

initial grant under this subsection, and renewal grants under subsection (f), to any coalition awarded a grant under section 1532 of this title that meets the criteria specified in subsection (d) in order to fund coalition mentoring activities by such coalition in support of the program.

(b) Treatment with other grants

(1) Supplement

A grant awarded to a coalition under this section is in addition to any grant awarded to the coalition under section 1532 of this title.

(2) Requirement for basic grant

A coalition may not be awarded a grant under this section for a fiscal year unless the coalition was awarded a grant or renewal grant under section 1532(b) of this title for that fiscal year.

(c) Application

A coalition seeking a grant under this section shall submit to the Administrator an application for the grant in such form and manner as the Administrator may require.

(d) Criteria

A coalition meets the criteria specified in this subsection if the coalition—

- (1) has been in existence for at least 5 years;
- (2) has achieved, by or through its own efforts, measurable results in the prevention and treatment of substance use and misuse among youth;
- (3) has staff or members willing to serve as mentors for persons seeking to start or expand the activities of other coalitions in the prevention and treatment of substance use and misuse;
- (4) has demonstrable support from some members of the community in which the coalition mentoring activities to be supported by the grant under this section are to be carried out; and
- (5) submits to the Administrator a detailed plan for the coalition mentoring activities to be supported by the grant under this section.

(e) Use of grant funds

A coalition awarded a grant under this section shall use the grant amount for mentoring activities to support and encourage the development of new, self-supporting community coalitions that are focused on the prevention and treatment of substance use and misuse in such new coalitions' communities. The mentoring coalition shall encourage such development in accordance with the plan submitted by the mentoring coalition under subsection (d)(5).

(f) Renewal grants

The Administrator may make a renewal grant to any coalition awarded a grant under subsection (a), or a previous renewal grant under this subsection, if the coalition, at the time of application for such renewal grant—

- (1) continues to meet the criteria specified in subsection (d); and
- (2) has made demonstrable progress in the development of one or more new, self-supporting community coalitions that are focused on the prevention and treatment of substance use and misuse.

(g) Grant amounts

(1) In general

Subject to paragraphs (2) and (3), the total amount of grants awarded to a coalition under this section for a fiscal year may not exceed the amount of non-Federal funds raised by the coalition, including in-kind contributions, for that fiscal year. Funds appropriated for the substance use and misuse activities of a coalition that includes a representative of the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency with expertise in the field of substance use and misuse may be counted as non-Federal funds raised by the coalition.

(2) Initial grants

The amount of the initial grant awarded to a coalition under subsection (a) may not exceed \$75,000.

(3) Renewal grants

The total amount of renewal grants awarded to a coalition under subsection (f) for any fiscal year may not exceed \$75,000.

(h) Fiscal year limitation on amount available for grants

The total amount available for grants under this section, including renewal grants under subsection (f), in any fiscal year may not exceed the amount equal to five percent of the amount authorized to be appropriated by section 1524(a) of this title for that fiscal year.

(i) Priority in awarding initial grants

In awarding initial grants under this section, priority shall be given to a coalition that expressly proposes to provide mentorship to a coalition or aspiring coalition serving economically disadvantaged areas.

(Pub. L. 100-690, title I, § 1035, as added Pub. L. 107-82, § 2, Dec. 14, 2001, 115 Stat. 819; amended Pub. L. 115-271, title VIII, § 8203(b)(4)(A), Oct. 24, 2018, 132 Stat. 4111; Pub. L. 116-74, § 2(c)(1)(A)(ii)(II), Nov. 27, 2019, 133 Stat. 1157.)

Editorial Notes

AMENDMENTS

2019—Pub. L. 116-74, § 2(c)(1)(A)(ii)(II), made technical amendment to directory language of Pub. L. 115-271, § 8203(b)(4)(A). See 2018 Amendment note below.

2018—Pub. L. 115-271, § 8203(b)(4)(A), as amended by Pub. L. 116-74, § 2(c)(1)(A)(ii)(II), substituted “substance use and misuse” for “substance abuse” wherever appearing.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2019 AMENDMENT

Amendment by Pub. L. 116-74 effective as if included in the enactment of subtitle K of title VIII of Pub. L. 115-271, see section 2(c)(2) of Pub. L. 116-74, set out as a note under section 1522 of this title.

§ 1536. Community-based coalition enhancement grants to address local drug crises

(a) Definitions

In this section:

(1) Administrator

The term “Administrator” means the Administrator of the Substance Abuse and Mental Health Services Administration.

(2) Director

The term “Director” means the Director of the Office of National Drug Control Policy.

(3) Drug-Free Communities Act of 1997

The term “Drug-Free Communities Act of 1997” means chapter 2 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1521 et seq.).

(4) Eligible entity

The term “eligible entity” means an organization that—

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

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

(i) significantly higher than the national average as determined by the Secretary (including appropriate consideration of the results of the Monitoring the Future Survey published by the National Institute on Drug Abuse and the National Survey on Drug Use and Health published by the Substance Abuse and Mental Health Services Administration); or

(ii) higher than the national average, as determined by the Secretary (including appropriate consideration of the results of the surveys described in clause (i)), over a sustained period of time.

(5) Emerging drug abuse issue

The term “emerging drug abuse issue” means a substance use disorder within an area involving—

(A) a sudden increase in demand for particular drug abuse treatment services relative to previous demand; and

(B) a lack of resources in the area to address the emerging problem.

(6) Local drug crisis

The term “local drug crisis” means, with respect to the area served by an eligible entity—

(A) a sudden increase in the abuse of opioids or methamphetamines, as documented by local data;

(B) the abuse of prescription medications, specifically opioids or methamphetamines, that is significantly higher than the national average, over a sustained period of time, as documented by local data; or

(C) a sudden increase in opioid-related deaths, as documented by local data.

(7) Opioid

The term “opioid” means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

(b) Program authorized

The Director, in coordination with the Administrator, may make grants to eligible entities to implement comprehensive community-wide strategies that address local drug crises and emerging drug abuse issues within the area served by the eligible entity.

(c) Application**(1) In general**

An eligible entity seeking a grant under this section shall submit an application to the Director at such time, in such manner, and accompanied by such information as the Director may require.

(2) Criteria

As part of an application for a grant under this section, the Director shall require an eligible entity to submit a detailed, comprehensive, multisector plan for addressing the local drug crisis or emerging drug abuse issue within the area served by the eligible entity.

(d) Use of funds

An eligible entity shall use a grant received under this section—

(1) for programs designed to implement comprehensive community-wide prevention strategies to address the local drug crisis in the area served by the eligible entity, in accordance with the plan submitted under subsection (c)(2);

(2) to obtain specialized training and technical assistance from the organization funded under section 4 of Public Law 107-82 (21 U.S.C. 1521 note); and

(3) for programs designed to implement comprehensive community-wide strategies to address emerging drug abuse issues in the community.

(e) Supplement not supplant

An eligible entity shall use Federal funds received under this section only to supplement the funds that would, in the absence of those Federal funds, be made available from other Federal and non-Federal sources for the activities described in this section, and not to supplant those funds.

(f) Evaluation

A grant under this section shall be subject to the same evaluation requirements and procedures as the evaluation requirements and procedures imposed on the recipient of a grant under the Drug-Free Communities Act of 1997, and may also include an evaluation of the effectiveness at reducing abuse of opioids or methamphetamines.

(g) Limitation on administrative expenses

Not more than 8 percent of the amounts made available to carry out this section for a fiscal year may be used to pay for administrative expenses.

(h) Delegation authority

The Director may enter into an interagency agreement with the Administrator to delegate authority for the execution of grants and for such other activities as may be necessary to carry out this section.

(i) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated \$5,000,000 for each of fiscal years 2017 through 2021.

(Pub. L. 114-198, title I, §103, July 22, 2016, 130 Stat. 699.)

Editorial Notes

REFERENCES IN TEXT

The Drug-Free Communities Act of 1997, referred to in subsec. (a)(3), is Pub. L. 105-20, June 27, 1997, 111 Stat. 224, section 2(a)(2) of which enacted chapter 2 of the National Narcotics Leadership Act of 1988, which is classified to this subchapter. For complete classification of the Drug-Free Communities Act of 1997 to the Code, see Short Title of 1997 Amendment note set out under section 1501 of this title and Tables.

CODIFICATION

Section was enacted as part of the Comprehensive Addiction and Recovery Act of 2016, and not as part of the National Narcotics Leadership Act of 1988 which comprises this chapter.

PART B—ADVISORY COMMISSION

§§ 1541 to 1548. Repealed. Pub. L. 115-271, title VIII, § 8203(b)(5), Oct. 24, 2018, 132 Stat. 4112; Pub. L. 116-74, § 2(c)(1)(A)(ii)(II), Nov. 27, 2019, 133 Stat. 1157

Section 1541, Pub. L. 100-690, title I, § 1041, as added Pub. L. 105-20, § 2(a)(2), June 27, 1997, 111 Stat. 231, established Advisory Commission on Drug-Free Communities.

Section 1542, Pub. L. 100-690, title I, § 1042, as added Pub. L. 105-20, § 2(a)(2), June 27, 1997, 111 Stat. 231, related to duties of the Commission.

Section 1543, Pub. L. 100-690, title I, § 1043, as added Pub. L. 105-20, § 2(a)(2), June 27, 1997, 111 Stat. 232, related to membership of the Commission.

Section 1544, Pub. L. 100-690, title I, § 1044, as added Pub. L. 105-20, § 2(a)(2), June 27, 1997, 111 Stat. 232, related to compensation.

Section 1545, Pub. L. 100-690, title I, § 1045, as added Pub. L. 105-20, § 2(a)(2), June 27, 1997, 111 Stat. 233, related to terms of office.

Section 1546, Pub. L. 100-690, title I, § 1046, as added Pub. L. 105-20, § 2(a)(2), June 27, 1997, 111 Stat. 233, related to Commission meetings.

Section 1547, Pub. L. 100-690, title I, § 1047, as added Pub. L. 105-20, § 2(a)(2), June 27, 1997, 111 Stat. 233, related to Commission staff.

Section 1548, Pub. L. 100-690, title I, § 1048, as added Pub. L. 105-20, § 2(a)(2), June 27, 1997, 111 Stat. 234; amended Pub. L. 107-82, § 3, Dec. 14, 2001, 115 Stat. 820, terminated the Commission at the end of fiscal year 2007.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2019 AMENDMENT

Amendment by Pub. L. 116-74 effective as if included in the enactment of subtitle K of title VIII of Pub. L. 115-271, see section 2(c)(2) of Pub. L. 116-74, set out a note under section 1522 of this title.

CHAPTER 21—BIOMATERIALS ACCESS ASSURANCE

Sec.	
1601.	Findings.
1602.	Definitions.
1603.	General requirements; applicability; preemption.
1604.	Liability of biomaterials suppliers.
1605.	Procedures for dismissal of civil actions against biomaterials suppliers.
1606.	Subsequent impleader of dismissed biomaterials supplier.

§ 1601. Findings

The Congress finds that—

(1) each year millions of citizens of the United States depend on the availability of

lifesaving or life-enhancing medical devices, many of which are permanently implantable within the human body;

(2) a continued supply of raw materials and component parts is necessary for the invention, development, improvement, and maintenance of the supply of the devices;

(3) most of the medical devices are made with raw materials and component parts that—

(A) move in interstate commerce;

(B) are not designed or manufactured specifically for use in medical devices; and

(C) come in contact with internal human tissue;

(4) the raw materials and component parts also are used in a variety of nonmedical products;

(5) because small quantities of the raw materials and component parts are used for medical devices, sales of raw materials and component parts for medical devices constitute an extremely small portion of the overall market for the raw materials and component parts;

(6) under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) manufacturers of medical devices are required to demonstrate that the medical devices are safe and effective, including demonstrating that the products are properly designed and have adequate warnings or instructions;

(7) notwithstanding the fact that raw materials and component parts suppliers do not design, produce, or test a final medical device, the suppliers have been the subject of actions alleging inadequate—

(A) design and testing of medical devices manufactured with materials or parts supplied by the suppliers; or

(B) warnings related to the use of such medical devices;

(8) even though suppliers of raw materials and component parts have very rarely been held liable in such actions, such suppliers have ceased supplying certain raw materials and component parts for use in medical devices for a number of reasons, including concerns about the costs of such litigation;

(9) unless alternate sources of supply can be found, the unavailability of raw materials and component parts for medical devices will lead to unavailability of lifesaving and life-enhancing medical devices;

(10) because other suppliers of the raw materials and component parts in foreign nations are refusing to sell raw materials or component parts for use in manufacturing certain medical devices in the United States, the prospects for development of new sources of supply for the full range of threatened raw materials and component parts for medical devices are remote;

(11) it is unlikely that the small market for such raw materials and component parts in the United States could support the large investment needed to develop new suppliers of such raw materials and component parts;

(12) attempts to develop such new suppliers would raise the cost of medical devices;

(13) courts that have considered the duties of the suppliers of the raw materials and compo-