

113TH CONGRESS
2D SESSION

H. R. 5845

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

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 10, 2014

Mr. SENSENBRENNER (for himself, Mr. SCOTT of Virginia, Mr. RYAN of Ohio, Ms. BASS, Mr. MARINO, and Mr. JOYCE) introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committees on Energy and Commerce and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Comprehensive Addiction and Recovery Act of 2014”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.

TITLE I—PREVENTION AND EDUCATION

- Sec. 101. Development of best prescribing practices.
- Sec. 102. National education campaign.
- Sec. 103. Community-based coalition enhancement grants to address local drug crises.

TITLE II—LAW ENFORCEMENT AND TREATMENT

- Sec. 201. Treatment alternative to incarceration programs.
- Sec. 202. Law enforcement naloxone training and implementation pilot.
- Sec. 203. Prescription drug take back expansion.

TITLE III—TREATMENT AND RECOVERY

- Sec. 301. Evidence-based opioid and heroin treatment and interventions demonstration.
- Sec. 302. Criminal justice medication assisted treatment and interventions demonstration.
- Sec. 303. National youth recovery initiative.
- Sec. 304. Building communities of recovery.

TITLE IV—ADDRESSING COLLATERAL CONSEQUENCES

- Sec. 401. Correctional education demonstration grant program.
- Sec. 402. Revision of FAFSA form.
- Sec. 403. National task force on recovery and collateral consequences.

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

- Sec. 501. Authority to award competitive grants to address opioid and heroin abuse by pregnant and parenting female offenders.
- Sec. 502. Grants for family-based substance abuse treatment.
- Sec. 503. Veterans' treatment courts.

TITLE VI—INCENTIVIZING STATE COMPREHENSIVE INITIATIVES TO ADDRESS OPIOID AND HEROIN ABUSE

- Sec. 601. State demonstration grants for comprehensive opioid abuse response.

TITLE VII—OFFSET

- Sec. 701. Offset.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

- 3 (1) The abuse of heroin and prescription pain-
- 4 killers is having a devastating effect on public health
- 5 and safety in communities across the United States.

1 According to the Centers for Disease Control and
2 Prevention, drug overdose deaths now surpass traffic
3 crashes in the number of deaths caused by injury in
4 the United States. In 2011, an average of about 110
5 people in the United States died from drug overdose
6 every day.

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

12 (3) Opioid pain relievers are the most widely
13 misused or abused controlled prescription drugs
14 (commonly referred to as “CPDs”) and are involved
15 in most CPD-related overdose incidents. According
16 to the Drug Abuse Warning Network (commonly
17 known as “DAWN”), the estimated number of emer-
18 gency department visits involving nonmedical use of
19 prescription opiates or opioids increased by 112 per-
20 cent, from 84,671 to 179,787, between 2006 and
21 2010.

22 (4) According to a report by the National Asso-
23 ciation of State Alcohol and Drug Abuse Directors
24 (commonly referred to as “NASADAD”), 37 States
25 reported an increase in admissions to treatment for

1 heroin use during the past 2 years, while admissions
2 to treatment for prescription opiates increased 500
3 percent from 2000 to 2012.

4 (5) Addiction is a treatable disease. Discoveries
5 in the science of addiction have led to advances in
6 the treatment of substance use disorders that help
7 people stop abusing drugs and prescription medica-
8 tions and resume their productive lives.

9 (6) According to the Office of National Drug
10 Control Policy (commonly referred to as
11 “ONDCP”), approximately 22,700,000 people in the
12 United States needed substance use disorder treat-
13 ment in 2013, but only 2,500,000 people received it.

14 (7) Effective substance abuse prevention can
15 yield major economic dividends. Every dollar in-
16 vested in prevention can lead to savings between \$2
17 and \$20.

18 (8) According to the National Institute on Drug
19 Abuse, when schools and communities properly im-
20 plement science-validated substance abuse prevention
21 programs, alcohol, tobacco, and illicit drug abuse are
22 reduced. Such programs help teachers, parents, and
23 health care professionals shape the perceptions of
24 youths about the risks of drug abuse.

1 (9) Diverting individuals with substance use
2 disorders from criminal justice systems into commu-
3 nity-based treatment can save billions of dollars and
4 prevent sizeable numbers of crimes, arrests, and re-
5 incarceration over the course of those individuals’
6 lives.

7 (10) According to the Drug Enforcement Agen-
8 cy, more than 1,700 tons of expired, unwanted pre-
9 scription medications have been collected over the
10 past 3½ years, following the enactment of the Se-
11 cure and Responsible Drug Disposal Act of 2010
12 (Public Law 111–273; 124 Stat. 2858).

13 (11) Research shows that combining treatment
14 medications with behavioral therapy is the best way
15 to ensure success for most patients. Treatment ap-
16 proaches must be tailored to address the drug abuse
17 patterns and drug-related medical, psychiatric, and
18 social problems of each individual. Different types of
19 medications may be useful at different stages of
20 treatment to help a patient stop abusing drugs, stay
21 in treatment, and avoid relapse.

22 (12) Research indicates that combating the epi-
23 demic of opioid abuse, including abuse of prescrip-
24 tion painkillers and, increasingly, heroin, requires a
25 multi-pronged approach that involves reducing drug

1 diversion, expanding delivery of existing treatments
2 (including medication-assisted treatments), expand-
3 ing access to overdose medications and interventions,
4 and the development of new medications for pain
5 that can augment the existing treatment arsenal.

6 **SEC. 3. DEFINITIONS.**

7 In this Act—

8 (1) the term “Indian tribe” has the meaning
9 given the term in section 4 of the Indian Self-Deter-
10 mination and Education Assistance Act (25 U.S.C.
11 450b);

12 (2) the term “medication-assisted treatment”
13 means the use, for problems relating to heroin and
14 other opioids, of medications approved by the Food
15 and Drug Administration in combination with coun-
16 seling and behavioral therapies;

17 (3) the term “ONDCP Recovery Branch”
18 means the Recovery Branch of the Office of Na-
19 tional Drug Control Policy;

20 (4) the term “opioid” means any drug having
21 an addiction-forming or addiction-sustaining liability
22 similar to morphine or being capable of conversion
23 into a drug having such addiction-forming or addic-
24 tion-sustaining liability;

(5) the term “Single State Authority for Substance Abuse” has the meaning given the term in section 201(e) of the Second Chance Act of 2007 (42 U.S.C. 17521(e)); and

(6) the term “State” means any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

TITLE I—PREVENTION AND EDUCATION

SEC. 101. DEVELOPMENT OF BEST PRESCRIBING PRACTICES.

(a) INTERAGENCY TASK FORCE.—Not later than 120 days after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), in cooperation with the Secretary of Veterans Affairs, the Secretary of Defense, and the Administrator of the Drug Enforcement Administration, shall convene a Pain Management Best Practices Interagency Task Force (referred to in this section as the “task force”).

(b) MEMBERSHIP.—The task force shall be comprised of—

(1) representatives of—

- 1 (A) the Department of Health and Human
2 Services;
- 3 (B) the Department of Veterans Affairs;
- 4 (C) the Department of Defense;
- 5 (D) the Drug Enforcement Administration;
- 6 (E) the Centers for Disease Control and
7 Prevention;
- 8 (F) the Institute of Medicine; and
- 9 (G) the Office of National Drug Control
10 Policy;
- 11 (2) the Director of the National Institutes of
12 Health;
- 13 (3) physicians, dentists, and nonphysician pre-
14 scribers;
- 15 (4) pharmacists;
- 16 (5) experts in the fields of pain research and
17 addiction research;
- 18 (6) representatives of—
- 19 (A) pain management professional organi-
20 zations;
- 21 (B) the mental health treatment commu-
22 nity;
- 23 (C) the addiction treatment community;
- 24 (D) pain advocacy groups; and

1 (E) groups with expertise around overdose
2 reversal; and

3 (7) other stakeholders, as the Secretary deter-
4 mines appropriate.

5 (c) DUTIES.—The task force shall—

6 (1) not later than 180 days after the date on
7 which the task force is convened under subsection
8 (a), develop best practices for pain management and
9 prescribing pain medication, taking into consider-
10 ation—

11 (A) existing pain management research;

12 (B) recommendations from relevant con-
13 ferences; and

14 (C) ongoing efforts at the State and local
15 levels and by medical professional organizations
16 to develop improved pain management strate-
17 gies;

18 (2) solicit and take into consideration public
19 comment on the practices developed under para-
20 graph (1), amending such best practices if appro-
21 priate; and

22 (3) develop a strategy for disseminating infor-
23 mation about the best practices developed under
24 paragraphs (1) and (2) to prescribers, pharmacists,

1 State medical boards, and other parties, as the Sec-
2 retary determines appropriate.

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

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

9 (1) the strategy for disseminating best practices
10 developed under subsection (c);

11 (2) the results of a feasibility study on linking
12 best practices developed under subsection (c) to re-
13 ceiving and renewing registrations under section
14 303(f) of the Controlled Substances Act (21 U.S.C.
15 823(f)); and

16 (3) recommendations on how to apply best
17 practices developed under subsection (c) to improve
18 prescribing practices at medical facilities, including
19 medical facilities of the Veterans Health Administra-
20 tion.

21 **SEC. 102. NATIONAL EDUCATION CAMPAIGN.**

22 (a) DEFINITION.—In this section, the term “eligible
23 entity” means a State, unit of local government, or non-
24 profit organization.

1 (b) PROGRAM AUTHORIZED.—Section 1177 of chap-
2 ter 16 of Drug Abuse Prevention, Treatment and Reha-
3 bilitation (21 U.S.C. chapter 16 subchapter IV) is amend-
4 ed—

5 (1) by adding subsection 1177b and inserting
6 the following:

7 “The Attorney General, in coordination with the Sec-
8 retary of Health and Human Services, the Director of the
9 Office of National Drug Control Policy, the Secretary of
10 Education, the Administrator of the Substance Abuse and
11 Mental Health Services Administration, and the Director
12 of the Centers for Disease Control and Prevention, may
13 make grants to eligible entities to expand educational ef-
14 forts to prevent abuse of opioids, heroin, and other sub-
15 stances of abuse, understand addiction as a chronic dis-
16 ease, and promote treatment and recovery, including—

17 “(1) parent and caretaker-focused prevention
18 efforts, including—

19 “(A) the development of research-based
20 community education online and social media
21 materials with an accompanying toolkit that
22 can be disseminated to communities to educate
23 parents and other caretakers of teens on—

24 “(i) how to educate teens about opioid
25 and heroin abuse;

1 “(ii) how to intervene if a parent
2 thinks or knows their teen is abusing
3 opioids or heroin;

4 “(iii) signs of opioid or heroin over-
5 dose; and

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

8 “(B) the development of detailed digital
9 and print educational materials to accompany
10 the online and social media materials and tool-
11 kit described in subparagraph (A);

12 “(C) the development and dissemination of
13 public service announcements to—

14 “(i) raise awareness of heroin and
15 opioid abuse among parents and other
16 caretakers;

17 “(ii) motivate parents and other care-
18 takers to visit online educational materials
19 on heroin and opioid abuse; and

20 “(iii) provide information for public
21 health agencies and nonprofit organiza-
22 tions that provide overdose reversal and
23 prevention services and community refer-
24 rals; and

1 “(D) the dissemination of educational ma-
2 terials to the media through—

3 “(i) a town hall or panel discussion
4 with experts;

5 “(ii) a press release;

6 “(iii) an online news release;

7 “(iv) a media tour; and

8 “(v) sharable infographics;

9 “(2) prevention efforts focused on teenagers,
10 college students, and college-age individuals, includ-
11 ing—

12 “(A) the development of a national digital
13 campaign; and

14 “(B) the development of a community edu-
15 cation toolkit for use by community coalitions;

16 “(3) campaigns to inform individuals about
17 available resources to aid in recovery from substance
18 use disorder;

19 “(4) encouragement of individuals in or seeking
20 recovery from substance use disorder to enter the
21 health care system; or

22 “(5) adult-focused awareness efforts, including
23 efforts focused on older adults, relating to prescrip-
24 tion medication disposal, opioid and heroin abuse,

1 signs of overdose, and the use of naloxone for rever-
2 sal.

3 “(c) APPLICATION.—

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

7 “(A) that meets the criteria under para-
8 graph (2); and

9 “(B) at such time, in such manner, and
10 accompanied by such information as the Attor-
11 ney General may require.

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

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

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

22 “(C) describe how the program described
23 in subparagraph (A) could be broadly replicated
24 if demonstrated to be effective;

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

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

8 “(ii) the National Registry of Effec-
9 tive Programs and Practices (commonly re-
10 ferred to as ‘NREPP’ of the Substance
11 Abuse and Mental Health Administration);
12 and

13 “(E) demonstrate that the eligible entity
14 will effectively integrate and sustain the pro-
15 gram described in subparagraph (A) into cur-
16 riculum or community outreach efforts.

17 “(d) USE OF FUNDS.—A grantee shall use a grant
18 received under this section for expenses of educational ef-
19 forts to—

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

22 “(2) promote treatment and recovery.

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

1 “(f) INFORMATION SHARING.—The Office of the At-
 2 torney General, in coordination with the Substance Abuse
 3 and Mental Health Services Administration and the De-
 4 partment of Education, shall review existing evidence-
 5 based programs and emerging practices and programs and
 6 provide information to schools and communities about
 7 such programs and practices.

8 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
 9 are authorized to be appropriated to carry out this section
 10 \$2,500,000 for each of fiscal years 2016 through 2020.”.

11 **SEC. 103. COMMUNITY-BASED COALITION ENHANCEMENT**
 12 **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

13 (a) DEFINITIONS.—In this section—

14 (1) the term “Drug-Free Communities Act of
 15 1997” means chapter 2 of subtitle A of title I of the
 16 Anti-Drug Abuse Act of 1988 (21 U.S.C. 1521 et
 17 seq.);

18 (2) the term “eligible entity” means an organi-
 19 zation that—

20 (A) on or before the date of submitting an
 21 application for a grant under this section, re-
 22 ceives or has received a grant under the Drug-
 23 Free Communities Act of 1997; and

24 (B) has documented, using local data,
 25 rates of abuse of opioids at levels that are—

1 (i) significantly higher than the na-
2 tional average as determined by the Attor-
3 ney General (including appropriate consid-
4 eration of the Monitoring the Future Sur-
5 vey published by the National Institute on
6 Drug Abuse and the National Survey on
7 Drug Use and Health by the Substance
8 Abuse and Mental Health Service Adminis-
9 tration); or

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

15 (3) the term “local drug crisis” means, with re-
16 spect to the area served by an eligible entity—

17 (A) a sudden increase in the abuse of pre-
18 scription medications, specifically opioids, as
19 documented by local data; or

20 (B) the abuse of prescription medications,
21 specifically opioids, that is significantly higher
22 than the national average, over a sustained pe-
23 riod of time, as documented by local data.

1 (b) PROGRAM AUTHORIZED.—Section 1535 of chap-
2 ter 20 of the National Drug Control Program (21 U.S.C.
3 chapter 20 subchapter II) is amended—

4 (1) by adding subsection 1536 and inserting the
5 following:

6 “The Attorney General, in coordination with the Di-
7 rector of the Office of National Drug Control Policy, may
8 make grants to eligible entities to implement comprehen-
9 sive community-wide strategies that address local drug cri-
10 ses within the area served by the eligible entity.”.

11 (c) APPLICATION.—

12 (1) IN GENERAL.—An eligible entity desiring a
13 grant under this section shall submit an application
14 to the Attorney General at such time, in such man-
15 ner, and accompanied by such information as the
16 Attorney General may require.

17 (2) CRITERIA.—As part of an application for a
18 grant under this section, the Attorney General shall
19 require an eligible entity to submit a detailed, com-
20 prehensive, multisector plan for addressing the local
21 drug crisis within the area served by the eligible en-
22 tity.

23 (d) USE OF FUNDS.—An eligible entity shall use a
24 grant received under this section—

1 (1) for programs designed to implement com-
2 prehensive communitywide prevention strategies to
3 address local drug crisis in the area served by the
4 eligible entity, in accordance with the plan submitted
5 under subsection (c)(2); and

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

9 (e) GRANT AMOUNTS AND DURATION.—

10 (1) AMOUNTS.—The Attorney General may not
11 award a grant under this section for a fiscal year in
12 an amount that exceeds—

13 (A) the amount of non-Federal funds
14 raised by the eligible entity, including in-kind
15 contributions, for that fiscal year; or

16 (B) \$75,000.

17 (2) DURATION.—The Attorney General shall
18 award grants under this section for a period not to
19 exceed 4 years.

20 (f) SUPPLEMENT NOT SUPPLANT.—An eligible entity
21 shall use Federal funds received under this section only
22 to supplement the funds that would, in the absence of
23 those Federal funds, be made available from other Federal
24 and non-Federal sources for the activities described in this
25 section, and not to supplant those funds.

1 (g) EVALUATION.—A grant under this section shall
 2 be subject to the same evaluation requirements and proce-
 3 dures as the evaluation requirements and procedures im-
 4 posed on the recipient of a grant under the Drug-Free
 5 Communities Act of 1997.

6 (h) LIMITATION ON ADMINISTRATIVE EXPENSES.—
 7 Not more than 8 percent of the amounts made available
 8 pursuant to subsection (i) for a fiscal year may be used
 9 by the Attorney General to pay for administrative ex-
 10 penses.

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

14 **TITLE II—LAW ENFORCEMENT** 15 **AND TREATMENT**

16 **SEC. 201. TREATMENT ALTERNATIVE TO INCARCERATION** 17 **PROGRAMS.**

18 (a) PROGRAM AUTHORIZED.—Strike 3797(q), Drug
 19 Treatment Alternatives to Prison (42 U.S.C. chapter 46),
 20 and insert:

21 (b) DEFINITIONS.—In this section—

22 (1) the term “eligible entity” means a State,
 23 unit of local government, Indian tribe, or nonprofit
 24 organization; and

1 (2) the term “eligible participant” means an in-
2 dividual who—

3 (A) comes into contact with the criminal
4 justice system or is charged with an offense;

5 (B) has a history of or a current—

6 (i) substance use disorder;

7 (ii) mental illness; or

8 (iii) co-occurring mental illness and
9 substance use disorders; and

10 (C) has been approved for participation in
11 a program funded under this section by, as ap-
12 plicable depending on the stage of the criminal
13 justice process, the relevant law enforcement
14 agency or defense attorney, probation or correc-
15 tions official, judge, or representative from the
16 relevant mental health or substance abuse agen-
17 cy.

18 (c) PROGRAM AUTHORIZED.—The Attorney General
19 may make grants to eligible entities to develop, implement,
20 or expand a treatment alternative to incarceration pro-
21 gram for eligible participants, including—

22 (1) pre-booking treatment alternative to incar-
23 ceration programs, including—

1 (A) law enforcement training on substance
2 use disorders, mental illness, and co-occurring
3 mental illness and substance use disorders;

4 (B) receiving centers as alternatives to in-
5 carceration of eligible participants;

6 (C) specialized response units for calls re-
7 lated to substance use disorders, mental illness,
8 and co-occurring mental illness and substance
9 use disorders; and

10 (D) other arrest and prebooking treatment
11 alternative to incarceration models; and

12 (2) postbooking treatment alternative to incar-
13 ceration programs, including—

14 (A) specialized clinical case management;

15 (B) pretrial services related to substances
16 use disorders, mental illness, and co-occurring
17 mental illness and substance use disorders;

18 (C) prosecutor- and defender-based pro-
19 grams;

20 (D) specialized probation;

21 (E) treatment and rehabilitation programs;

22 and

23 (F) drug courts, DWI courts, and veterans
24 treatment courts.

25 (d) APPLICATION.—

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

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

6 (B) at such time, in such manner, and ac-
7 companied by such information as the Attorney
8 General may require.

9 (2) CRITERIA.—An eligible entity, in submitting
10 an application under paragraph (1), shall—

11 (A) provide extensive evidence of collabora-
12 tion with State and local government agencies
13 overseeing health, community corrections,
14 courts, prosecution, substance abuse, mental
15 health, victims services, and employment serv-
16 ices, and with local law enforcement agencies;

17 (B) demonstrate consultation with the Sin-
18 gle State Authority for Substance Abuse;

19 (C) demonstrate that evidence-based treat-
20 ment practices will be utilized; and

21 (D) demonstrate that evidenced-based
22 screening and assessment tools will be utilized
23 to place participants in the treatment alter-
24 native to incarceration program.

1 (e) REQUIREMENTS.—Each eligible entity awarded a
2 grant for a treatment alternative to incarceration program
3 under this section shall—

4 (1) determine the terms and conditions of par-
5 ticipation in the program by eligible participants,
6 taking into consideration the collateral consequences
7 of criminal conviction;

8 (2) ensure that each substance abuse and men-
9 tal health treatment component is licensed and
10 qualified by the relevant jurisdiction;

11 (3) for programs described in subsection (b)(2),
12 organize an enforcement unit comprised of appro-
13 priately trained law enforcement professionals under
14 the supervision of the State, tribal, or local criminal
15 justice agency involved, the duties of which shall in-
16 clude—

17 (A) the verification of addresses and other
18 contacts of each eligible participant who partici-
19 pates or desires to participate in the program;
20 and

21 (B) if necessary, the location, apprehen-
22 sion, arrest, and return to court of an eligible
23 participant in the program who has absconded
24 from the facility of a treatment provider or has
25 otherwise violated the terms and conditions of

1 the program, consistent with Federal and State
2 confidentiality requirements;

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

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

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

19 (7) describe how the program could be broadly
20 replicated if demonstrated to be effective.

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

1 (1) salaries, personnel costs, equipment costs,
2 and other costs directly related to the operation of
3 the program, including the enforcement unit;

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

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

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

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

25 (1) each State;

1 (2) rural, suburban, and urban areas; and

2 (3) tribal jurisdictions.

3 (i) REPORTS AND EVALUATIONS.—Each fiscal year,
4 each recipient of a grant under this section during that
5 fiscal year shall submit to the Attorney General a report
6 on the outcomes of activities carried out using that grant
7 in such form, containing such information, and on such
8 dates as the Attorney General shall specify.

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

12 **SEC. 202. LAW ENFORCEMENT NALOXONE TRAINING AND**
13 **IMPLEMENTATION PILOT.**

14 (a) DEFINITION.—In this section, the term “eligible
15 entity” means a State, local, or tribal law enforcement
16 agency.

17 (b) PROGRAM AUTHORIZED.—Section 1177 of chap-
18 ter 16 of Drug Abuse Prevention, Treatment and Reha-
19 bilitation (21 U.S.C. chapter 16 subchapter IV) is amend-
20 ed—

21 (1) by adding subsection 1177c and inserting
22 the following:

23 “(c) The Attorney General, in coordination with the
24 Secretary of Health and the Attorney General, in coordi-
25 nation with the Secretary of Health and Human Services

1 and the Director of the Office of National Drug Control
2 Policy, may make grants to eligible entities to create a
3 pilot law enforcement program to prevent opioid and her-
4 oin overdose death.

5 “(d) APPLICATION.—

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

9 “(A) that meets the criteria under para-
10 graph (2); and

11 “(B) at such time, in such manner, and
12 accompanied by such information as the Attor-
13 ney General may require.

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

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

22 “(B) describe how the program could be
23 broadly replicated if demonstrated to be effec-
24 tive;

1 “(C) identify the governmental and com-
2 munity agencies that the program will coordi-
3 nate; and

4 “(D) describe how law enforcement agen-
5 cies will coordinate with their corresponding
6 State substance abuse agency to identify proto-
7 cols and resources that are available to victims
8 and families, including information on treat-
9 ment and recovery resources.

10 “(e) USE OF FUNDS.—An eligible entity shall use a
11 grant received under this section to—

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

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

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

20 “(f) GRANT AMOUNTS AND DURATION.—

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

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

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

10 “(h) EVALUATION.—The Attorney General shall con-
11 duct an evaluation of grants made under this section to
12 determine—

13 “(1) the number of officers equipped with
14 naloxone for the prevention of fatal opioid and her-
15 oin overdose;

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

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

22 “(4) the extent to which overdose victims and
23 families receive information about treatment services
24 and available data describing treatment admissions;
25 and

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

5 “(i) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this section
7 \$5,000,000 for each of fiscal years 2016 through 2020.”.

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

9 (a) DEFINITION.—In this section, the term “eligible
10 entity” means a State, local, tribal law enforcement agen-
11 cy, public and private hospitals, pharmacies and other en-
12 tities approved for prescription drug disposal by the Drug
13 Enforcement Agency.

14 (b) PROGRAM AUTHORIZED.—Section 1177 of chap-
15 ter 16 of Drug Abuse Prevention, Treatment and Reha-
16 bilitation (21 U.S.C. chapter 16 subchapter IV) is amend-
17 ed—

18 (1) by adding subsection 1177d and inserting
19 the following:

20 “(d) The Attorney General, in coordination with the
21 Secretary of Health and the Attorney General, in coordi-
22 nation with the Administrator of the Drug Enforcement
23 Administration, the Secretary of Health and Human Serv-
24 ices, and the Director of the Office of National Drug Con-
25 trol Policy, may make grants to eligible entities to expand

1 or make available disposal sites for unwanted prescription
2 medications.”.

3 (c) APPLICATION.—

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

7 (A) that meets the criteria under para-
8 graph (2); and

9 (B) at such time, in such manner, and ac-
10 companied by such information as the Attorney
11 General may require.

12 (2) CRITERIA.—An eligible entity, in submitting
13 an application under paragraph (1), shall—

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

20 (B) describe how the program could be
21 broadly replicated if demonstrated to be effec-
22 tive; and

23 (C) identify the governmental and commu-
24 nity agencies that the project will be coordinate.

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

3 (1) expenses of a prescription drug disposal
4 site, including materials and resources;

5 (2) implementing disposal procedures and proc-
6 esses;

7 (3) implementing community education strate-
8 gies, including community education materials and
9 resources;

10 (4) replicating a prescription drug take back
11 initiative throughout multiple jurisdictions; and

12 (5) training of law enforcement officers and
13 other community participants.

14 (e) GRANT AMOUNTS AND DURATION.—

15 (1) MAXIMUM AMOUNT.—The Attorney General
16 may not award a grant under this section in an
17 amount that exceeds \$250,000.

18 (2) DURATION.—The Attorney General shall
19 award grants under this section for a period not to
20 exceed 2 years.

21 (f) TECHNICAL ASSISTANCE GRANT.—The Attorney
22 General shall make a grant to a national nonprofit organi-
23 zation to provide technical assistance and training for an
24 eligible entity receiving a grant under this section.

25 (g) EVALUATION.—

1 (1) IN GENERAL.—The Attorney General shall
 2 make a grant for evaluation of the performance of
 3 each eligible entity receiving a grant under this sec-
 4 tion.

5 (2) REPORTS.—Each fiscal year, the recipient
 6 of a grant under this subsection shall submit to the
 7 Attorney General a report on the effectiveness of the
 8 prescription drug take back program of each eligible
 9 entity receiving a grant under this section.

10 (h) AUTHORIZATION OF APPROPRIATIONS.—There
 11 are authorized to be appropriated to carry out this section
 12 \$2,500,000 for each of fiscal years 2016 through 2020.

13 **TITLE III—TREATMENT AND** 14 **RECOVERY**

15 **SEC. 301. EVIDENCE-BASED OPIOID AND HEROIN TREAT-** 16 **MENT AND INTERVENTIONS DEMONSTRA-** 17 **TION.**

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

20 (1) by redesignating section 514 (42 U.S.C.
 21 290bb–9), as added by section 3632 of the Meth-
 22 amphetamine Anti-Proliferation Act of 2000 (Public
 23 Law 106–310; 114 Stat. 1236), as section 514B;
 24 and

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

1 **“SEC. 514C. EVIDENCE-BASED OPIOID AND HEROIN TREAT-**
2 **MENT AND INTERVENTIONS DEMONSTRA-**
3 **TION.**

4 “(a) GRANTS.—

5 “(1) AUTHORITY TO MAKE GRANTS.—The Di-
6 rector of the Center for Substance Abuse Treatment
7 (referred to in this section as the ‘Director’) may
8 award grants to State substance abuse agencies,
9 units of local government, nonprofit organizations,
10 and Indian tribes or tribal organizations (as defined
11 in section 4 of the Indian Health Care Improvement
12 Act (25 U.S.C. 1603)) that have a high rate, or
13 have had a rapid increase, in the use of heroin or
14 other opioids, in order to permit such entities to ex-
15 pand activities, including an expansion in the avail-
16 ability of medication assisted treatment, with respect
17 to the treatment of addiction in the specific geo-
18 graphical areas of such entities where there is a rate
19 or rapid increase in the use of heroin or other
20 opioids.

21 “(2) RECIPIENTS.—The entities receiving
22 grants under paragraph (1) shall be selected by the
23 Director.

24 “(3) NATURE OF ACTIVITIES.—The grant funds
25 awarded under paragraph (1) shall be used for ac-
26 tivities that are based on reliable scientific evidence

1 of efficacy in the treatment of problems related to
2 heroin or other opioids.

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

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

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

11 “(2) disseminate widely such significant infor-
12 mation derived from the evaluation as the Director
13 considers appropriate;

14 “(3) provide States, Indian tribes and tribal or-
15 ganizations, and providers with technical assistance
16 in connection with the provision of treatment of
17 problems related to heroin and other opioids; and

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

21 “(d) DEFINITION.—The term ‘medication assisted
22 treatment’ means the use, for problems relating to heroin
23 and other opioids, of medications approved by the Food
24 and Drug Administration in combination with counseling
25 and behavioral therapies.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—

2 “(1) IN GENERAL.—There are authorized to be
3 appropriated to carry out this section \$10,000,000
4 for fiscal year 2016 and such sums as may be nec-
5 essary for each of fiscal years 2016 through 2020.

6 “(2) USE OF CERTAIN FUNDS.—Of the funds
7 appropriated to carry out this section in any fiscal
8 year, the lesser of 5 percent of such funds or
9 \$1,000,000 shall be available to the Director for
10 purposes of carrying out subsection (c).”.

11 **SEC. 302. CRIMINAL JUSTICE MEDICATION ASSISTED**
12 **TREATMENT AND INTERVENTIONS DEM-**
13 **ONSTRATION.**

14 (a) DEFINITIONS.—In this section—

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

17 (A) court;

18 (B) prison;

19 (C) jail; or

20 (D) other agency that performs the admin-
21 istration of criminal justice, including prosecu-
22 tion, pretrial services, and community super-
23 vision; and

24 (2) the term “eligible entity” means a State,
25 unit of local government, or Indian tribe.

1 (b) PROGRAM AUTHORIZED.—Section 1177 of chap-
2 ter 16 of Drug Abuse Prevention, Treatment and Reha-
3 bilitation (21 U.S.C. chapter 16 subchapter IV) is amend-
4 ed—

5 by adding subsection 1177e and inserting the
6 following:

7 “(e) The Attorney General, in coordination with the
8 Secretary of Health and the Attorney General, in coordi-
9 nation with the Secretary of Health and Human Services
10 and the Director of the Office of National Drug Control
11 Policy, may make grants to eligible entities to implement
12 medication-assisted treatment programs through criminal
13 justice agencies.”.

14 (c) APPLICATION.—

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

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

20 (B) at such time, in such manner, and ac-
21 companied by such information as the Attorney
22 General may require.

23 (2) CRITERIA.—An eligible entity, in submitting
24 an application under paragraph (1), shall—

1 (A) certify that each medication-assisted
2 treatment program funded with a grant under
3 this section has been developed in consultation
4 with the Single State Authority for Substance
5 Abuse; and

6 (B) describe how data will be collected and
7 analyzed to determine the effectiveness of the
8 program described in subparagraph (A).

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

11 (1) a medication-assisted treatment program,
12 including the expenses of prescribing medications
13 recognized by the Food and Drug Administration for
14 opioid treatment in conjunction with psychological
15 and behavioral therapy;

16 (2) training criminal justice agency personnel
17 and treatment providers on medication-assisted
18 treatment;

19 (3) cross-training personnel providing behav-
20 ioral health and health services, administration of
21 medicines, and other administrative expenses, includ-
22 ing required reports; and

23 (4) the provision of recovery coaches who are
24 responsible for providing mentorship and transition

1 plans to individuals reentering society following in-
2 carceration or alternatives to incarceration.

3 (e) GRANT AMOUNTS AND DURATION.—

4 (1) MAXIMUM AMOUNT.—The Attorney General
5 may not award a grant under this section in an
6 amount that exceeds \$750,000.

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

10 (f) TECHNICAL ASSISTANCE.—The Attorney General,
11 in coordination with the Director of the National Institute
12 on Drug Abuse and the Secretary of Health and Human
13 Services, shall provide technical assistance and training
14 for an eligible entity receiving a grant under this section.

15 (g) REPORTS.—

16 (1) IN GENERAL.—An eligible entity receiving a
17 grant under this subsection shall submit a report to
18 the Attorney General on the outcomes of each grant
19 received under this section for individuals receiving
20 medication-assisted treatment, based on—

21 (A) the recidivism of the individuals;

22 (B) the treatment outcomes of the individ-
23 uals, including maintaining abstinence from ille-
24 gal, unauthorized, and unprescribed opioids and
25 heroin;

1 (C) the housing status of the individuals;
2 and
3 (D) the employment status of the individ-
4 uals.

5 (2) CONTENTS AND TIMING.—Each report de-
6 scribed in paragraph (1) shall be submitted annually
7 in such form, containing such information, and on
8 such dates as the Attorney General shall specify.

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

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

13 (a) DEFINITIONS.—In this section:

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

16 (A) a high school that has been accredited
17 as a recovery high school by the Association of
18 Recovery High Schools;

19 (B) an accredited high school that is seek-
20 ing to establish or expand recovery support
21 services;

22 (C) an institution of higher education;

23 (D) a recovery program at a nonprofit col-
24 legiate institution; or

25 (E) a nonprofit organization.

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

5 (3) RECOVERY PROGRAM.—The term “recovery
6 program”—

7 (A) means a program to help individuals
8 who are recovering from substance use dis-
9 orders to initiate, stabilize, and maintain
10 healthy and productive lives in the community;
11 and

12 (B) includes peer-to-peer support and com-
13 munal activities to build recovery skills and
14 supportive social networks.

15 (b) GRANTS AUTHORIZED.—Section 1177 of chapter
16 16 of Drug Abuse Prevention, Treatment and Rehabilita-
17 tion (21 U.S.C. chapter 16 subchapter IV) is amended—

18 (1) by adding subsection 1177f and inserting
19 the following:

20 “The Attorney General, in coordination with the Sec-
21 retary of Health and the ONDCP Recovery Branch, in
22 consultation with the Secretary of Education, may award
23 grants to eligible entities to enable the entities to—

1 “(1) provide substance use recovery support
2 services to young people in high school and enrolled
3 in institutions of higher education;

4 “(2) help build communities of support for
5 young people in recovery through a spectrum of ac-
6 tivities such as counseling and healthy and wellness-
7 oriented social activities; and

8 “(3) encourage initiatives designed to help
9 young people achieve and sustain recovery from sub-
10 stance use disorders.”.

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

14 (1) the development and maintenance of a dedi-
15 cated physical space for recovery programs;

16 (2) dedicated staff for the provision of recovery
17 programs;

18 (3) healthy and wellness-oriented social activi-
19 ties and community engagement;

20 (4) establishment of recovery high schools;

21 (5) coordination of recovery programs with—

22 (A) substance use disorder treatment pro-
23 grams and systems;

24 (B) primary care providers;

1 (C) the criminal justice system, including
2 the juvenile justice system;

3 (D) employers;

4 (E) housing services;

5 (F) child welfare services;

6 (G) institutions of secondary higher edu-
7 cation and institutions of higher education; and

8 (H) other programs or services related to
9 the welfare of an individual in recovery from a
10 substance use disorder;

11 (6) the development of peer-to-peer support
12 programs or services; and

13 (7) additional activities that help youths and
14 young adults to achieve recovery from substance use
15 disorders.

16 (d) RESOURCE CENTER.—The ONDCP Recovery
17 Branch shall establish a resource center to provide tech-
18 nical support to recipients of grants under this section.

19 (e) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section
21 \$3,000,000 for fiscal year 2016 and each of the 5 suc-
22 ceeding fiscal years.

1 **SEC. 304. BUILDING COMMUNITIES OF RECOVERY.**

2 (a) DEFINITION.—In this section, the term “recovery
3 community organization” means an independent nonprofit
4 organization that—

5 (1) mobilizes resources within and outside of
6 the recovery community to increase the prevalence
7 and quality of long-term recovery from substance
8 use disorders; and

9 (2) is wholly or principally governed by people
10 in recovery for substance use disorders who reflect
11 the community served.

12 (b) GRANTS AUTHORIZED.—Section 1177 of chapter
13 16 of Drug Abuse Prevention, Treatment and Rehabilita-
14 tion (21 U.S.C. chapter 16 subchapter IV) is amended—

15 (1) by adding subsection 1177g and inserting
16 the following:

17 “The Attorney General, in coordination with the Sec-
18 retary of Health and the ONDCP Recovery Branch, in
19 consultation with the Substance Abuse and Mental Health
20 Services Administration, may award grants to recovery
21 community organizations to enable such organizations to
22 develop, expand, and enhance recovery services.”.

23 (c) MAXIMUM GRANT AMOUNT.—The ONDCP Re-
24 covery Branch may not award a grant under this section
25 in an amount that exceeds \$200,000.

1 (d) FEDERAL SHARE.—The Federal share of the
2 costs of a program funded by a grant under this section
3 may not exceed 50 percent.

4 (e) USE OF FUNDS.—Grants awarded under sub-
5 section (b)—

6 (1) shall be used to develop, expand, and en-
7 hance community and statewide recovery support
8 services; and

9 (2) may be used to—

10 (A) advocate for individuals in recovery
11 from substance use disorders;

12 (B) build connections between recovery
13 networks, between recovery community organi-
14 zations, and with other recovery support serv-
15 ices, including—

16 (i) substance use disorder treatment
17 programs and systems;

18 (ii) primary care providers;

19 (iii) the criminal justice system;

20 (iv) employers;

21 (v) housing services;

22 (vi) child welfare agencies; and

23 (vii) other recovery support services
24 that facilitate recovery from substance use
25 disorders;

1 (C) reduce the stigma associated with sub-
2 stance use disorders;

3 (D) conduct public education and outreach
4 on issues relating to substance use disorders
5 and recovery, including—

6 (i) how to identify the signs of addic-
7 tion;

8 (ii) the resources that are available
9 for individuals struggling with addiction;

10 (iii) the resources that are available to
11 help support individuals in recovery; and

12 (iv) information on the medical con-
13 sequences of substance use disorders, in-
14 cluding neonatal abstinence syndrome and
15 potential infection with human immuno-
16 deficiency virus and viral hepatitis; and

17 (E) carry out other activities that
18 strengthen the network of community support
19 for individuals in recovery.

20 (f) RESOURCE CENTER.—The ONDCP Recovery
21 Branch shall establish a resource center to provide tech-
22 nical assistance to recipients of grants under this section
23 and to provide information to individuals seeking to sup-
24 port people in recovery from substance use disorders.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—There
 2 are authorized to be appropriated to carry out this section
 3 \$50,700,000 in fiscal year 2016 and each of the 3 suc-
 4 ceeding fiscal years.

5 **TITLE IV—ADDRESSING**
 6 **COLLATERAL CONSEQUENCES**

7 **SEC. 401. CORRECTIONAL EDUCATION DEMONSTRATION**
 8 **GRANT PROGRAM.**

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

12 (1) by redesignating part KK as part LL; and
 13 (2) by inserting before part LL, as redesign-
 14 nated, the following:

15 **“PART KK—CORRECTIONAL EDUCATION**
 16 **DEMONSTRATION GRANT PROGRAM**
 17 **“SEC. 3001. CORRECTIONAL EDUCATION DEMONSTRATION**
 18 **GRANT PROGRAM.**

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

22 “(b) GRANT PROGRAM AUTHORIZED.—The Attorney
 23 General may make grants of not more than \$750,000 to
 24 eligible entities to design, implement, and expand edu-

1 cational programs for offenders in prisons, jails, and juve-
2 nile facilities, including to pay for—

3 “(1) basic education, secondary level academic
4 education, high school equivalency examination prep-
5 aration, career technical education, and English as
6 a second language instruction at the basic, sec-
7 ondary, or postsecondary levels, for adult and juve-
8 nile populations;

9 “(2) screening and assessment of inmates to as-
10 sess education level, needs, occupational interest or
11 aptitude, risk level, and other needs, and case man-
12 agement services;

13 “(3) hiring and training of instructors and
14 aides, reimbursement of noncorrections staff and ex-
15 perts, reimbursement of stipends paid to inmate tu-
16 tors or aides, and the costs of training inmate tutors
17 and aides;

18 “(4) instructional supplies and equipment, in-
19 cluding occupational program supplies and equip-
20 ment to the extent that the supplies and equipment
21 are used for instructional purposes;

22 “(5) partnerships and agreements with commu-
23 nity colleges, universities, and career technology edu-
24 cation program providers, including tuition pay-
25 ments;

1 “(6) certification programs providing recognized
2 high school equivalency certificates and industry rec-
3 ognized credentials; and

4 “(7) technology solutions to—

5 “(A) meet the instructional, assessment,
6 and information needs of correctional popu-
7 lations; and

8 “(B) facilitate the continued participation
9 of incarcerated students in community-based
10 education programs after the students are re-
11 leased from incarceration.

12 “(c) APPLICATION.—An eligible entity desiring a
13 grant under this section shall submit to the Attorney Gen-
14 eral an application in such form and manner, at such time,
15 and accompanied by such information as the Attorney
16 General specifies.

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

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

22 “(A) assessing the need for English as a
23 second language instruction;

24 “(B) conducting educational assessments;
25 and

1 “(C) assessing occupational interests and
2 aptitudes;

3 “(2) target educational services to assessed
4 needs, including academic and occupational at the
5 basic, secondary, or postsecondary level;

6 “(3) target career technology education pro-
7 grams to—

8 “(A) areas of identified occupational de-
9 mand; and

10 “(B) employment opportunities in the com-
11 munities in which students are reasonably ex-
12 pected to reside postrelease;

13 “(4) include a range of appropriate educational
14 opportunities at the basic, secondary, and postsec-
15 ondary levels;

16 “(5) include opportunities for students to attain
17 industry-recognized credentials;

18 “(6) include partnership or articulation agree-
19 ments linking institutional education programs with
20 community-sited programs provided by adult edu-
21 cation program providers and accredited institutions
22 of higher education, community colleges, and voca-
23 tional training institutions; and

24 “(7) explicitly include career pathways models
25 offering opportunities for incarcerated students to

1 develop academic skills, in-demand occupational
2 skills and credentials, occupational experience in in-
3 stitutional work programs or work release programs,
4 and linkages with employers in the community, so
5 that incarcerated students have opportunities to em-
6 bark on careers with strong prospects for both post-
7 release employment and advancement in a career
8 ladder over time.

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

11 “(1) describe the evidence-based methodology
12 and outcome measurements that will be used to
13 evaluate each program funded with a grant under
14 this section, and specifically explain how such meas-
15 urements will provide valid measures of the impact
16 of the program; and

17 “(2) describe how the program described in
18 paragraph (1) could be broadly replicated if dem-
19 onstrated to be effective.

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

1 **“SEC. 3002. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are authorized to be appropriated \$5,000,000
3 to carry out this part for fiscal years 2016 through
4 2020.”.

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

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

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

13 **SEC. 403. NATIONAL TASK FORCE ON RECOVERY AND COL-**
14 **LATERAL CONSEQUENCES.**

15 (a) DEFINITION.—In this section, the term “collat-
16 eral consequence” means a penalty, disability, or dis-
17 advantage—

18 (1) imposed on an individual as a result of a
19 criminal conviction but not as part of the judgment
20 of the court that imposes the conviction; or

21 (2) that an administrative agency, official, or
22 civil court is authorized, but not required, to impose
23 on an individual convicted of a felony, misdemeanor,
24 or other criminal offense.

25 (b) ESTABLISHMENT.—

1 (1) IN GENERAL.—Not later than 30 days after
2 the date of enactment of this Act, the Secretary of
3 Health and Human Services (in this section referred
4 to as the “Secretary”) shall establish a bipartisan
5 task force to be known as the Task Force on Recov-
6 ery and Collateral Consequences (in this section re-
7 ferred to as the “Task Force”).

8 (2) MEMBERSHIP.—

9 (A) TOTAL NUMBER OF MEMBERS.—The
10 Task Force shall include 9 members, who shall
11 be appointed by the Secretary in accordance
12 with subparagraphs (B) and (C).

13 (B) MEMBERS OF THE TASK FORCE.—The
14 Task Force shall include—

15 (i) members who have national rec-
16 ognition and significant expertise in areas
17 such as health care, housing, employment,
18 substance use disorder, law enforcement,
19 and law;

20 (ii) not less than 1 member who has
21 personally experienced addiction and is in
22 recovery; and

23 (iii) to the extent practicable, mem-
24 bers who formerly served as elected offi-
25 cials at the State and Federal levels.

1 (C) TIMING.—The Secretary shall appoint
2 the members of the Task Force not later than
3 60 days after date on which the Task Force is
4 established under paragraph (1).

5 (3) CHAIRPERSON.—The Task Force shall se-
6 lect a chairperson or co-chairpersons from among
7 the members of the Task Force.

8 (c) DUTIES OF THE TASK FORCE.—

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

10 (A) identify collateral consequences for in-
11 dividuals with Federal or State drug convictions
12 who are in recovery for substance use disorder;
13 and

14 (B) determine whether the collateral con-
15 sequences identified under subparagraph (A)
16 unnecessarily delay individuals in recovery from
17 resuming their personal and professional activi-
18 ties.

19 (2) RECOMMENDATIONS.—Not later than 180
20 days after the date of the first meeting of the Task
21 Force, the Task Force shall develop recommenda-
22 tions for proposed legislative and regulatory changes
23 to reduce and, to the extent practicable, eliminate
24 the collateral consequences identified by the Task
25 Force under paragraph (1).

1 (3) COLLECTION OF INFORMATION.—The Task
 2 Force shall hold hearings, require the testimony and
 3 attendance of witnesses, and secure information
 4 from any department or agency of the United States
 5 in performing the duties under paragraphs (1) and
 6 (2).

7 (4) REPORT.—Not later than 1 year after the
 8 date of the first meeting of the Task Force, the
 9 Task Force shall submit a report detailing the find-
 10 ings and recommendations of the Task Force to—

11 (A) each relevant committee of Congress;

12 (B) the head of each relevant department
 13 or agency of the United States;

14 (C) the President; and

15 (D) the Vice President.

16 **TITLE V—ADDICTION AND**
 17 **TREATMENT SERVICES FOR**
 18 **WOMEN, FAMILIES, AND VET-**
 19 **ERANS**

20 **SEC. 501. AUTHORITY TO AWARD COMPETITIVE GRANTS TO**
 21 **ADDRESS OPIOID AND HEROIN ABUSE BY**
 22 **PREGNANT AND PARENTING FEMALE OF-**
 23 **FENDERS.**

24 (a) DEFINITIONS.—In this section—

1 (1) the term “State criminal justice agency”
2 means the agency of the State responsible for ad-
3 ministering criminal justice funds, including the Ed-
4 ward Byrne Memorial Justice Assistance Grant Pro-
5 gram under subpart 1 of part E of title I of the Om-
6 nibus Crime Control and Safe Streets Act of 1968
7 (42 U.S.C. 3750 et seq.); and

8 (2) the term “State substance abuse agency”
9 means the agency of the State responsible for the
10 State prevention, treatment, and recovery system,
11 including management of the Substance Abuse Pre-
12 vention and Treatment Block Grant under subpart
13 II of part B of title XIX of the Public Health Serv-
14 ice Act (42 U.S.C. 300x–21 et seq.).

15 (b) PURPOSE AND PROGRAM AUTHORITY.—

16 (1) GRANT AUTHORIZATION.—Section 1177 of
17 chapter 16 of Drug Abuse Prevention, Treatment
18 and Rehabilitation (21 U.S.C. chapter 16 subchapter
19 IV) is amended—

20 (1) by adding subsection 1177h and inserting
21 the following:

22 “‘The Attorney General, in coordination with the Sec-
23 retary of Health and the Attorney General may award
24 competitive grants jointly to a State substance abuse
25 agency and a State criminal justice agency to address the

1 use of opioids and heroin among pregnant and parenting
2 female offenders in the State to promote public safety,
3 public health, family permanence, and wellbeing.”.

4 (2) PURPOSES AND PROGRAM AUTHORITY.—A
5 grant under this section shall be used to facilitate or
6 enhance collaboration between the State criminal
7 justice and State substance abuse systems in order
8 to carry out programs to address the use of opioid
9 and heroin abuse by pregnant and parenting female
10 offenders.

11 (c) APPLICATIONS.—

12 (1) IN GENERAL.—A State substance abuse
13 agency and State criminal justice agency desiring a
14 grant under this section shall jointly submit to the
15 Attorney General an application in such form, and
16 containing such information, as the Attorney Gen-
17 eral may prescribe by regulation or guidelines.

18 (2) CONTENTS.—

19 (A) IN GENERAL.—Each application for a
20 grant under this section shall contain a plan to
21 expand the services of the State for pregnant
22 and parenting female offenders for the use of
23 opioids, heroin, and other drugs, which shall be
24 in accordance with regulations or guidelines es-
25 tablished by the Attorney General, in consulta-

tion with the Secretary of Health and Human Services.

(B) PLAN.—A plan submitted under subparagraph (A) shall, at a minimum, include—

(i) a description of how the applicants will work jointly to address the needs associated with the use of opioids or heroin by pregnant and parenting female offenders to promote family stability and permanence;

(ii) a description of the nature and the extent of the problem of opioid and heroin use by pregnant and parenting female offenders in the State;

(iii) a certification that the State has involved counties and other units of local government, when appropriate, in the development, expansion, modification, operation, or improvement of proposed programs to address the problems associated with opioid and heroin use;

(iv) a certification that funds received under this section will be used to supplement, not supplant, other Federal, State, and local funds; and

1 (v) a description of clinically appro-
2 priate practices and procedures to—

3 (I) screen and assess pregnant
4 and parenting female offenders for
5 problems associated with opioids and
6 heroin;

7 (II) provide clinically appropriate
8 services, including medication-assisted
9 treatment, for female offenders and
10 their children in the same location to
11 promote family permanence and self-
12 sufficiency; and

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

20 (d) PERIOD OF GRANT; RENEWAL.—

21 (1) PERIOD.—A grant under this section shall
22 be for a period of 3 years.

23 (2) RENEWAL.—A State substance abuse agen-
24 cy and a State criminal justice agency receiving a
25 grant under this section may apply for and, after the

1 end of the period of the first grant under this sec-
2 tion, receive 1 additional grant under this section.

3 (e) PERFORMANCE ACCOUNTABILITY; REPORTS.—

4 (1) REPORTS.—A State substance abuse agency
5 and a State criminal justice agency receiving a grant
6 under this section shall jointly submit to the Attor-
7 ney General a report on the activities carried out
8 under the grant at the end of each fiscal year during
9 the period of the grant.

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

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

24 (1) to implement this section; and

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

3 (g) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 \$5,000,000 for each of fiscal years 2016 through 2020.

6 **SEC. 502. GRANTS FOR FAMILY-BASED SUBSTANCE ABUSE**
7 **TREATMENT.**

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

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

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

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

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

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

24 (1) by redesignating subsection (i) as subsection
25 (j);

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

3 “(i) ASSISTING VETERANS.—

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

5 “(A) PEER-TO-PEER SERVICES OR PRO-
6 GRAMS.—The term ‘peer-to-peer services or pro-
7 grams’ means services or programs that connect
8 qualified veterans with other veterans for the
9 purpose of providing support and mentorship to
10 assist qualified veterans in obtaining treatment,
11 recovery, stabilization, or rehabilitation.

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

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

19 “(ii) was discharged or released from
20 such service under conditions other than
21 dishonorable. In circumstances where dis-
22 charged dishonorably due to drug use a
23 waiver into the program may be permitted.

24 “(C) VETERANS TREATMENT COURT PRO-
25 GRAM.—The term ‘veterans treatment court

1 program’ means a court program involving col-
2 laboration among criminal justice, veterans, and
3 mental health and substance abuse agencies
4 that provides qualified veterans with—

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

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

13 “(iii) alternatives to incarceration;
14 and

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

20 “(2) VETERANS ASSISTANCE PROGRAM.—

21 “(A) IN GENERAL.—The Attorney General,
22 in consultation with the Secretary of Veterans
23 Affairs, may award grants under this sub-
24 section to applicants to establish or expand—

1 “(i) veterans treatment court pro-
2 grams;

3 “(ii) peer-to-peer services or programs
4 for qualified veterans;

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

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

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

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

23 “(ii) promote effective strategies to
24 identify and reduce the risk of harm to
25 qualified veterans and public safety; and

1 “(iii) propose interventions with em-
 2 pirical support to improve outcomes for
 3 qualified veterans.”; and

4 (3) in subsection (j), as so redesignated—

5 (A) by redesignating paragraph (2) as
 6 paragraph (3); and

7 (B) by inserting after paragraph (1) the
 8 following:

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

14 **TITLE VI—INCENTIVIZING STATE**
 15 **COMPREHENSIVE INITIA-**
 16 **TIVES TO ADDRESS OPIOID**
 17 **AND HEROIN ABUSE**

18 **SEC. 601. STATE DEMONSTRATION GRANTS FOR COM-**
 19 **PREHENSIVE OPIOID ABUSE RESPONSE.**

20 (a) DEFINITIONS.—In this section—

21 (1) the term “civil liability protection law”
 22 means a State law that protects from civil liability
 23 individuals who give aid on a voluntary basis in an
 24 emergency to individuals who are ill, in peril, or oth-
 25 erwise incapacitated;

1 (2) the term “dispenser” has the meaning given
2 the term in section 102 of the Controlled Substances
3 Act (21 U.S.C. 802);

4 (3) the term “prescriber of a schedule II, III,
5 or IV controlled substance” does not include a pre-
6 scriber of a schedule II, III, or IV controlled sub-
7 stance that dispenses the substance—

8 (A) for use on the premises on which the
9 substance is dispensed;

10 (B) in a hospital emergency room, when
11 the substance is in short supply;

12 (C) for a certified opioid treatment pro-
13 gram; or

14 (D) in other situations as the Attorney
15 General may reasonably determine;

16 (4) the term “prescriber” means a dispenser
17 who prescribes a controlled substance, or the agent
18 of such a dispenser; and

19 (5) the term “schedule II, III, or IV controlled
20 substance” means a controlled substance that is list-
21 ed on schedule II, schedule III, or schedule IV of
22 section 202(c) of the Controlled Substances Act (21
23 U.S.C. 812(c)).

24 (b) PROGRAM AUTHORIZED.—Section 1177 of chap-
25 ter 16 of Drug Abuse Prevention, Treatment and Reha-

1 bilitation (21 U.S.C. chapter 16 subchapter IV) is amend-
2 ed—

3 (1) by adding subsection 1177i and inserting
4 the following:

5 “THE ATTORNEY GENERAL, IN COORDINATION
6 WITH THE SECRETARY OF HEALTH AND PLANNING AND
7 IMPLEMENTATION GRANTS.—

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

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

18 “(A) prevention and education efforts
19 around heroin and opioid use, treatment, and
20 recovery;

21 “(B) a comprehensive prescription drug
22 monitoring program to track dispensing of
23 schedule II, III, or IV controlled substances,
24 which shall include—

1 “(i) data sharing with other States by
2 statute, regulation, or interstate agree-
3 ment;

4 “(ii) educating physicians, residents,
5 medical students, and other prescribers of
6 schedule II, III, or IV controlled sub-
7 stances on the prescription drug moni-
8 toring program of the State;

9 “(C) developing, implementing, or expand-
10 ing the prescription drug and opioid addiction
11 treatment program of the State by—

12 “(i) expanding programs for medica-
13 tion-assisted treatment of prescription
14 drug and opioid addiction, including train-
15 ing for treatment and recovery support
16 providers;

17 “(ii) developing, implementing, or ex-
18 panding programs for behavioral health
19 therapy for individuals who are in treat-
20 ment for prescription drug and opioid ad-
21 diction, including contingency manage-
22 ment, cognitive behavioral therapy, and
23 motivational enhancements; or

24 “(iii) developing, implementing, or ex-
25 panding programs to screen individuals

1 who are in treatment for prescription drug
2 and opioid addiction for hepatitis C and
3 HIV, and provide treatment for those indi-
4 viduals if clinically appropriate; and

5 “(D) developing, implementing, and ex-
6 panding programs to prevent overdose death of
7 prescription medications and opioids.

8 “(3) PLANNING GRANT APPLICATIONS.—

9 “(A) APPLICATION.—

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

18 “(ii) REQUIREMENTS.—An application
19 for a planning grant under this section
20 shall, at a minimum, include—

21 “(I) a budget and a budget jus-
22 tification for the activities to be car-
23 ried out using the grant;

24 “(II) a description of the activi-
25 ties proposed to be carried out using

1 the grant, including a schedule for
2 completion of such activities;

3 “(III) outcome measures that will
4 be used to measure the effectiveness
5 of the programs and initiatives to ad-
6 dress opioids; and

7 “(IV) a description of the per-
8 sonnel necessary to complete such ac-
9 tivities.

10 “(B) PERIOD; NONRENEWABILITY.—A
11 planning grant under this section shall be for a
12 period of 1 year. A State may not receive more
13 than 1 planning grant under this section.

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

18 “(D) STRATEGIC PLAN AND PROGRAM IM-
19 PLEMENTATION PLAN.—A State receiving a
20 planning grant under this section shall develop
21 a strategic plan and a program implementation
22 plan.

23 “(4) IMPLEMENTATION GRANTS.—

24 “(A) APPLICATION.—A State desiring an
25 implementation grant under this section to im-

1 plement a comprehensive strategy for address-
2 ing opioid abuse shall submit to the Attorney
3 General an application in such form, and con-
4 taining such information, as the Attorney Gen-
5 eral may prescribe by regulation or guidelines.

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

13 “(C) REQUIREMENTS.—An integrated
14 opioid abuse response program carried out
15 using an implementation grant under this sec-
16 tion shall—

17 “(i) ensure that each prescriber of a
18 schedule II, III, or IV controlled substance
19 in the State—

20 “(I) registers with the prescrip-
21 tion drug monitoring program of the
22 State; and

23 “(II) consults the prescription
24 drug monitoring program database of

1 the State before prescribing a sched-
2 ule II, III, or IV controlled substance;

3 “(ii) ensure that each dispenser of a
4 schedule II, III, or IV controlled substance
5 in the State—

6 “(I) registers with the prescrip-
7 tion drug monitoring program of the
8 State;

9 “(II) consults the prescription
10 drug monitoring program database of
11 the State before dispensing a schedule
12 II, III, or IV controlled substance;
13 and

14 “(III) reports to the prescription
15 drug monitoring program of the
16 State, at a minimum, each instance in
17 which a schedule II, III, or IV con-
18 trolled substance is dispensed, with
19 limited exceptions, as defined by the
20 State, which shall indicate the pre-
21 scriber by name and National Pro-
22 vider Identifier;

23 “(iii) require that, not fewer than 4
24 times each year, the State agency or agen-
25 cies that administer the prescription drug

1 monitoring program of the State prepare
2 and provide to each prescriber of a sched-
3 ule II, III, or IV controlled substance an
4 informational report that shows how the
5 prescribing patterns of the prescriber com-
6 pare to prescribing practices of the peers
7 of the prescriber and expected norms;

8 “(iv) if informational reports provided
9 to a prescriber under clause (iii) indicate
10 that the prescriber is repeatedly falling
11 outside of expected norms, direct the pre-
12 scriber to educational resources on appro-
13 priate prescribing of controlled substances;

14 “(v) ensure that the prescriber licens-
15 ing board of the State receives a report de-
16 scribing any prescribers that repeatedly
17 fall outside of expected norms, as described
18 in clause (iii);

19 “(vi) require consultation with the
20 Single State Authority for Substance
21 Abuse; and

22 “(vii) establish requirements for how
23 data will be collected and analyzed to de-
24 termine the effectiveness of the program.

1 “(D) PERIOD.—An implementation grant
2 under this section shall be for a period of 2
3 years.

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

9 “(5) PRIORITY CONSIDERATIONS.—In awarding
10 planning and implementation grants under this sec-
11 tion, the Attorney General shall give priority to a
12 State that—

13 “(A) provides civil liability protection for
14 first responders, health professionals, and fam-
15 ily members administering naloxone to counter-
16 act opioid overdoses by—

17 “(i) enacting legislation that provides
18 such civil liability protection; or

19 “(ii) providing a certification by the
20 attorney general of the State that the at-
21 torney general has—

22 “(I) reviewed any applicable civil
23 liability protection law to determine
24 the applicability of the law with re-
25 spect to first responders, health care

1 professionals, family members, and
2 other individuals who may administer
3 naloxone to individuals reasonably be-
4 lieved to be suffering from opioid
5 overdose; and

6 “(II) concluded that the law de-
7 scribed in subclause (I) provides ade-
8 quate civil liability protection applica-
9 ble to such persons;

10 “(B) have in effect legislation or imple-
11 ment a policy under which the State shall not
12 terminate, but may suspend, enrollment under
13 the State plan for medical assistance under title
14 XIX of the Social Security Act (42 U.S.C. 1396
15 et seq.) for an individual who is incarcerated for
16 a period of fewer than 2 years;

17 “(C) have a process for enrollment in serv-
18 ices and benefits necessary by criminal justice
19 agencies to initiate or continue treatment in the
20 community, under which an individual who is
21 incarcerated may, while incarcerated, enroll in
22 services and benefits that are necessary for the
23 individual to continue treatment upon release
24 from incarceration;

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

4 “(E) ensures that data recorded in the
5 prescription drug monitoring program database
6 of the State is available within 24 hours, to the
7 extent possible; and

8 “(F) ensures that the prescription drug
9 monitoring program of the State notifies pre-
10 scribes and dispensers of schedule II, III, or
11 IV controlled substances when overuse or mis-
12 use of such controlled substances by patients is
13 suspected.”.

14 (c) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this section
16 \$15,000,000 for each of fiscal years 2016 through 2020.

17 **TITLE VII—GOOD SAMARITAN**
18 **PROTECTION RULE OF CON-**
19 **STRUCTION**

20 All provisions in this Act and amendments made by
21 this Act shall contain a priority consideration for grant
22 eligibility and awards to provide protections from civil li-
23 ability with respect to the emergency administration of
24 opioid overdose drugs.

1 Each grant made under this Act or an amendment
2 made by this Act shall give priority to a State that—

3 (A) provides civil liability protection for first re-
4 sponders, health professionals, and family members
5 and bystanders, administering naloxone to counter-
6 act opioid overdoses by—

7 (i) enacting legislation that provides such
8 civil liability protection; or

9 (ii) providing a certification by the attor-
10 ney general of the State that the attorney gen-
11 eral has—

12 (I) reviewed any applicable civil liabil-
13 ity protection law to determine the applica-
14 bility of the law with respect to first re-
15 sponders, health care professionals, family
16 members, and other individuals who may
17 administer naloxone to individuals reason-
18 ably believed to be suffering from opioid
19 overdose; and

20 (II) concluded that the law described
21 in subclause (I) provides adequate civil li-
22 ability protection applicable to such per-
23 sons.

1 **TITLE VIII—OFFSET**

2 **SEC. 701. OFFSET.**

3 The amounts expended to carry out this Act shall be
4 offset by a corresponding reduction in Federal discre-
5 tionary spending.

○