substance use disorder was a reason for the record or finding described in paragraph (1);[1] and

(2) coordinate any grants awarded under this section with any grant awarded under section 629g(f) of this title focused on improving outcomes for children affected by substance abuse.

(d) Technical assistance

The Secretary may reserve not more than 5 percent of funds provided under this section to provide technical assistance on the establishment or expansion of programs funded under this section from the National Center on Substance Abuse and Child Welfare.

(July 1, 1944, ch. 373, title V, § 550A, formerly § 550, as added Pub. L. 115–271, title VIII, § 8214, Oct. 24, 2018, 132 Stat. 4116; renumbered § 550A, Pub. L. 117–328, div. FF, title I, § 1237, Dec. 29, 2022, 136 Stat. 5677.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 290ee–10 of this title prior to renumbering by Pub. L. 117–328.

§ 290ee–6. Regional Centers of Excellence in Substance Use Disorder Education

(a) In general

The Secretary, in consultation with appropriate agencies, shall award cooperative agreements to eligible entities for the designation of such entities as Regional Centers of Excellence in Substance Use Disorder Education for purposes of improving health professional training resources with respect to substance use disorder prevention, treatment, and recovery.

(b) Eligibility

To be eligible to receive a cooperative agreement under subsection (a), an entity shall—

(1) be an accredited entity that offers education to students in various health professions, which may include—

(A) a teaching hospital;

(B) a medical school;

(C) a certified behavioral health clinic; or

(D) any other health professions school, school of public health, or Cooperative Extension Program at institutions of higher education, as defined in section 1001 of title 20, engaged in the prevention, treatment, or recovery of substance use disorders;

(2) demonstrate community engagement and partnerships with community stakeholders, including entities that train health professionals, mental health counselors, social workers, peer recovery specialists, substance use treatment programs, community health centers, physician offices, certified behavioral health clinics, research institutions, and law enforcement; and

(3) submit to the Secretary an application containing such information, at such time, and in such manner, as the Secretary may require.

(c) Activities

An entity receiving an award under this section shall develop, evaluate, and distribute evidence-based resources regarding the prevention and treatment of, and recovery from, substance use disorders. Such resources may include information on—

(1) the neurology and pathology of substance use disorders;

(2) advancements in the treatment of substance use disorders;

(3) techniques and best practices to support recovery from substance use disorders;

(4) strategies for the prevention and treatment of, and recovery from substance use disorders across patient populations; and

(5) other topic areas that are relevant to the objectives described in subsection (a).

(d) Geographic distribution

In awarding cooperative agreements under subsection (a), the Secretary shall take into account regional differences among eligible entities and shall make an effort to ensure geographic distribution.

(e) Evaluation

The Secretary shall evaluate each project carried out by an entity receiving an award under this section and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

(f) Funding

There is authorized to be appropriated to carry out this section, $4,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title V, § 551, as added Pub. L. 115–271, title VII, § 7101, Oct. 24, 2018, 132 Stat. 4037.)

§ 290ee–7. Comprehensive opioid recovery centers

(a) In general

The Secretary shall award grants on a competitive basis to eligible entities to establish or operate a comprehensive opioid recovery center (referred to in this section as a ''Center''). A Center may be a single entity or an integrated delivery network.

(b) Grant period

(1) In general

A grant awarded under subsection (a) shall be for a period of not less than 3 years and not more than 5 years.

(2) Renewal

A grant awarded under subsection (a) may be renewed, on a competitive basis, for additional periods of time, as determined by the Secretary. In determining whether to renew a grant under this paragraph, the Secretary shall consider the data submitted under subsection (h).

(c) Minimum number of Centers

The Secretary shall allocate the amounts made available under subsection (j) such that

[1] So in original. Probably should be ''subparagraph (A)''.

not fewer than 10 grants may be awarded. Not more than one grant shall be made to entities in a single State for any one period.

(d) Application

(1) Eligible entity

An entity is eligible for a grant under this section if the entity offers treatment and other services for individuals with a substance use disorder.

(2) Submission of application

In order to be eligible for a grant under subsection (a), an entity shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

(A) evidence that such entity carries out, or is capable of coordinating with other entities to carry out, the activities described in subsection (g); and

(B) such other information as the Secretary may require.

(e) Priority

In awarding grants under subsection (a), the Secretary shall give priority to eligible entities—

(1) located in a State with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention; or

(2) serving an Indian Tribe (as defined in section 5304 of title 25) with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined through appropriate mechanisms determined by the Secretary in consultation with Indian Tribes.

(f) Preference

In awarding grants under subsection (a), the Secretary may give preference to eligible entities utilizing technology-enabled collaborative learning and capacity building models, including such models as defined in section 2 of the Expanding Capacity for Health Outcomes Act (Public Law 114–270; 130 Stat. 1395), to conduct the activities described in this section.

(g) Center activities

Each Center shall, at a minimum, carry out the following activities directly, through referral, or through contractual arrangements, which may include carrying out such activities through technology-enabled collaborative learning and capacity building models described in subsection (f):

(1) Treatment and recovery services

Each Center shall—

(A) Ensure that intake, evaluations, and periodic patient assessments meet the individualized clinical needs of patients, including by reviewing patient placement in treatment settings to support meaningful recovery.

(B) Provide the full continuum of treatment services, including—

(i) all drugs and devices approved or cleared under the Federal Food, Drug, and Cosmetic Act and all biological products licensed under section 262 of this title to treat substance use disorders or reverse overdoses, pursuant to Federal and State law;

(ii) medically supervised withdrawal management, that includes patient evaluation, stabilization, and readiness for and entry into treatment;

(iii) counseling provided by a program counselor or other certified professional who is licensed and qualified by education, training, or experience to assess the psychological and sociological background of patients, to contribute to the appropriate treatment plan for the patient, and to monitor patient progress;

(iv) treatment, as appropriate, for patients with co-occurring substance use and mental disorders;

(v) testing, as appropriate, for infections commonly associated with illicit drug use;

(vi) residential rehabilitation, and outpatient and intensive outpatient programs;

(vii) recovery housing;

(viii) community-based and peer recovery support services;

(ix) job training, job placement assistance, and continuing education assistance to support reintegration into the workforce; and

(x) other best practices to provide the full continuum of treatment and services, as determined by the Secretary.

(C) Ensure that all programs covered by the Center include medication-assisted treatment, as appropriate, and do not exclude individuals receiving medication-assisted treatment from any service.

(D) Periodically conduct patient assessments to support sustained and clinically significant recovery, as defined by the Assistant Secretary for Mental Health and Substance Use.

(E) Provide onsite access to medication, as appropriate, and toxicology services; for purposes of carrying out this section.

(F) Operate a secure, confidential, and interoperable electronic health information system.

(G) Offer family support services such as child care, family counseling, and parenting interventions to help stabilize families impacted by substance use disorder, as appropriate.

(2) Outreach

Each Center shall carry out outreach activities regarding the services offered through the Centers, which may include—

(A) training and supervising outreach staff, as appropriate, to work with State and local health departments, health care providers, the Indian Health Service, State and local educational agencies, schools funded by the Indian Bureau of Education, institutions of higher education, State and local workforce development boards, State and local community action agencies, public safety officials, first responders, Indian Tribes, child welfare agencies, as appropriate, and other community partners and

the public, including patients, to identify and respond to community needs;

(B) ensuring that the entities described in subparagraph (A) are aware of the services of the Center; and

(C) disseminating and making publicly available, including through the internet, evidence-based resources that educate professionals and the public on opioid use disorder and other substance use disorders, including co-occurring substance use and mental disorders.

(h) Data reporting and program oversight

With respect to a grant awarded under subsection (a), not later than 90 days after the end of the first year of the grant period, and annually thereafter for the duration of the grant period (including the duration of any renewal period for such grant), the entity shall submit data, as appropriate, to the Secretary regarding—

(1) the programs and activities funded by the grant;

(2) health outcomes of the population of individuals with a substance use disorder who received services from the Center, evaluated by an independent program evaluator through the use of outcomes measures, as determined by the Secretary;

(3) the retention rate of program participants; and

(4) any other information that the Secretary may require for the purpose of—ensuring [1] that the Center is complying with all the requirements of the grant, including providing the full continuum of services described in subsection (g)(1)(B).

(i) Privacy

The provisions of this section, including with respect to data reporting and program oversight, shall be subject to all applicable Federal and State privacy laws.

(j) Authorization of appropriations

There is authorized to be appropriated $10,000,000 for each of fiscal years 2019 through 2023 for purposes of carrying out this section.

(July 1, 1944, ch. 373, title V, § 552, as added Pub. L. 115–271, title VII, § 7121(a), Oct. 24, 2018, 132 Stat. 4043.)

Editorial Notes

REFERENCES IN TEXT

Section 2 of the Expanding Capacity for Health Outcomes Act, referred to in subsec. (f), is section 2 of Pub. L. 114–270, Dec. 14, 2016, 130 Stat. 1395, which is not classified to the Code.

The Federal Food, Drug, and Cosmetic Act, referred to in subsec. (g)(1)(B)(i), is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§ 301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

§ 290ee–8. Career Act

(a) In general

The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in consultation with the Secretary of Labor, shall continue or establish a program to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.

(b) Grants authorized

In carrying out the activities under this section, the Secretary shall, on a competitive basis, award grants for a period of not more than 5 years to entities to enable such entities to carry out evidence-based programs to help individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. Such entities shall coordinate, as applicable, with Indian tribes or tribal organizations (as applicable), State boards and local boards (as defined in section 3102 of title 29, lead State agencies with responsibility for a workforce investment activity (as defined in such section 3102), and State agencies responsible for carrying out substance use disorder prevention and treatment programs.

(c) Priority

(1) In general

In awarding grants under this section, the Secretary shall give priority based on the State in which the entity is located. Priority shall be given among States according to a formula based on the rates described in paragraph (2) and weighted as described in paragraph (3).

(2) Rates

The rates described in this paragraph are the following:

(A) The amount by which the rate of drug overdose deaths in the State, adjusted for age, is above the national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention.

(B) The amount by which the rate of unemployment for the State, based on data provided by the Bureau of Labor Statistics for the preceding 5 calendar years for which there is available data, is above the national average.

(C) The amount by which rate of labor force participation in the State, based on data provided by the Bureau of Labor Statistics for the preceding 5 calendar years for which there is available data, is below the national average.

(3) Weighting

The rates described in paragraph (2) shall be weighted as follows:

(A) The rate described in paragraph (2)(A) shall be weighted 70 percent.

(B) The rate described in paragraph (2)(B) shall be weighted 15 percent.

(C) The rate described in paragraph (2)(C) shall be weighted 15 percent.

(d) Preference

In awarding grants under this section, the Secretary shall give preference to entities located in areas within States with the greatest need, with such need based on the highest mortality rate related to substance use disorder.

[1] So in original.

(e) Definitions

In this section:

(1) Eligible entity

The term ''eligible entity'' means an entity that offers treatment or recovery services for individuals with substance use disorders, and partners with one or more local or State stakeholders, which may include local employers, community organizations, the local workforce development board, local and State governments, and Indian Tribes or tribal organizations, to support recovery, independent living, and participation in the workforce.

(2) Indian Tribes; tribal organization

The terms ''Indian Tribe'' and ''tribal organization'' have the meanings given the terms ''Indian tribe'' and ''tribal organization'' in section 5304 of title 25.

(3) State

The term ''State'' includes only the several States and the District of Columbia.

(f) Applications

An eligible entity shall submit an application at such time and in such manner as the Secretary may require. In submitting an application, the entity shall demonstrate the ability to partner with local stakeholders, which may include local employers, community stakeholders, the local workforce development board, local and State governments, and Indian Tribes or tribal organizations, as applicable, to—

(1) identify gaps in the workforce due to the prevalence of substance use disorders;

(2) in coordination with statewide employment and training activities, including coordination and alignment of activities carried out by entities provided grant funds under section 3225a of title 29, help individuals in recovery from a substance use disorder transition into the workforce, including by providing career services, training services as described in paragraph (2) of section 3174(c) of title 29, and related services described in section 3174(a)(3) of such title; and

(3) assist employers with informing their employees of the resources, such as resources related to substance use disorders that are available to their employees.

(g) Use of funds

An entity receiving a grant under this section shall use the funds to conduct one or more of the following activities:

(1) Hire case managers, care coordinators, providers of peer recovery support services, as described in section 290ee–2(a) of this title, or other professionals, as appropriate, to provide services that support treatment, recovery, and rehabilitation, and prevent relapse, recidivism, and overdose, including by encouraging—

(A) the development and strengthening of daily living skills; and

(B) the use of counseling, care coordination, and other services, as appropriate, to support recovery from substance use disorders.

(2) Implement or utilize innovative technologies, which may include the use of telemedicine.

(3) In coordination with the lead State agency with responsibility for a workforce investment activity or local board described in subsection (b), provide—

(A) short-term prevocational training services; and

(B) training services that are directly linked to the employment opportunities in the local area or the planning region.

(h) Support for State strategy

An eligible entity shall include in its application under subsection (f) information describing how the services and activities proposed in such application are aligned with the State, outlying area, or Tribal strategy, as applicable, for addressing issues described in such application and how such entity will coordinate with existing systems to deliver services as described in such application.

(i) Data reporting and program oversight

Each eligible entity awarded a grant under this section shall submit to the Secretary a report at such time and in such manner as the Secretary may require. Such report shall include a description of—

(1) the programs and activities funded by the grant;

(2) outcomes of the population of individuals with a substance use disorder the grantee served through activities described in subsection (g); and

(3) any other information that the Secretary may require for the purpose of ensuring that the grantee is complying with all of the requirements of the grant.

(j) Reports to Congress

(1) Preliminary report

Not later than 2 years after the end of the first year of the grant period under this section, the Secretary shall submit to Congress a preliminary report that analyzes reports submitted under subsection (i).

(2) Final report

Not later than 2 years after submitting the preliminary report required under paragraph (1), the Secretary shall submit to Congress a final report that includes—

(A) a description of how the grant funding was used, including the number of individuals who received services under subsection (g)(3) and an evaluation of the effectiveness of the activities conducted by the grantee with respect to outcomes of the population of individuals with substance use disorder who receive services from the grantee; and

(B) recommendations related to best practices for health care professionals to support individuals in substance use disorder treatment or recovery to live independently and participate in the workforce.

(k) Authorization of appropriations

There is authorized to be appropriated $5,000,000 for each of fiscal years 2019 through 2023 for purposes of carrying out this section.

(Pub. L. 115–271, title VII, § 7183, Oct. 24, 2018, 132 Stat. 4070.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act, and not as part of the Public Health Service Act which comprises this chapter.

§ 290ee–9. Services for families and patients in crisis

(a) In general

The Secretary of Health and Human Services may make grants to entities that focus on addiction and substance use disorders and specialize in family and patient services, advocacy for patients and families, and educational information.

(b) Allowable uses

A grant awarded under this section may be used for nonprofit national, State, or local organizations that engage in the following activities:

(1) Expansion of resource center services with professional, clinical staff that provide, for families and individuals impacted by a substance use disorder, support, access to treatment resources, brief assessments, medication and overdose prevention education, compassionate listening services, recovery support or peer specialists, bereavement and grief support, and case management.

(2) Continued development of health information technology systems that leverage new and upcoming technology and techniques for prevention, intervention, and filling resource gaps in communities that are underserved.

(3) Enhancement and operation of treatment and recovery resources, easy-to-read scientific and evidence-based education on addiction and substance use disorders, and other informational tools for families and individuals impacted by a substance use disorder and community stakeholders, such as law enforcement agencies.

(4) Provision of training and technical assistance to State and local governments, law enforcement agencies, health care systems, research institutions, and other stakeholders.

(5) Expanding upon and implementing educational information using evidence-based information on substance use disorders.

(6) Expansion of training of community stakeholders, law enforcement officers, and families across a broad-range of addiction, health, and related topics on substance use disorders, local issues and community-specific issues related to the drug epidemic.

(7) Program evaluation.

(Pub. L. 114–198, title VII, § 709, as added Pub. L. 115–271, title VIII, § 8212, Oct. 24, 2018, 132 Stat. 4115.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act, and the Substance Abuse Prevention Act of 2018, and not as part of the Public Health Service Act which comprises this chapter.

§ 290ee–10. Transferred

Editorial Notes

CODIFICATION

Section, act July 1, 1944, ch. 373, title V, § 550, as added Pub. L. 115–271, title VIII, § 8214, Oct. 24, 2018, 132 Stat. 4116, which related to sobriety treatment and recovery teams, was renumbered section 550A of act July 1, 1944, by Pub. L. 117–328, div. FF, title I, § 1237, Dec. 29, 2022, 136 Stat. 5677, and transferred to section 290ee–5a of this title.

PART E—CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES

§ 290ff. Comprehensive community mental health services for children with serious emotional disturbances

(a) Grants to certain public entities

(1) In general

The Secretary, acting through the Director of the Center for Mental Health Services, shall make grants to public entities for the purpose of providing comprehensive community mental health services to children with a serious emotional disturbance, which may include efforts to identify and serve children at risk.

(2) "Public entity" defined

For purposes of this part, the term ''public entity'' means any State, any political subdivision of a State, and any Indian tribe or tribal organization (as defined in section 5304(b) and section 5304(c)[1] of title 25).

(b) Considerations in making grants

(1) Requirement of status as grantee under part B of subchapter XVII

The Secretary may make a grant under subsection (a) to a public entity only if—

(A) in the case of a public entity that is a State, the State is a grantee under section 300x of this title;

(B) in the case of a public entity that is a political subdivision of a State, the State in which the political subdivision is located is such a grantee; and

(C) in the case of a public entity that is an Indian tribe or tribal organization, the State in which the tribe or tribal organization is located is such a grantee.

(2) Requirement of status as medicaid provider

(A) Subject to subparagraph (B), the Secretary may make a grant under subsection (a) only if, in the case of any service under such subsection that is covered in the State plan approved under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.] for the State involved—

(i) the public entity involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

[1] See References in Text note below.

(ii) the public entity will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments.

(B)(i) In the case of an organization making an agreement under subparagraph (A)(ii) regarding the provision of services under subsection (a), the requirement established in such subparagraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing health or mental health services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

(ii) A determination by the Secretary of whether an organization referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the organization accepts voluntary donations regarding the provision of services to the public.

(3) Certain considerations

In making grants under subsection (a), the Secretary shall—

(A) equitably allocate such assistance among the principal geographic regions of the United States;

(B) consider the extent to which the public entity involved has a need for the grant; and

(C) in the case of any public entity that is a political subdivision of a State or that is an Indian tribe or tribal organization—

(i) shall consider any comments regarding the application of the entity for such a grant that are received by the Secretary from the State in which the entity is located; and

(ii) shall give special consideration to the entity if the State agrees to provide a portion of the non-Federal contributions required in subsection (c) regarding such a grant.

(c) Matching funds

(1) In general

A funding agreement for a grant under subsection (a) is that the public entity involved will, with respect to the costs to be incurred by the entity in carrying out the purpose described in such subsection, make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

(A) for the first fiscal year for which the entity receives payments from a grant under such subsection, is not less than $1 for each $3 of Federal funds provided in the grant;

(B) for any second or third such fiscal year, is not less than $1 for each $3 of Federal funds provided in the grant;

(C) for any fourth such fiscal year, is not less than $1 for each $1 of Federal funds provided in the grant; and

(D) for any fifth and sixth such fiscal year,[2] is not less than $2 for each $1 of Federal funds provided in the grant.

[2] So in original. Probably should be ''years,''.

(2) Determination of amount contributed

(A) Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(B) In making a determination of the amount of non-Federal contributions for purposes of subparagraph (A), the Secretary may include only non-Federal contributions in excess of the average amount of non-Federal contributions made by the public entity involved toward the purpose described in subsection (a) for the 2-year period preceding the first fiscal year for which the entity receives a grant under such section.

(July 1, 1944, ch. 373, title V, § 561, as added Pub. L. 102–321, title I, § 119, July 10, 1992, 106 Stat. 349; amended Pub. L. 103–43, title XX, § 2017(1), June 10, 1993, 107 Stat. 218; Pub. L. 106–310, div. B, title XXXI, § 3105(a), Oct. 17, 2000, 114 Stat. 1175; Pub. L. 114–255, div. B, title X, § 10001(a), Dec. 13, 2016, 130 Stat. 1262.)

Editorial Notes

REFERENCES IN TEXT

Subsections (b) and (c) of section 5304 of title 25, referred to in subsec. (a)(2), do not contain definitions of the terms ''Indian tribe'' and ''tribal organization''. However, such terms are defined elsewhere in that section.

The Social Security Act, referred to in subsec. (b)(2)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XIX of the Act is classified generally to subchapter XIX (§ 1396 et seq.) of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

PRIOR PROVISIONS

A prior section 290ff, act July 1, 1944, ch. 373, title V, § 561, as added Nov. 18, 1988, Pub. L. 100–690, title II, § 2081(a), 102 Stat. 4216, which related to action by National Institute on Drug Abuse and States concerning military facilities, was renumbered section 513 of act July 1, 1944, by Pub. L. 102–321 and transferred to section 290bb–6 of this title.

AMENDMENTS

2016—Subsec. (a)(1). Pub. L. 114–255 inserted '', which may include efforts to identify and serve children at risk'' before period at end.

2000—Subsec. (c)(1)(D). Pub. L. 106–310 substituted ''fifth and sixth such fiscal year'' for ''fifth such fiscal year''.

1993—Subsec. (a)(2). Pub. L. 103–43, § 2017(1)(A), substituted ''this part'' for ''this subpart''.

Subsec. (b)(1)(B), (C). Pub. L. 103–43, § 2017(1)(B), substituted ''is such a grantee'' for ''is receiving such payments''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

CURRENT GRANTEES

Pub. L. 106–310, div. B, title XXXI, § 3105(e), Oct. 17, 2000, 114 Stat. 1175, provided that:

''(1) IN GENERAL.—Entities with active grants under section 561 of the Public Health Service Act (42 U.S.C. 290ff) on the date of the enactment of this Act [Oct. 17, 2000] shall be eligible to receive a sixth year of funding under the grant in an amount not to exceed the amount that such grantee received in the fifth year of funding under such grant. Such sixth year may be funded without requiring peer and Advisory Council review as required under section 504 of such Act (42 U.S.C. 290aa–3).

''(2) LIMITATION.—Paragraph (1) shall apply with respect to a grantee only if the grantee agrees to comply with the provisions of section 561 as amended by subsection (a).''

§ 290ff–1. Requirements with respect to carrying out purpose of grants

(a) Systems of comprehensive care

(1) In general

A funding agreement for a grant under section 290ff(a) of this title is that, with respect to children with a serious emotional disturbance, the public entity involved will carry out the purpose described in such section only through establishing and operating 1 or more systems of care for making each of the mental health services specified in subsection (c) available to each child provided access to the system. In providing for such a system, the public entity may make grants to, and enter into contracts with, public and nonprofit private entities.

(2) Structure of system

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under paragraph (1) will—

(A) be established in a community selected by the public entity involved;

(B) consist of such public agencies and nonprofit private entities in the community as are necessary to ensure that each of the services specified in subsection (c) is available to each child provided access to the system;

(C) be established pursuant to agreements that the public entity enters into with the agencies and entities described in subparagraph (B);

(D) coordinate the provision of the services of the system; and

(E) establish an office whose functions are to serve as the location through which children are provided access to the system, to coordinate the provision of services of the system, and to provide information to the public regarding the system.

(3) Collaboration of local public entities

A funding agreement for a grant under section 290ff(a) of this title is that, for purposes of the establishment and operation of a system of care under paragraph (1), the public entity involved will seek collaboration among all public agencies that provide human services in the community in which the system is established, including but not limited to those providing mental health services, educational services, child welfare services, or juvenile justice services.

(b) Limitation on age of children provided access to system

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under subsection (a) will provide an individual with access to the system through the age of 21 years.

(c) Required mental health services of system

A funding agreement for a grant under section 290ff(a) of this title is that mental health services provided by a system of care under subsection (a) will include, with respect to a serious emotional disturbance in a child—

(1) diagnostic and evaluation services;

(2) outpatient services provided in a clinic, office, school or other appropriate location, including individual, group and family counseling services, professional consultation, and review and management of medications;

(3) emergency services, available 24-hours a day, 7 days a week;

(4) intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement;

(5) intensive day-treatment services;

(6) respite care;

(7) therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and groups homes caring for not more than 10 children; and

(8) assisting the child in making the transition from the services received as a child to the services to be received as an adult.

(d) Required arrangements regarding other appropriate services

(1) In general

A funding agreement for a grant under section 290ff(a) of this title is that—

(A) a system of care under subsection (a) will enter into a memorandum of understanding with each of the providers specified in paragraph (2) in order to facilitate the availability of the services of the provider involved to each child provided access to the system; and

(B) the grant under such section 290ff(a) of this title, and the non-Federal contributions made with respect to the grant, will not be expended to pay the costs of providing such non-mental health services to any individual.

(2) Specification of non-mental health services

The providers referred to in paragraph (1) are providers of medical services other than mental health services, providers of educational services, providers of vocational counseling and vocational rehabilitation services, and providers of protection and advocacy services with respect to mental health.

(3) Facilitation of services of certain programs

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under subsection (a) will, for purposes of paragraph (1), enter into a memorandum of understanding regarding facilitation of—

(A) services available pursuant to title XIX of the Social Security Act [42 U.S.C. 1396 et seq.], including services regarding early periodic screening, diagnosis, and treatment;

(B) services available under parts B and C of the Individuals with Disabilities Edu-

cation Act [20 U.S.C. 1411 et seq., 1431 et seq.]; and

(C) services available under other appropriate programs, as identified by the Secretary.

(e) General provisions regarding services of system

(1) Case management services

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under subsection (a) will provide for the case management of each child provided access to the system in order to ensure that—

(A) the services provided through the system to the child are coordinated and that the need of each such child for the services is periodically reassessed;

(B) information is provided to the family of the child on the extent of progress being made toward the objectives established for the child under the plan of services implemented for the child pursuant to section 290ff–2 of this title; and

(C) the system provides assistance with respect to—

(i) establishing the eligibility of the child, and the family of the child, for financial assistance and services under Federal, State, or local programs providing for health services, mental health services, educational services, social services, or other services; and

(ii) seeking to ensure that the child receives appropriate services available under such programs.

(2) Other provisions

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under subsection (a), in providing the services of the system, will—

(A) provide the services of the system in the cultural context that is most appropriate for the child and family involved;

(B) ensure that individuals providing such services to the child can effectively communicate with the child and family in the most direct manner;

(C) provide the services without discriminating against the child or the family of the child on the basis of race, religion, national origin, sex, disability, or age;

(D) seek to ensure that each child provided access to the system of care remains in the least restrictive, most normative environment that is clinically appropriate; and

(E) provide outreach services to inform individuals, as appropriate, of the services available from the system, including identifying children with a serious emotional disturbance who are in the early stages of such disturbance.

(3) Rule of construction

An agreement made under paragraph (2) may not be construed—

(A) with respect to subparagraph (C) of such paragraph—

(i) to prohibit a system of care under subsection (a) from requiring that, in housing provided by the grantee for purposes of residential treatment services authorized under subsection (c), males and females be segregated to the extent appropriate in the treatment of the children involved; or

(ii) to prohibit the system of care from complying with the agreement made under subsection (b); or

(B) with respect to subparagraph (D) of such paragraph, to authorize the system of care to expend the grant under section 290ff(a) of this title (or the non-Federal contributions made with respect to the grant) to provide legal services or any service with respect to which expenditures regarding the grant are prohibited under subsection (d)(1)(B).

(f) Restrictions on use of grant

A funding agreement for a grant under section 290ff(a) of this title is that the grant, and the non-Federal contributions made with respect to the grant, will not be expended—

(1) to purchase or improve real property (including the construction or renovation of facilities);

(2) to provide for room and board in residential programs serving 10 or fewer children;

(3) to provide for room and board or other services or expenditures associated with care of children in residential treatment centers serving more than 10 children or in inpatient hospital settings, except intensive home-based services and other services provided on an ambulatory or outpatient basis; or

(4) to provide for the training of any individual, except training authorized in section 290ff–3(a)(2) of this title and training provided through any appropriate course in continuing education whose duration does not exceed 2 days.

(g) Waivers

The Secretary may waive one or more of the requirements of subsection (c) for a public entity that is an Indian Tribe or tribal organization, or American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, or the United States Virgin Islands if the Secretary determines, after peer review, that the system of care is family-centered and uses the least restrictive environment that is clinically appropriate.

(July 1, 1944, ch. 373, title V, § 562, as added Pub. L. 102–321, title I, § 119, July 10, 1992, 106 Stat. 351; amended Pub. L. 106–310, div. B, title XXXI, § 3105(b), Oct. 17, 2000, 114 Stat. 1175; Pub. L. 108–446, title III, § 305(i)(4), Dec. 3, 2004, 118 Stat. 2806; Pub. L. 114–255, div. B, title X, § 10001(b), Dec. 13, 2016, 130 Stat. 1262.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (d)(3)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XIX of the Act is classified generally to subchapter XIX (§ 1396 et seq.) of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

The Individuals with Disabilities Education Act, referred to in subsec. (d)(3)(B), is title VI of Pub. L. 91–230, Apr. 13, 1970, 84 Stat. 175. Parts B and C of the Act are classified generally to subchapters II (§1411 et seq.) and III (§1431 et seq.), respectively, of chapter 33 of Title 20, Education. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

AMENDMENTS

2016—Subsec. (b). Pub. L. 114–255 substituted ''will provide an individual with access to the system through the age of 21 years'' for ''will not provide an individual with access to the system if the individual is more than 21 years of age''.

2004—Subsec. (d)(3)(B). Pub. L. 108–446 substituted ''and C'' for ''and H''.

2000—Subsec. (g). Pub. L. 106–310 added subsec. (g).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 290ff–2. Individualized plan for services

(a) In general

A funding agreement for a grant under section 290ff(a) of this title is that a system of care under section 290ff–1(a) of this title will develop and carry out an individualized plan of services for each child provided access to the system, and that the plan will be developed and carried out with the participation of the family of the child and, unless clinically inappropriate, with the participation of the child.

(b) Multidisciplinary team

A funding agreement for a grant under section 290ff(a) of this title is that the plan required in subsection (a) will be developed, and reviewed and as appropriate revised not less than once each year, by a multidisciplinary team of appropriately qualified individuals who provide services through the system, including as appropriate mental health services, other health services, educational services, social services, and vocational counseling and rehabilitation;[1]

(c) Coordination with services under Individuals with Disabilities Education Act

A funding agreement for a grant under section 290ff(a) of this title is that, with respect to a plan under subsection (a) for a child, the multidisciplinary team required in subsection (b) will—

(1) in developing, carrying out, reviewing, and revising the plan consider any individualized education program in effect for the child pursuant to part B of the Individuals with Disabilities Education Act [42 U.S.C. 1411 et seq.];

(2) ensure that the plan is consistent with such individualized education program and provides for coordinating services under the plan with services under such program; and

(3) ensure that the memorandum of understanding entered into under section 290ff–1(d)(3)(B) of this title regarding such Act [20 U.S.C. 1400 et seq.] includes provisions regarding compliance with this subsection.

[1] So in original. The semicolon probably should be a period.

(d) Contents of plan

A funding agreement for a grant under section 290ff(a) of this title is that the plan required in subsection (a) for a child will—

(1) identify and state the needs of the child for the services available pursuant to section 290ff–1 of this title through the system;

(2) provide for each of such services that is appropriate to the circumstances of the child, including, except in the case of children who are less than 14 years of age, the provision of appropriate vocational counseling and rehabilitation, and transition services (as defined in section 602 [20 U.S.C. 1401] of the Individuals with Disabilities Education Act);

(3) establish objectives to be achieved regarding the needs of the child and the methodology for achieving the objectives; and

(4) designate an individual to be responsible for providing the case management required in section 290ff–1(e)(1) of this title or certify that case management services will be provided to the child as part of the individualized education program of the child under the Individuals with Disabilities Education Act [20 U.S.C. 1400 et seq.].

(July 1, 1944, ch. 373, title V, §563, as added Pub. L. 102–321, title I, §119, July 10, 1992, 106 Stat. 354; amended Pub. L. 108–446, title III, §305(i)(5), Dec. 3, 2004, 118 Stat. 2806.)

Editorial Notes

REFERENCES IN TEXT

The Individuals with Disabilities Education Act, referred to in subsecs. (c)(1), (3) and (d)(4), is title VI of Pub. L. 91–230, Apr. 13, 1970, 84 Stat. 175, which is classified generally to chapter 33 (§1400 et seq.) of Title 20, Education. Part B of the Act is classified generally to subchapter II (§1411 et seq.) of chapter 33 of Title 20. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

AMENDMENTS

2004—Subsec. (d)(2). Pub. L. 108–446 substituted ''section 602'' for ''section 602(a)(19)''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 290ff–3. Additional provisions

(a) Optional services

In addition to services described in subsection (c) of section 290ff–1 of this title, a system of care under subsection (a) of such section may, in expending a grant under section 290ff(a) of this title, provide for—

(1) preliminary assessments to determine whether a child should be provided access to the system;

(2) training in—

(A) the administration of the system;

(B) the provision of intensive home-based services under paragraph (4) of section 290ff–1(c) of this title, intensive day treatment under paragraph (5) of such section,

and foster care or group homes under paragraph (7) of such section; and

(C) the development of individualized plans for purposes of section 290ff–2 of this title;

(3) recreational activities for children provided access to the system; and

(4) such other services as may be appropriate in providing for the comprehensive needs with respect to mental health of children with a serious emotional disturbance.

(b) Comprehensive plan

The Secretary may make a grant under section 290ff(a) of this title only if, with respect to the jurisdiction of the public entity involved, the entity has submitted to the Secretary, and has had approved by the Secretary, a plan for the development of a jurisdiction-wide system of care for community-based services for children with a serious emotional disturbance that specifies the progress the public entity has made in developing the jurisdiction-wide system, the extent of cooperation across agencies serving children in the establishment of the system, the Federal and non-Federal resources currently committed to the establishment of the system, and the current gaps in community services and the manner in which the grant under section 290ff(a) of this title will be expended to address such gaps and establish local systems of care.

(c) Limitation on imposition of fees for services

A funding agreement for a grant under section 290ff(a) of this title is that, if a charge is imposed for the provision of services under the grant, such charge—

(1) will be made according to a schedule of charges that is made available to the public;

(2) will be adjusted to reflect the income of the family of the child involved; and

(3) will not be imposed on any child whose family has income and resources of equal to or less than 100 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 9902(2) of this title.

(d) Relationship to items and services under other programs

A funding agreement for a grant under section 290ff(a) of this title is that the grant, and the non-Federal contributions made with respect to the grant, will not be expended to make payment for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to such item or service—

(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(2) by an entity that provides health services on a prepaid basis.

(e) Limitation on administrative expenses

A funding agreement for a grant under section 290ff(a) of this title is that not more than 2 percent of the grant will be expended for administrative expenses incurred with respect to the grant by the public entity involved.

(f) Reports to Secretary

A funding agreement for a grant under section 290ff(a) of this title is that the public entity involved will annually submit to the Secretary (and provide a copy to the State involved) a report on the activities of the entity under the grant that includes a description of the number of children provided access to systems of care operated pursuant to the grant, the demographic characteristics of the children, the types and costs of services provided pursuant to the grant, the availability and use of third-party reimbursements, estimates of the unmet need for such services in the jurisdiction of the entity, and the manner in which the grant has been expended toward the establishment of a jurisdiction-wide system of care for children with a serious emotional disturbance, and such other information as the Secretary may require with respect to the grant.

(g) Description of intended uses of grant

The Secretary may make a grant under section 290ff(a) of this title only if—

(1) the public entity involved submits to the Secretary a description of the purposes for which the entity intends to expend the grant;

(2) the description identifies the populations, areas, and localities in the jurisdiction of the entity with a need for services under this section; and

(3) the description provides information relating to the services and activities to be provided, including a description of the manner in which the services and activities will be coordinated with any similar services or activities of public or nonprofit entities.

(h) Requirement of application

The Secretary may make a grant under section 290ff(a) of this title only if an application for the grant is submitted to the Secretary, the application contains the description of intended uses required in subsection (g), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(July 1, 1944, ch. 373, title V, § 564, as added Pub. L. 102–321, title I, § 119, July 10, 1992, 106 Stat. 355; amended Pub. L. 114–255, div. B, title X, § 10001(c), Dec. 13, 2016, 130 Stat. 1262.)

Editorial Notes

AMENDMENTS

2016—Subsec. (f). Pub. L. 114–255 inserted ''(and provide a copy to the State involved)'' after ''to the Secretary''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 290ff–4. General provisions

(a) Duration of support

The period during which payments are made to a public entity from a grant under section 290ff(a) of this title may not exceed 6 fiscal years.

(b) Technical assistance

(1) In general

The Secretary shall, upon the request of a public entity, regardless of whether such public entity is receiving a grant under section 290ff(a) of this title—

(A) provide technical assistance to the entity regarding the process of submitting to the Secretary applications for grants under section 290ff(a) of this title; and

(B) provide to the entity training and technical assistance with respect to the planning, development, and operation of systems of care described in section 290ff–1 of this title.

(2) Authority for grants and contracts

The Secretary may provide technical assistance under subsection (a) directly or through grants to, or contracts with, public and nonprofit private entities.

(c) Evaluations and reports by Secretary

(1) In general

The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to section 290ff(a) of this title. The evaluations shall assess the effectiveness of the systems of care operated pursuant to such section, including longitudinal studies of outcomes of services provided by such systems, other studies regarding such outcomes, the effect of activities under this part on the utilization of hospital and other institutional settings, the barriers to and achievements resulting from interagency collaboration in providing community-based services to children with a serious emotional disturbance, and assessments by parents of the effectiveness of the systems of care.

(2) Report to Congress

The Secretary shall, not later than 1 year after the date on which amounts are first appropriated under subsection (c), and annually thereafter, submit to the Congress a report summarizing evaluations carried out pursuant to paragraph (1) during the preceding fiscal year and making such recommendations for administrative and legislative initiatives with respect to this section as the Secretary determines to be appropriate.

(d) Definitions

For purposes of this part:

(1) The term ''child'' means an individual through the age of 21 years.

(2) The term ''family'', with respect to a child provided access to a system of care under section 290ff–1(a) of this title, means—

(A) the legal guardian of the child; and

(B) as appropriate regarding mental health services for the child, the parents of the child (biological or adoptive, as the case may be), kinship caregivers of the child, and any foster parents of the child.

(3) The term ''funding agreement'', with respect to a grant under section 290ff(a) of this title to a public entity, means that the Secretary may make such a grant only if the public entity makes the agreement involved.

(4) The term ''serious emotional disturbance'' includes, with respect to a child, any child who has a serious emotional disorder, a serious behavioral disorder, or a serious mental disorder.

(e) Rule of construction

Nothing in this part shall be construed as limiting the rights of a child with a serious emotional disturbance under the Individuals with Disabilities Education Act [20 U.S.C. 1400 et seq.].

(f) Funding

(1) Authorization of appropriations

For the purpose of carrying out this part, there are authorized to be appropriated $125,000,000 for each of fiscal years 2023 through 2027.

(2) Limitation regarding technical assistance

Not more than 10 percent of the amounts appropriated under paragraph (1) for a fiscal year may be expended for carrying out subsection (b).

(July 1, 1944, ch. 373, title V, §565, as added Pub. L. 102–321, title I, §119, July 10, 1992, 106 Stat. 356; amended Pub. L. 103–43, title XX, §2017(2), June 10, 1993, 107 Stat. 218; Pub. L. 106–310, div. B, title XXXI, §3105(c), (d), Oct. 17, 2000, 114 Stat. 1175; Pub. L. 114–255, div. B, title X, §10001(d), Dec. 13, 2016, 130 Stat. 1262; Pub. L. 117–328, div. FF, title I, §1411, Dec. 29, 2022, 136 Stat. 5701.)

Editorial Notes

REFERENCES IN TEXT

The Individuals with Disabilities Education Act, referred to in subsec. (e), is title VI of Pub. L. 91–230, Apr. 13, 1970, 84 Stat. 175, which is classified generally to chapter 33 (§1400 et seq.) of Title 20, Education. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

AMENDMENTS

2022—Subsec. (d)(2)(B). Pub. L. 117–328, §1411(a), substituted ''may be), kinship caregivers of the child,'' for ''may be)''.

Subsec. (f)(1). Pub. L. 117–328, §1411(b), substituted ''$125,000,000 for each of fiscal years 2023 through 2027'' for ''$119,026,000 for each of fiscal years 2018 through 2022'' and realigned margin.

2016—Subsec. (b)(1). Pub. L. 114–255, §10001(d)(1)(A), substituted '', regardless of whether such public entity is receiving a grant under section 290ff(a) of this title'' for ''receiving a grant under section 290ff(a) of this title'' in introductory provisions.

Subsec. (b)(1)(B). Pub. L. 114–255, §10001(d)(1)(B), substituted ''described in'' for ''pursuant to''.

Subsec. (d)(1). Pub. L. 114–255, §10001(d)(2), substituted ''through the age of 21 years'' for ''not more than 21 years of age''.

Subsec. (f)(1). Pub. L. 114–255, §10001(d)(3), substituted ''$119,026,000 for each of fiscal years 2018 through 2022'' for ''$100,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003''.

2000—Subsec. (a). Pub. L. 106–310, §3105(c), substituted ''6 fiscal years'' for ''5 fiscal years''.

Subsec. (f)(1). Pub. L. 106–310, §3105(d), substituted ''2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003'' for ''1993, and such sums as may be necessary for fiscal year 1994''.

1993—Subsec. (c)(1), (d), (f)(1). Pub. L. 103–43, §2017(2)(A), (B), (C)(i), substituted ''this part'' for ''this subpart''.

Subsec. (f)(2). Pub. L. 103–43, § 2017(2)(C)(ii), amended heading and text of par. (2) generally. Prior to amendment, text read as follows: ''Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available not less than $3,000,000 for the purpose of carrying out subsection (b) of this section.''

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102–321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

PART F—MODEL COMPREHENSIVE PROGRAM FOR TREATMENT OF SUBSTANCE ABUSE

§ 290gg. Repealed. Pub. L. 106–310, div. B, title XXXIII, § 3301(c)(4), Oct. 17, 2000, 114 Stat. 1209

Section, act July 1, 1944, ch. 373, title V, § 571, as added Pub. L. 102–321, title III, § 301, July 10, 1992, 106 Stat. 417, related to demonstration program in national capital area.

PART G—PROJECTS FOR CHILDREN AND VIOLENCE

Editorial Notes

CODIFICATION

This part is comprised of part G of title V of act July 1, 1944. Another part G of title V of act July 1, 1944, is classified to part J (§ 290kk et seq.) of this subchapter.

§ 290hh. Children and violence

(a) In general

The Secretary, in consultation with the Secretary of Education and the Attorney General, shall carry out directly or through grants, contracts or cooperative agreements with public entities a program to assist local communities in developing ways to assist children in dealing with violence.

(b) Activities

Under the program under subsection (a), the Secretary may—

(1) provide financial support to enable local communities to implement programs to foster the health and development of children;

(2) provide technical assistance to local communities with respect to the development of programs described in paragraph (1);

(3) provide assistance to local communities in the development of policies to address violence when and if it occurs;

(4) assist in the creation of community partnerships among law enforcement, education systems and mental health and substance abuse service systems; and

(5) establish mechanisms for children and adolescents to report incidents of violence or plans by other children or adolescents to commit violence.

(c) Requirements

An application for a grant, contract or cooperative agreement under subsection (a) shall demonstrate that—

(1) the applicant will use amounts received to create a partnership described in subsection (b)(4) to address issues of violence in schools;

(2) the activities carried out by the applicant will provide a comprehensive method for addressing violence, that will include—

(A) security;

(B) educational reform;

(C) the review and updating of school policies;

(D) alcohol and drug abuse prevention and early intervention services;

(E) mental health prevention and treatment services; and

(F) early childhood development and psychosocial services; and

(3) the applicant will use amounts received only for the services described in subparagraphs (D), (E), and (F) of paragraph (2).

(d) Geographical distribution

The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

(e) Duration of awards

With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years.

(f) Evaluation

The Secretary shall conduct an evaluation of each project carried out under this section and shall disseminate the results of such evaluations to appropriate public and private entities.

(g) Information and education

The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application under this section to the general public and to health care professionals.

(h) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $100,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.

(July 1, 1944, ch. 373, title V, § 581, as added Pub. L. 106–310, div. B, title XXXI, § 3101, Oct. 17, 2000, 114 Stat. 1168.)

Editorial Notes

CODIFICATION

Another section 581 of act July 1, 1944, is classified to section 290kk of this title.

§ 290hh–1. Grants to address the problems of persons who experience violence related stress

(a) In general

The Secretary shall award grants, contracts or cooperative agreements to public and nonprofit private entities, as well as to Indian tribes and tribal organizations, for the purpose of developing and maintaining programs that provide for—

(1) the continued operation of the National Child Traumatic Stress Initiative (referred to in this section as the ''NCTSI''), which in-

cludes a cooperative agreement with a coordinating center, that focuses on the mental, behavioral, and biological aspects of psychological trauma response, prevention of the long-term consequences of child trauma, and early intervention services and treatment to address the long-term consequences of child trauma; and

(2) the development of knowledge with regard to evidence-based practices for identifying and treating mental, behavioral, and biological disorders of children and youth resulting from witnessing or experiencing a traumatic event.

(b) Priorities

In awarding grants, contracts or cooperative agreements under subsection (a)(2) (related to the development of knowledge on evidence-based practices for treating mental, behavioral, and biological disorders associated with psychological trauma), the Secretary shall give priority to universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research experience in the field of trauma-related mental disorders.

(c) Child outcome data

The NCTSI coordinating center described in subsection (a)(1) shall collect, analyze, report, and make publicly available, as appropriate, NCTSI-wide child treatment process and outcome data regarding the early identification and delivery of evidence-based treatment and services for children and families served by the NCTSI grantees.

(d) Training

The NCTSI coordinating center shall facilitate the coordination of training initiatives in evidence-based and trauma-informed treatments, interventions, and practices offered to NCTSI grantees, providers, and partners.

(e) Dissemination and collaboration

The NCTSI coordinating center shall, as appropriate, collaborate with—

(1) the Secretary, in the dissemination of evidence-based and trauma-informed interventions, treatments, products, and other resources to appropriate stakeholders; and

(2) appropriate agencies that conduct or fund research within the Department of Health and Human Services, for purposes of sharing NCTSI expertise, evaluation data, and other activities, as appropriate.

(f) Review

The Secretary shall, consistent with the peer-review process, ensure that NCTSI applications are reviewed by appropriate experts in the field as part of a consensus-review process. The Secretary shall include review criteria related to expertise and experience in child trauma and evidence-based practices.

(g) Geographical distribution

The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) are distributed equitably among the regions of the United States and among urban and rural areas.

(h) Evaluation

The Secretary, as part of the application process, shall require that each applicant for a grant, contract or cooperative agreement under subsection (a) submit a plan for the rigorous evaluation of the activities funded under the grant, contract or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period.

(i) Duration of awards

With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient shall not be less than 4 years, but shall not exceed 5 years. Such grants, contracts or agreements may be renewed.

(j) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $63,887,000 for each of fiscal years 2019 through 2023.

(k) Short title

This section may be cited as the ''Donald J. Cohen National Child Traumatic Stress Initiative''.

(July 1, 1944, ch. 373, title V, §582, as added Pub. L. 106–310, div. B, title XXXI, §3101, Oct. 17, 2000, 114 Stat. 1169; amended Pub. L. 107–116, title II, §218, Jan. 10, 2002, 115 Stat. 2201; Pub. L. 107–188, title I, §155, June 12, 2002, 116 Stat. 633; Pub. L. 114–255, div. B, title X, §10004, Dec. 13, 2016, 130 Stat. 1265; Pub. L. 115–271, title VII, §7133, Oct. 24, 2018, 132 Stat. 4051.)

Editorial Notes

CODIFICATION

Another section 582 of act July 1, 1944, is classified to section 290kk–1 of this title.

AMENDMENTS

2018—Subsec. (j). Pub. L. 115–271 substituted ''$63,887,000 for each of fiscal years 2019 through 2023'' for ''$46,887,000 for each of fiscal years 2018 through 2022''.

2016—Subsec. (a). Pub. L. 114–255, §10004(1), substituted ''developing and maintaining programs that provide for—'' and pars. (1) and (2) for ''developing programs focusing on the behavioral and biological aspects of psychological trauma response and for developing knowledge with regard to evidence-based practices for treating psychiatric disorders of children and youth resulting from witnessing or experiencing a traumatic event.''

Subsec. (b). Pub. L. 114–255, §10004(2), substituted ''subsection (a)(2) (related'' for ''subsection (a) related'', ''treating mental, behavioral, and biological disorders associated with psychological trauma)'' for ''treating disorders associated with psychological trauma'', and ''universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research'' for ''mental health agencies and programs that have established clinical and basic research''.

Subsecs. (c) to (f). Pub. L. 114–255, §10004(4), added subsecs. (c) to (f). Former subsecs. (c) to (f) redesignated (g) to (j), respectively.

Subsec. (g). Pub. L. 114–255, §10004(3), (5), redesignated subsec. (c) as (g) and substituted ''are distributed equitably among the regions of the United States'' for ''with respect to centers of excellence are distributed equitably among the regions of the country''. Former subsec. (g) redesignated (k).

Subsec. (h). Pub. L. 114–255, §10004(3), redesignated subsec. (d) as (h).

Subsec. (i). Pub. L. 114–255, § 10004(3), (6), redesignated subsec. (e) as (i) and substituted ''recipient shall not be less than 4 years, but shall not exceed 5 years'' for ''recipient may not exceed 5 years''.

Subsec. (j). Pub. L. 114–255, § 10004(3), (7), redesignated subsec. (f) as (j) and substituted ''$46,887,000 for each of fiscal years 2018 through 2022'' for ''$50,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2003 through 2006''.

Subsec. (k). Pub. L. 114–255, § 10004(3), redesignated subsec. (g) as (k).

2002—Subsec. (f). Pub. L. 107–188 substituted ''2003 through 2006'' for ''2002 and 2003''.

Subsec. (g). Pub. L. 107–116 added subsec. (g).

PART H—REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES

§ 290ii. Requirement relating to the rights of residents of certain facilities

(a) In general

A public or private general hospital, nursing facility, intermediate care facility, or other health care facility, that receives support in any form from any program supported in whole or in part with funds appropriated to any Federal department or agency shall protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusions imposed for purposes of discipline or convenience.

(b) Requirements

Restraints and seclusion may only be imposed on a resident of a facility described in subsection (a) if—

(1) the restraints or seclusion are imposed to ensure the physical safety of the resident, a staff member, or others; and

(2) the restraints or seclusion are imposed only upon the written order of a physician, or other licensed practitioner permitted by the State and the facility to order such restraint or seclusion, that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances specified by the Secretary until such an order could reasonably be obtained).

(c) Current law

This part shall not be construed to affect or impede any Federal or State law or regulations that provide greater protections than this part regarding seclusion and restraint.

(d) Definitions

In this section:

(1) Restraints

The term ''restraints'' means—

(A) any physical restraint that is a mechanical or personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely, not including devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or any other methods that involves the physical holding of a resident for the purpose of conducting routine physical examinations or tests or to protect the resident from falling out of bed or to permit the resident to participate in activities without the risk of physical harm to the resident (such term does not include a physical escort); and

(B) a drug or medication that is used as a restraint to control behavior or restrict the resident's freedom of movement that is not a standard treatment for the resident's medical or psychiatric condition.

(2) Seclusion

The term ''seclusion'' means a behavior control technique involving locked isolation. Such term does not include a time out.

(3) Physical escort

The term ''physical escort'' means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a resident who is acting out to walk to a safe location.

(4) Time out

The term ''time out'' means a behavior management technique that is part of an approved treatment program and may involve the separation of the resident from the group, in a non-locked setting, for the purpose of calming. Time out is not seclusion.

(July 1, 1944, ch. 373, title V, § 591, as added Pub. L. 106–310, div. B, title XXXII, § 3207, Oct. 17, 2000, 114 Stat. 1195.)

§ 290ii–1. Reporting requirement

(a) In general

Each facility to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986[1] [42 U.S.C. 10801 et seq.] applies shall notify the appropriate agency, as determined by the Secretary, of each death that occurs at each such facility while a patient is restrained or in seclusion, of each death occurring within 24 hours after the patient has been removed from restraints and seclusion, or where it is reasonable to assume that a patient's death is a result of such seclusion or restraint. A notification under this section shall include the name of the resident and shall be provided not later than 7 days after the date of the death of the individual involved.

(b) Facility

In this section, the term ''facility'' has the meaning given the term ''facilities'' in section 102(3) of the Protection and Advocacy for Mentally Ill Individuals Act of 1986[1] (42 U.S.C. 10802(3)).

(July 1, 1944, ch. 373, title V, § 592, as added Pub. L. 106–310, div. B, title XXXII, § 3207, Oct. 17, 2000, 114 Stat. 1196.)

Editorial Notes

REFERENCES IN TEXT

The Protection and Advocacy for Mentally Ill Individuals Act of 1986, referred to in text, was Pub. L. 99–319, May 23, 1986, 100 Stat. 478. Pub. L. 99–319 was renamed the Protection and Advocacy for Individuals with Mental Illness Act by Pub. L. 106–310, div. B, title XXXII, § 3206(a), Oct. 17, 2000, 114 Stat. 1193, and is clas-

[1] See References in Text note below.

sified generally to chapter 114 (§ 10801 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 10801 of this title and Tables.

§ 290ii–2. Regulations and enforcement

(a) Training

Not later than 1 year after October 17, 2000, the Secretary, after consultation with appropriate State and local protection and advocacy organizations, physicians, facilities, and other health care professionals and patients, shall promulgate regulations that require facilities to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986[1] (42 U.S.C. 10801 et seq.) applies, to meet the requirements of subsection (b).

(b) Requirements

The regulations promulgated under subsection (a) shall require that—

(1) facilities described in subsection (a) ensure that there is an adequate number of qualified professional and supportive staff to evaluate patients, formulate written individualized, comprehensive treatment plans, and to provide active treatment measures;

(2) appropriate training be provided for the staff of such facilities in the use of restraints and any alternatives to the use of restraints; and

(3) such facilities provide complete and accurate notification of deaths, as required under section 290ii–1(a) of this title.

(c) Enforcement

A facility to which this part applies that fails to comply with any requirement of this part, including a failure to provide appropriate training, shall not be eligible for participation in any program supported in whole or in part by funds appropriated to any Federal department or agency.

(July 1, 1944, ch. 373, title V, § 593, as added Pub. L. 106–310, div. B, title XXXII, § 3207, Oct. 17, 2000, 114 Stat. 1196.)

Editorial Notes

References in Text

The Protection and Advocacy for Mentally Ill Individuals Act of 1986, referred to in subsec. (a), was Pub. L. 99–319, May 23, 1986, 100 Stat. 478. Pub. L. 99–319 was renamed the Protection and Advocacy for Individuals with Mental Illness Act by Pub. L. 106–310, div. B, title XXXII, § 3206(a), Oct. 17, 2000, 114 Stat. 1193, and is classified generally to chapter 114 (§ 10801 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 10801 of this title and Tables.

[1] See References in Text note below.

Part I—Requirement Relating to the Rights of Residents of Certain Non-Medical, Community-Based Facilities for Children and Youth

§ 290jj. Requirement relating to the rights of residents of certain non-medical, community-based facilities for children and youth

(a) Protection of rights

(1) In general

A public or private non-medical, community-based facility for children and youth (as defined in regulations to be promulgated by the Secretary) that receives support in any form from any program supported in whole or in part with funds appropriated under this chapter shall protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusions imposed for purposes of discipline or convenience.

(2) Nonapplicability

Notwithstanding this part, a facility that provides inpatient psychiatric treatment services for individuals under the age of 21, as authorized and defined in subsections (a)(16) and (h) of section 1905 of the Social Security Act [42 U.S.C. 1396d], shall comply with the requirements of part H.

(3) Applicability of Medicaid provisions

A non-medical, community-based facility for children and youth funded under the Medicaid program under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.] shall continue to meet all existing requirements for participation in such program that are not affected by this part.

(b) Requirements

(1) In general

Physical restraints and seclusion may only be imposed on a resident of a facility described in subsection (a) if—

(A) the restraints or seclusion are imposed only in emergency circumstances and only to ensure the immediate physical safety of the resident, a staff member, or others and less restrictive interventions have been determined to be ineffective; and

(B) the restraints or seclusion are imposed only by an individual trained and certified, by a State-recognized body (as defined in regulation promulgated by the Secretary) and pursuant to a process determined appropriate by the State and approved by the Secretary, in the prevention and use of physical restraint and seclusion, including the needs and behaviors of the population served, relationship building, alternatives to restraint and seclusion, de-escalation methods, avoiding power struggles, thresholds for restraints and seclusion, the physiological and psychological impact of restraint and seclusion, monitoring physical signs of distress and obtaining medical assistance, legal issues, position asphyxia, escape and evasion techniques, time limits, the process for obtaining approval for continued restraints,

procedures to address problematic restraints, documentation, processing with children, and follow-up with staff, and investigation of injuries and complaints.

(2) Interim procedures relating to training and certification

(A) In general

Until such time as the State develops a process to assure the proper training and certification of facility personnel in the skills and competencies referred[1] in paragraph (1)(B), the facility involved shall develop and implement an interim procedure that meets the requirements of subparagraph (B).

(B) Requirements

A procedure developed under subparagraph (A) shall—

(i) ensure that a supervisory or senior staff person with training in restraint and seclusion who is competent to conduct a face-to-face assessment (as defined in regulations promulgated by the Secretary), will assess the mental and physical well-being of the child or youth being restrained or secluded and assure that the restraint or seclusion is being done in a safe manner;

(ii) ensure that the assessment required under clause (i) take place as soon as practicable, but in no case later than 1 hour after the initiation of the restraint or seclusion; and

(iii) ensure that the supervisory or senior staff person continues to monitor the situation for the duration of the restraint and seclusion.

(3) Limitations

(A) In general

The use of a drug or medication that is used as a restraint to control behavior or restrict the resident's freedom of movement that is not a standard treatment for the resident's medical or psychiatric condition in nonmedical community-based facilities for children and youth described in subsection (a)(1) is prohibited.

(B) Prohibition

The use of mechanical restraints in nonmedical, community-based facilities for children and youth described in subsection (a)(1) is prohibited.

(C) Limitation

A non-medical, community-based facility for children and youth described in subsection (a)(1) may only use seclusion when a staff member is continuously face-to-face monitoring the resident and when strong licensing or accreditation and internal controls are in place.

(c) Rule of construction

(1) In general

Nothing in this section shall be construed as prohibiting the use of restraints for medical immobilization, adaptive support, or medical protection.

(2) Current law

This part shall not be construed to affect or impede any Federal or State law or regulations that provide greater protections than this part regarding seclusion and restraint.

(d) Definitions

In this section:

(1) Mechanical restraint

The term ''mechanical restraint'' means the use of devices as a means of restricting a resident's freedom of movement.

(2) Physical escort

The term ''physical escort'' means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a resident who is acting out to walk to a safe location.

(3) Physical restraint

The term ''physical restraint'' means a personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely. Such term does not include a physical escort.

(4) Seclusion

The term ''seclusion'' means a behavior control technique involving locked isolation. Such term does not include a time out.

(5) Time out

The term ''time out'' means a behavior management technique that is part of an approved treatment program and may involve the separation of the resident from the group, in a non-locked setting, for the purpose of calming. Time out is not seclusion.

(July 1, 1944, ch. 373, title V, § 595, as added Pub. L. 106–310, div. B, title XXXII, § 3208, Oct. 17, 2000, 114 Stat. 1197.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (a)(3), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XIX of the Act is classified generally to subchapter XIX (§ 1396 et seq.) of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

§ 290jj–1. Reporting requirement

Each facility to which this part applies shall notify the appropriate State licensing or regulatory agency, as determined by the Secretary—

(1) of each death that occurs at each such facility. A notification under this section shall include the name of the resident and shall be provided not later than 24 hours after the time of the individuals[1] death; and

(2) of the use of seclusion or restraints in accordance with regulations promulgated by the Secretary, in consultation with the States.

(July 1, 1944, ch. 373, title V, § 595A, as added Pub. L. 106–310, div. B, title XXXII, § 3208, Oct. 17, 2000, 114 Stat. 1199.)

[1] So in original. Probably should be followed by ''to''.

[1] So in original. Probably should be ''individual's''.

§ 290jj–2. Regulations and enforcement

(a) Training

Not later than 6 months after October 17, 2000, the Secretary, after consultation with appropriate State, local, public and private protection and advocacy organizations, health care professionals, social workers, facilities, and patients, shall promulgate regulations that—

(1) require States that license non-medical, community-based residential facilities for children and youth to develop licensing rules and monitoring requirements concerning behavior management practice that will ensure compliance with Federal regulations and to meet the requirements of subsection (b);

(2) require States to develop and implement such licensing rules and monitoring requirements within 1 year after the promulgation of the regulations referred to in the matter preceding paragraph (1); and

(3) support the development of national guidelines and standards on the quality, quantity, orientation and training, required under this part, as well as the certification or licensure of those staff responsible for the implementation of behavioral intervention concepts and techniques.

(b) Requirements

The regulations promulgated under subsection (a) shall require—

(1) that facilities described in subsection (a) ensure that there is an adequate number of qualified professional and supportive staff to evaluate residents, formulate written individualized, comprehensive treatment plans, and to provide active treatment measures;

(2) the provision of appropriate training and certification of the staff of such facilities in the prevention and use of physical restraint and seclusion, including the needs and behaviors of the population served, relationship building, alternatives to restraint, de-escalation methods, avoiding power struggles, thresholds for restraints, the physiological impact of restraint and seclusion, monitoring physical signs of distress and obtaining medical assistance, legal issues, position asphyxia, escape and evasion techniques, time limits for the use of restraint and seclusion, the process for obtaining approval for continued restraints and seclusion, procedures to address problematic restraints, documentation, processing with children, and follow-up with staff, and investigation of injuries and complaints; and

(3) that such facilities provide complete and accurate notification of deaths, as required under section 290jj–1(1) of this title.

(c) Enforcement

A State to which this part applies that fails to comply with any requirement of this part, including a failure to provide appropriate training and certification, shall not be eligible for participation in any program supported in whole or in part by funds appropriated under this chapter.

(July 1, 1944, ch. 373, title V, § 595B, as added Pub. L. 106–310, div. B, title XXXII, § 3208, Oct. 17, 2000, 114 Stat. 1199.)

PART J—SERVICES PROVIDED THROUGH RELIGIOUS ORGANIZATIONS

Editorial Notes

CODIFICATION

This part was, in the original, part G of title V of act July 1, 1944, and has been redesignated as part J for purposes of codification. Another part G of title V of act July 1, 1944, is classified to part G (§ 290hh et seq.) of this subchapter.

§ 290kk. Applicability to designated programs

(a) Designated programs

Subject to subsection (b), this part applies to discretionary and formula grant programs administered by the Substance Abuse and Mental Health Services Administration that make awards of financial assistance to public or private entities for the purpose of carrying out activities to prevent or treat substance abuse (in this part referred to as a ''designated program''). Designated programs include the program under subpart II of part B of subchapter XVII (relating to formula grants to the States).

(b) Limitation

This part does not apply to any award of financial assistance under a designated program for a purpose other than the purpose specified in subsection (a).

(c) Definitions

For purposes of this part (and subject to subsection (b)):

(1) The term ''designated program'' has the meaning given such term in subsection (a).

(2) The term ''financial assistance'' means a grant, cooperative agreement, or contract.

(3) The term ''program beneficiary'' means an individual who receives program services.

(4) The term ''program participant'' means a public or private entity that has received financial assistance under a designated program.

(5) The term ''program services'' means treatment for substance abuse, or preventive services regarding such abuse, provided pursuant to an award of financial assistance under a designated program.

(6) The term ''religious organization'' means a nonprofit religious organization.

(July 1, 1944, ch. 373, title V, § 581, as added Pub. L. 106–554, § 1(a)(7) [title I, § 144], Dec. 21, 2000, 114 Stat. 2763, 2763A–619.)

Editorial Notes

CODIFICATION

Another section 581 of act July 1, 1944, is classified to section 290hh of this title.

§ 290kk–1. Religious organizations as program participants

(a) In general

Notwithstanding any other provision of law, a religious organization, on the same basis as any other nonprofit private provider—

(1) may receive financial assistance under a designated program; and

(2) may be a provider of services under a designated program.

(b) Religious organizations

The purpose of this section is to allow religious organizations to be program participants on the same basis as any other nonprofit private provider without impairing the religious character of such organizations, and without diminishing the religious freedom of program beneficiaries.

(c) Nondiscrimination against religious organizations

(1) Eligibility as program participants

Religious organizations are eligible to be program participants on the same basis as any other nonprofit private organization as long as the programs are implemented consistent with the Establishment Clause and Free Exercise Clause of the First Amendment to the United States Constitution. Nothing in this chapter shall be construed to restrict the ability of the Federal Government, or a State or local government receiving funds under such programs, to apply to religious organizations the same eligibility conditions in designated programs as are applied to any other nonprofit private organization.

(2) Nondiscrimination

Neither the Federal Government nor a State or local government receiving funds under designated programs shall discriminate against an organization that is or applies to be a program participant on the basis that the organization has a religious character.

(d) Religious character and freedom

(1) Religious organizations

Except as provided in this section, any religious organization that is a program participant shall retain its independence from Federal, State, and local government, including such organization's control over the definition, development, practice, and expression of its religious beliefs.

(2) Additional safeguards

Neither the Federal Government nor a State shall require a religious organization to—

(A) alter its form of internal governance; or

(B) remove religious art, icons, scripture, or other symbols,

in order to be a program participant.

(e) Employment practices

Nothing in this section shall be construed to modify or affect the provisions of any other Federal or State law or regulation that relates to discrimination in employment. A religious organization's exemption provided under section 2000e–1 of this title regarding employment practices shall not be affected by its participation in, or receipt of funds from, a designated program.

(f) Rights of program beneficiaries

(1) In general

If an individual who is a program beneficiary or a prospective program beneficiary objects to the religious character of a program participant, within a reasonable period of time after the date of such objection such program participant shall refer such individual to, and the appropriate Federal, State, or local government that administers a designated program or is a program participant shall provide to such individual (if otherwise eligible for such services), program services that—

(A) are from an alternative provider that is accessible to, and has the capacity to provide such services to, such individual; and

(B) have a value that is not less than the value of the services that the individual would have received from the program participant to which the individual had such objection.

Upon referring a program beneficiary to an alternative provider, the program participant shall notify the appropriate Federal, State, or local government agency that administers the program of such referral.

(2) Notices

Program participants, public agencies that refer individuals to designated programs, and the appropriate Federal, State, or local governments that administer designated programs or are program participants shall ensure that notice is provided to program beneficiaries or prospective program beneficiaries of their rights under this section.

(3) Additional requirements

A program participant making a referral pursuant to paragraph (1) shall—

(A) prior to making such referral, consider any list that the State or local government makes available of entities in the geographic area that provide program services; and

(B) ensure that the individual makes contact with the alternative provider to which the individual is referred.

(4) Nondiscrimination

A religious organization that is a program participant shall not in providing program services or engaging in outreach activities under designated programs discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

(g) Fiscal accountability

(1) In general

Except as provided in paragraph (2), any religious organization that is a program participant shall be subject to the same regulations as other recipients of awards of Federal financial assistance to account, in accordance with generally accepted auditing principles, for the use of the funds provided under such awards.

(2) Limited audit

With respect to the award involved, a religious organization that is a program participant shall segregate Federal amounts provided under award into a separate account from non-Federal funds. Only the award funds shall be subject to audit by the government.

(h) Compliance

With respect to compliance with this section by an agency, a religious organization may ob-

tain judicial review of agency action in accordance with chapter 7 of title 5.

(July 1, 1944, ch. 373, title V, § 582, as added Pub. L. 106–554, § 1(a)(7) [title I, § 144], Dec. 21, 2000, 114 Stat. 2763, 2763A–620.)

Editorial Notes

CODIFICATION

Another section 582 of act July 1, 1944, is classified to section 290hh–1 of this title.

§ 290kk–2. Limitations on use of funds for certain purposes

No funds provided under a designated program shall be expended for sectarian worship, instruction, or proselytization.

(July 1, 1944, ch. 373, title V, § 583, as added Pub. L. 106–554, § 1(a)(7) [title I, § 144], Dec. 21, 2000, 114 Stat. 2763, 2763A–622.)

§ 290kk–3. Educational requirements for personnel in drug treatment programs

(a) Findings

The Congress finds that—

(1) establishing unduly rigid or uniform educational qualification for counselors and other personnel in drug treatment programs may undermine the effectiveness of such programs; and

(2) such educational requirements for counselors and other personnel may hinder or prevent the provision of needed drug treatment services.

(b) Nondiscrimination

In determining whether personnel of a program participant that has a record of successful drug treatment for the preceding three years have satisfied State or local requirements for education and training, a State or local government shall not discriminate against education and training provided to such personnel by a religious organization, so long as such education and training includes basic content substantially equivalent to the content provided by nonreligious organizations that the State or local government would credit for purposes of determining whether the relevant requirements have been satisfied.

(July 1, 1944, ch. 373, title V, § 584, as added Pub. L. 106–554, § 1(a)(7) [title I, § 144], Dec. 21, 2000, 114 Stat. 2763, 2763A–622.)

PART K—MINORITY FELLOWSHIP PROGRAM

§ 290*ll*. Fellowships

(a) In general

The Secretary shall maintain a program, to be known as the Minority Fellowship Program, under which the Secretary shall award fellowships, which may include stipends, for the purposes of—

(1) increasing the knowledge of mental and substance use disorders practitioners on issues related to prevention, treatment, and recovery support for individuals who are from racial and ethnic minority populations and who have a mental or substance use disorder;

(2) improving the quality of mental and substance use disorder prevention and treatment services delivered to racial and ethnic minority populations; and

(3) increasing the number of culturally competent mental and substance use disorders professionals who teach, administer services, conduct research, and provide direct mental or substance use disorder services to racial and ethnic minority populations.

(b) Training covered

The fellowships awarded under subsection (a) shall be for postbaccalaureate training (including for master's and doctoral degrees) for mental and substance use disorder treatment professionals, including in the fields of psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, and substance use disorder and addiction counseling.

(c) Authorization of appropriations

To carry out this section, there are authorized to be appropriated $25,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 597, as added Pub. L. 114–255, div. B, title IX, § 9024, Dec. 13, 2016, 130 Stat. 1253; amended Pub. L. 117–328, div. FF, title I, § 1312, Dec. 29, 2022, 136 Stat. 5697.)

Editorial Notes

AMENDMENTS

2022—Subsec. (c). Pub. L. 117–328 substituted ''$25,000,000 for each of fiscal years 2023 through 2027'' for ''$12,669,000 for each of fiscal years 2018 through 2022''.

SUBCHAPTER IV—CONSTRUCTION AND MODERNIZATION OF HOSPITALS AND OTHER MEDICAL FACILITIES

§ 291. Congressional declaration of purpose

The purpose of this subchapter is—

(a) to assist the several States in the carrying out of their programs for the construction and modernization of such public or other nonprofit community hospitals and other medical facilities as may be necessary, in conjunction with existing facilities, to furnish adequate hospital, clinic, or similar services to all their people;

(b) to stimulate the development of new or improved types of physical facilities for medical, diagnostic, preventive, treatment, or rehabilitative services; and

(c) to promote research, experiments, and demonstrations relating to the effective development and utilization of hospital, clinic, or similar services, facilities, and resources, and to promote the coordination of such research, experiments, and demonstrations and the useful application of their results.

(July 1, 1944, ch. 373, title VI, § 600, as added Pub. L. 88–443, § 3(a), Aug. 18, 1964, 78 Stat. 447.)

Editorial Notes

PRIOR PROVISIONS

A prior section 291, act July 1, 1944, ch. 373, title VI, § 601, as added Aug. 13, 1946, ch. 958, § 2, 60 Stat. 1041;