

113TH CONGRESS
1ST SESSION

H. R. 2130

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

IN THE HOUSE OF REPRESENTATIVES

MAY 23, 2013

Mr. CARTWRIGHT (for himself, Ms. HAHN, Mr. GRIJALVA, Mr. RANGEL, Ms. LEE of California, Mr. RUSH, Mr. CONYERS, Mr. RYAN of Ohio, Mr. HASTINGS of Florida, Ms. NORTON, Mr. CARSON of Indiana, Mr. BRADY of Pennsylvania, Mr. HOLT, Mr. CAPUANO, Ms. SHEA-PORTER, Ms. MCCOLLUM, Mr. PAYNE, Mr. HUFFMAN, Mr. BEN RAY LUJÁN of New Mexico, Mr. KILMER, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. ROYBAL-ALLARD, and Mr. POLIS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Access to Substance
5 Abuse Treatment Act of 2013”.

1 **SEC. 2. PURPOSE.**

2 It is the purpose of this Act to—

3 (1) reduce crime and improve public safety by
4 making treatment for heroin, cocaine, methamphet-
5 amine, 3,4-methylenedioxymethamphetamine (ec-
6 stasy), and phencyclidine (PCP) abuse available to
7 every American who needs it;

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

11 (3) help identify root causes and most effective
12 treatment methods for heroin, cocaine, methamphet-
13 amine, 3,4-methylenedioxymethamphetamine, and
14 phencyclidine abuse; and

15 (4) expand research into cutting-edge treatment
16 methods for stimulant abuse.

17 **SEC. 3. HEROIN, COCAINE, METHAMPHETAMINE, 3,4-**
18 **METHYLENEDIOXYMETHAMPHETAMINE (EC-**
19 **STASY), AND PHENCYCLIDINE (PCP) TREAT-**
20 **MENT AND WRAP-AROUND PROGRAMS.**

21 Subpart 1 of part B of title V of the Public Health
22 Service Act is amended—

23 (1) redesignating the second section 514 (relat-
24 ing to methamphetamine and amphetamine treat-
25 ment) as section 514B; and

1 (2) adding at the end the following new sec-
2 tions:

3 **“SEC. 514C. INITIATIVE TO INCREASE HEROIN, COCAINE,**
4 **METHAMPHETAMINE, ECSTASY, AND PCP**
5 **TREATMENT CAPACITY.**

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

11 “(b) REQUIREMENTS.—

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

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

19 “(A) build treatment centers;

20 “(B) expand existing treatment centers;

21 “(C) hire treatment professionals;

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

1 methylenedioxymethamphetamine, and phency-
2 clidine abuse; and

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

6 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated such sums as may be
8 necessary to carry out this section for fiscal years 2014
9 through 2018.

10 **“SEC. 514D. HEROIN, COCAINE, METHAMPHETAMINE, EC-**
11 **STASY, AND PCP ABUSE TREATMENT VOUCH-**
12 **ERS FOR UNDERSERVED POPULATIONS.**

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

20 “(b) REQUIREMENTS.—

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

1 Secretary may require, including a description of the
2 method that such State, government, or entity will
3 use—

4 “(A) to identify individuals who would ben-
5 efit from treatment for heroin, cocaine, meth-
6 amphetamine, 3,4-methylenedioxymethamphet-
7 amine, or phencyclidine abuse;

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

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

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

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

1 “(4) MATCHING FUNDS.—The Secretary may
2 require that recipients of grants under this section
3 provide non-Federal matching funds, as determined
4 appropriate by the Secretary, to ensure the commit-
5 ment of the grant recipients to the provision of
6 vouchers for treatment to individuals who use her-
7 oin, cocaine, methamphetamine, 3,4-methylenedioxy-
8 methamphetamine, or phencyclidine. Such non-Fed-
9 eral matching funds may be provided directly or
10 through donations from public or private entities
11 and may be in cash or in-kind, fairly evaluated, in-
12 cluding property, equipment, or services.

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

23 “(c) REPORT.—

24 “(1) IN GENERAL.—Not later than December 1,
25 2014, and annually thereafter, the Secretary shall

1 submit a report to the Congress on the grants under
2 subsection (a).

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

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

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

12 “(A) treatment for heroin, cocaine, meth-
13 amphetamine, 3,4-methylenedioxymethamphet-
14 amine, or phencyclidine abuse, including indi-
15 vidual, group, and family counseling regarding
16 such abuse;

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

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

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

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

1 abuse treatment (including comprehensive substance
2 abuse treatment) due to financial, geographical, lan-
3 guage, socioeconomic, or cultural barriers.

4 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated such sums as may be
6 necessary to carry out this section for fiscal years 2014
7 through 2018.

8 **“SEC. 514E. COMPREHENSIVE WRAP-AROUND HEROIN, CO-**
9 **CAINE, METHAMPHETAMINE, 3,4-METHYLENE-**
10 **DIOXYMETHAMPHETAMINE (ECSTASY), AND**
11 **PHENCYCLIDINE (PCP) TREATMENT SERV-**
12 **ICES.**

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

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

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

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

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

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

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

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

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

1 “(1) HEROIN, COCAINE, METHAMPHETAMINE,
2 3,4-METHYLENEDIOXYMETHAMPHETAMINE, OR
3 PHENCYCLIDINE-AFFECTED INDIVIDUAL.—The term
4 ‘heroin, cocaine, methamphetamine, 3,4-methylene-
5 dioxymethamphetamine, or phencyclidine-affected in-
6 dividual’ means an individual who—

7 “(A)(i) resided in a residential inpatient
8 treatment facility for the treatment of heroin,
9 cocaine, methamphetamine, 3,4-methylenedioxy-
10 methamphetamine, or phencyclidine abuse or
11 addiction; or

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

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

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

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

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

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

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

13 “(4) WRAP-AROUND SERVICES.—The term
14 ‘wrap-around services’ means, with respect to a her-
15 oin, cocaine, methamphetamine, 3,4-methylenedioxy-
16 methamphetamine, or phencyclidine-affected indi-
17 vidual, the following services:

18 “(A) Medical services.

19 “(B) Dental services.

20 “(C) Mental health services.

21 “(D) Child care services.

22 “(E) Job training services.

23 “(F) Housing assistance.

24 “(G) Training in parenting.

1 “(H) Prevention services for family mem-
 2 bers, with respect to heroin, cocaine, meth-
 3 amphetamine, 3,4-methylenedioxymethamphet-
 4 amine, and phencyclidine abuse or addiction.

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

8 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 9 are authorized to be appropriated such sums as may be
 10 necessary to carry out this section for fiscal years 2014
 11 through 2018.”.

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

16 Section 508 of the Public Health Service Act (42
 17 U.S.C. 290bb–1) is amended—

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

21 (2) in subsection (a)—

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

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

4 (ii) by striking “pregnant and
5 postpartum women treatment for sub-
6 stance abuse” and inserting “caregiver
7 parents, including pregnant women, treat-
8 ment for substance abuse (including treat-
9 ment for addiction to heroin, cocaine,
10 methamphetamine, 3,4-methylenedioxy-
11 methamphetamine (ecstasy), or phencycli-
12 dine (PCP))”;

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

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

18 (3) in subsection (b)—

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

22 (B) in paragraph (2)—

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

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

3 (4) in subsection (c)—

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

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

10 (5) in subsection (d)—

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

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

17 (C) in paragraph (9)—

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

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

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

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

4 (E) in paragraph (11)—

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

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

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

13 (7) in subsection (g)—

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

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

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

21 (9) in subsection (j)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 “(B) is determined by the Director to have
14 high rates of addiction to heroin, cocaine, meth-
15 amphetamine, 3,4-methylenedioxymethamphet-
16 amine, or phencyclidine.”;

17 (13) in subsection (p)—

18 (A) by striking “October 1, 1994” and in-
19 serting “January 1, 2014”;

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

24 (C) by striking the third sentence;

25 (14) in subsection (q)—

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

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

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

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

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

16 (15) in subsection (r), by striking “to fiscal
 17 years 2001 through 2003” and inserting “for fiscal
 18 years 2014 through 2018”.

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

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

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

3 (b) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated such sums as may be
5 necessary to carry out this section for fiscal years 2014
6 through 2018.

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

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

16 (b) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated such sums as may be
18 necessary to carry out this section for fiscal years 2014
19 through 2018.

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

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

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

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

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

18 (b) REPORTS.—

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

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

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

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

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

○