

115TH CONGRESS
2D SESSION

H. R. 7079

To authorize the Attorney General to make grants to, and enter into cooperative agreements with, States and units of local government to develop, implement, or expand a program to provide medication-assisted treatment, from arrest to release, to individuals incarcerated in the jurisdiction who are addicted to opioids, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 19, 2018

Ms. KUSTER of New Hampshire (for herself, Mrs. WALORSKI, Ms. JAYAPAL, Ms. BASS, Mr. CICILLINE, Ms. ESTY of Connecticut, Mr. TURNER, and Mr. LANGEVIN) introduced the following bill; which was referred to the Committee on the Judiciary

A BILL

To authorize the Attorney General to make grants to, and enter into cooperative agreements with, States and units of local government to develop, implement, or expand a program to provide medication-assisted treatment, from arrest to release, to individuals incarcerated in the jurisdiction who are addicted to opioids, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Corrections Public
3 Health and Community Re-entry Act of 2018”.

4 **SEC. 2. MEDICATION ASSISTED TREATMENT COMMUNITY**
5 **RE-ENTRY PROGRAM.**

6 (a) **AUTHORIZATION.**—The Attorney General, acting
7 through the Director of the National Institute of Correc-
8 tions, is authorized to make grants to, and enter into coop-
9 erative agreements with, States and units of local govern-
10 ment to develop, implement, or expand a program to pro-
11 vide medication-assisted treatment to individuals incarcer-
12 ated in the jurisdiction who are addicted to opioids.

13 (b) **PURPOSES.**—The purposes of the program under
14 this section are to—

15 (1) develop medication-assisted treatment pro-
16 grams, in consultation with nonprofit organizations
17 qualified to provide technical support for such pro-
18 grams;

19 (2) reduce the risk of overdose to individuals
20 following release from incarceration; and

21 (3) reduce the rate of recidivism.

22 (c) **PROGRAM REQUIREMENTS.**—A program de-
23 scribed in subsection (a) which is funded by a grant or
24 a cooperative agreement under this section shall include
25 the following:

1 (1) A sufficient number of providers who can
2 prescribe (or otherwise dispense) and discuss with
3 patients the risks of, benefits of, and differences be-
4 tween—

5 (A) not less than 1 opioid antagonist medi-
6 cation approved by the Food and Drug Admin-
7 istration to treat addiction involving opioids;
8 and

9 (B) not less than 1 opioid agonist (or par-
10 tial agonist) medication approved by the Food
11 and Drug Administration to treat addiction in-
12 volving opioids.

13 (2) A certified recovery coach to work with
14 newly released individuals recovering from addiction
15 to opioids, in order to support the individual's sus-
16 tained recovery.

17 (d) APPLICATION.—A jurisdiction seeking a grant or
18 cooperative agreement under this section shall submit an
19 application to the Attorney General at such time, in such
20 manner, and containing such information as the Attorney
21 General may reasonably require, including—

22 (1) a description of the objectives of the pro-
23 gram and activities to be funded by the grant or co-
24 operative agreement and how the grant or agree-

1 ment will be used to achieve these objectives, includ-
2 ing specific activities and services to be conducted;

3 (2) a plan for measuring progress in achieving
4 the objectives described in paragraph (1), including
5 a strategy to collect data that can be used to meas-
6 ure such progress;

7 (3) assurance that the prison or jail at which
8 the program will be operated has, or has access to,
9 a sufficient number of clinicians licensed to admin-
10 ister medication-assisted treatment to program par-
11 ticipants, which may include clinicians who are avail-
12 able using telemedicine;

13 (4) a plan for ensuring secure storage of medi-
14 cations and protocols for diversion prevention;

15 (5) a description of the program's outreach and
16 education component, in order to encourage max-
17 imum participation in the program;

18 (6) assurance that the program will provide
19 psychosocial counseling services to compliment medi-
20 cation-assisted treatment; and

21 (7) a plan for ensuring that program partici-
22 pants have continuity of care, both with respect to
23 medication-assisted treatment and psychosocial
24 counseling services, through community service pro-
25 viders after release from incarceration, including

1 providing assistance to eligible participants in reg-
2 istering for Medicaid.

3 (e) DURATION.—A grant awarded or cooperative
4 agreement entered into under this section shall be for a
5 period not to exceed 4 years, except that the Attorney
6 General may extend the term of such a grant or agreement
7 based on outcome data or extenuating circumstances.

8 (f) COLLABORATION WITH CORRECTIONS ORGANIZA-
9 TION.—The Attorney General shall establish a working re-
10 lationship with a knowledgeable corrections organization
11 with expertise in security, medical health, mental health,
12 and addiction care, to oversee and support implementation
13 of the program under this section, including the use of
14 evidence-based clinical practices.

15 (g) REPORT.—

16 (1) IN GENERAL.—A jurisdiction that receives a
17 grant or enters into a cooperative agreement under
18 this section shall submit an annual report to the At-
19 torney General which includes information about the
20 program funded by the grant or cooperative agree-
21 ment, including goals, interventions, outcomes (in-
22 cluding recidivism rates), and expenditures.

23 (2) PUBLICATION.—

24 (A) BY RECIPIENT.—A jurisdiction that
25 submits a report under paragraph (1) shall

1 make the report publicly available on the
2 website of the appropriate department of cor-
3 rections, prison, or jail.

4 (B) BY ATTORNEY GENERAL.—The Attor-
5 ney General shall make each report received
6 under paragraph (1) publicly available on the
7 website of the National Institute of Corrections.

8 (3) SUBMISSION TO CONGRESS.—On an annual
9 basis, the Attorney General shall submit to Congress
10 a summary and compilation of the reports the Attor-
11 ney General received under paragraph (1) for that
12 year.

13 (h) APPLICATION REVIEW PANEL.—

14 (1) IN GENERAL.—Not later than 60 days after
15 the date of the enactment of this Act, the Attorney
16 General shall establish a Medication-Assisted Treat-
17 ment Community Re-entry Application Review
18 Panel, which shall include—

19 (A) employees of the Department of Jus-
20 tice;

21 (B) employees of the Substance Abuse and
22 Mental Health Service Administration; and

23 (C) other stakeholders with expert knowl-
24 edge of the opioid epidemic, drug treatment,
25 and community addiction services, which may

1 include law enforcement and public health enti-
2 ties.

3 (2) DUTIES.—The review panel established
4 under paragraph (1) shall review and evaluate appli-
5 cations for grants and cooperative agreements under
6 this section, and make recommendations for the
7 awarding of such grants and agreements to the At-
8 torney General.

9 (i) PUBLICATION OF CRITERIA IN FEDERAL REG-
10 ISTER.—Not later than 90 days after the date of the en-
11 actment of this Act, and in consultation with the review
12 panel established under subsection (g), the Attorney Gen-
13 eral shall publish in the Federal Register the application
14 process and criteria for grants and cooperative agreements
15 under this section.

16 (j) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated \$50,000,000 to carry out
18 this section for each of fiscal years 2019 through 2022.

19 (k) DEFINITIONS.—In this section:

20 (1) The term “medication-assisted treatment”
21 means the use of drugs or combinations of drugs
22 that have, under the Federal Food, Drug, and Cos-
23 metic Act or section 351 of the Public Health Serv-
24 ice Act, been approved for use in maintenance or de-
25 toxification treatment, in combination with coun-

1 seling and behavioral therapies, to provide a com-
2 prehensive approach to the treatment of substance
3 use disorders.

4 (2) The term “psychosocial” means the inter-
5 relation of social factors and individual thought and
6 behavior.

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