

monitoring program to collect and analyze data related to the prescribing of schedules II, III, and IV controlled substances through a centralized database administered by an authorized State agency, which includes tracking the dispensation of such substances, and providing for interoperability and data sharing with each other such program in each other State, and with any interstate entity that shares information between such programs.

(7) Developing, implementing, or expanding a program to prevent and address opioid abuse by juveniles.

(8) Developing, implementing, or expanding a program (which may include demonstration projects) to utilize technology that provides a secure container for prescription drugs that would prevent or deter individuals, particularly adolescents, from gaining access to opioid medications that are lawfully prescribed for other individuals.

(9) Developing, implementing, or expanding a prescription drug take-back program.

(10) Developing, implementing, or expanding an integrated and comprehensive opioid abuse response program.

(b) Contracts and subawards

A State, unit of local government, or Indian tribe may, in using a grant under this subchapter for purposes authorized by subsection (a), use all or a portion of that grant to contract with, or make one or more subawards to, one or more—

- (1) local or regional organizations that are private and nonprofit, including faith-based organizations;
- (2) units of local government; or
- (3) tribal organizations.

(c) Program assessment component; waiver

(1) Program assessment component

Each program funded under this subchapter shall contain a program assessment component, developed pursuant to guidelines established by the Attorney General, in coordination with the National Institute of Justice.

(2) Waiver

The Attorney General may waive the requirement of paragraph (1) with respect to a program if, in the opinion of the Attorney General, the program is not of sufficient size to justify a full program assessment.

(d) Administrative costs

Not more than 10 percent of a grant made under this subchapter may be used for costs incurred to administer such grant.

(e) Period

The period of a grant made under this subchapter may not be longer than 4 years, except that renewals and extensions beyond that period may be granted at the discretion of the Attorney General.

(f) Rural pilot program

(1) In general

The pilot program described under this subsection shall make grants to rural areas to im-

plement community response programs to reduce opioid overdose deaths. Grants issued under this subsection shall be jointly operated by units of local government, in collaboration with public safety and public health agencies or public safety, public health and behavioral health collaborations. A community response program under this subsection shall identify gaps in community prevention, treatment, and recovery services for individuals who encounter the criminal justice system and shall establish treatment protocols to address identified shortcomings. The Attorney General, through the Office of Justice Programs, shall increase the amount provided as a grant under this section for a pilot program by no more than five percent for each of the two years following certification by the Attorney General of the submission of data by the rural area on the prescribing of schedules II, III, and IV controlled substances to a prescription drug monitoring program, or any other centralized database administered by an authorized State agency, which includes tracking the dispensation of such substances, and providing for interoperability and data sharing with each other such program (including an electronic health records system) in each other State, and with any interstate entity that shares information between such programs.

(2) Rules of construction

Nothing in this subsection shall be construed to—

- (A) direct or encourage a State to use a specific interstate data sharing program; or
- (B) limit or prohibit the discretion of a prescription drug monitoring program for interoperability connections to other programs (including electronic health records systems, hospital systems, pharmacy dispensing systems, or health information exchanges).

(Pub. L. 90-351, title I, §3021, as added Pub. L. 114-198, title II, §201(a)(1), July 22, 2016, 130 Stat. 711; amended Pub. L. 117-250, §2, Dec. 20, 2022, 136 Stat. 2352.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 3797ff of Title 42, The Public Health and Welfare, prior to editorial reclassification and renumbering as this section.

AMENDMENTS

2022—Subsec. (a)(1)(H). Pub. L. 117-250, §2(1), added subpar. (H).

Subsec. (f). Pub. L. 117-250, §2(2), added subsec. (f).

§ 10702. Applications

To request a grant under this subchapter, the chief executive officer of a State, unit of local government, or Indian tribe shall submit an application to the Attorney General at such time and in such form as the Attorney General may require. Such application shall include the following:

- (1) A certification that Federal funds made available under this subchapter will not be used to supplant State, local, or tribal funds,

but will be used to increase the amounts of such funds that would, in the absence of Federal funds, be made available for the activities described in section 10701(a) of this title.

(2) An assurance that, for each fiscal year covered by an application, the applicant shall maintain and report such data, records, and information (programmatic and financial) as the Attorney General may reasonably require.

(3) A certification, made in a form acceptable to the Attorney General and executed by the chief executive officer of the applicant (or by another officer of the applicant, if qualified under regulations promulgated by the Attorney General), that—

(A) the activities or services to be funded by the grant meet all the requirements of this subchapter;

(B) all the information contained in the application is correct;

(C) there has been appropriate coordination with affected agencies; and

(D) the applicant will comply with all provisions of this subchapter and all other applicable Federal laws.

(4) An assurance that the applicant will work with the Drug Enforcement Administration to develop an integrated and comprehensive strategy to address opioid abuse.

(Pub. L. 90-351, title I, §3022, as added Pub. L. 114-198, title II, §201(a)(1), July 22, 2016, 130 Stat. 712.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 3797ff-1 of Title 42, The Public Health and Welfare, prior to editorial reclassification and renumbering as this section.

§ 10703. Review of applications

The Attorney General shall not finally disapprove any application (or any amendment to that application) submitted under this subchapter without first affording the applicant reasonable notice of any deficiencies in the application and an opportunity for correction of any such deficiencies and reconsideration.

(Pub. L. 90-351, title I, §3023, as added Pub. L. 114-198, title II, §201(a)(1), July 22, 2016, 130 Stat. 713.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 3797ff-2 of Title 42, The Public Health and Welfare, prior to editorial reclassification and renumbering as this section.

§ 10704. Equitable distribution of funds

In awarding grants under this subchapter, the Attorney General shall distribute funds in a manner that—

(1) equitably addresses the needs of underserved populations, including rural and tribal communities; and

(2) focuses on communities that have been disproportionately impacted by opioid abuse as evidenced in part by—

(A) high rates of primary treatment admissions for heroin and other opioids;

(B) high rates of drug poisoning deaths from heroin and other opioids; and

(C) a lack of accessibility to treatment providers and facilities and to emergency medical services.

(Pub. L. 90-351, title I, §3024, as added Pub. L. 114-198, title II, §201(a)(1), July 22, 2016, 130 Stat. 713.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 3797ff-3 of Title 42, The Public Health and Welfare, prior to editorial reclassification and renumbering as this section.

§ 10705. Definitions

In this subchapter:

(1) The term “first responder” includes a firefighter, law enforcement officer, paramedic, emergency medical technician, or other individual (including an employee of a legally organized and recognized volunteer organization, whether compensated or not), who, in the course of his or her professional duties, responds to fire, medical, hazardous material, or other similar emergencies.

(2) The term “medication-assisted treatment” means the use of medications approved by the Food and Drug Administration for the treatment of opioid abuse.

(3) The term “opioid” means any drug, including heroin, 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.

(4) The term “schedule II, III, or IV controlled substance” means a controlled substance that is listed on schedule II, schedule III, or schedule IV of section 812(c) of title 21.

(5) The terms “drug” and “device” have the meanings given those terms in section 321 of title 21.

(6) The term “criminal justice agency” means a State, local, or tribal—

(A) court;

(B) prison;

(C) jail;

(D) law enforcement agency; or

(E) other agency that performs the administration of criminal justice, including prosecution, pretrial services, and community supervision.

(7) The term “tribal organization” has the meaning given that term in section 5304 of title 25.

(8) The term “State substance abuse agency” has the meaning given that term in section 290bb-1(r)(6)¹ of title 42.

(Pub. L. 90-351, title I, §3025, as added Pub. L. 114-198, title II, §201(a)(1), July 22, 2016, 130 Stat. 713.)

Editorial Notes

REFERENCES IN TEXT

Section 290bb-1(r)(6) of title 42, referred to in par. (8), was redesignated section 290bb-1(r)(5) of title 42 by Pub.

¹ See References in Text note below.