

(g) Funding**(1) Amount of grants**

A grant under this section shall be in an amount that is not more than \$1,000,000 for each of fiscal years 2023 through 2027. Subject to the preceding sentence, the Secretary shall determine the amount of each grant based on the population of the area, including estimated patients, to be served under the grant.

(2) Authorization of appropriations

There is authorized to be appropriated to carry out this section \$22,000,000 for each of fiscal years 2023 through 2027.

(Pub. L. 113–93, title II, §224, Apr. 1, 2014, 128 Stat. 1083; Pub. L. 114–255, div. B, title IX, §9014, Dec. 13, 2016, 130 Stat. 1245; Pub. L. 117–328, div. FF, title I, §1123(b)(1), Dec. 29, 2022, 136 Stat. 5653.)

Editorial Notes**CODIFICATION**

Section was formerly classified as a note under section 290aa of this title prior to editorial reclassification and renumbering as this section.

Section was enacted as part of the Protecting Access to Medicare Act of 2014, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2022—Subsec. (a). Pub. L. 117–328, §1123(b)(1)(A), struck out “4-year pilot” before “program”.

Subsec. (e). Pub. L. 117–328, §1123(b)(1)(B), in introductory provisions, substituted “fiscal year 2023, and biennially thereafter” for “each of fiscal years 2016, 2017, 2018, 2019, 2020, 2021, and 2022” and “Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives” for “appropriate congressional committees”.

Subsec. (e)(5). Pub. L. 117–328, §1123(b)(1)(C), added par. (5).

Subsec. (g)(1). Pub. L. 117–328, §1123(b)(1)(D)(i), substituted “2023 through 2027” for “2015 through 2022”.

Subsec. (g)(2). Pub. L. 117–328, §1123(b)(1)(D)(ii), amended par. (2) generally. Prior to amendment, text read as follows: “There are authorized to be appropriated to carry out this section \$15,000,000 for each of fiscal years 2015 through 2017, \$20,000,000 for fiscal year 2018, \$19,000,000 for each of fiscal years 2019 and 2020, and \$18,000,000 for each of fiscal years 2021 and 2022.”

2016—Subsec. (e). Pub. L. 114–255, §9014(1), substituted “2018, 2019, 2020, 2021, and 2022,” for “and 2018,” in introductory provisions.

Subsec. (g)(1). Pub. L. 114–255, §9014(2)(A), substituted “2022” for “2018”.

Subsec. (g)(2). Pub. L. 114–255, §9014(2)(B), substituted “are authorized to be appropriated to carry out this section \$15,000,000 for each of fiscal years 2015 through 2017, \$20,000,000 for fiscal year 2018, \$19,000,000 for each of fiscal years 2019 and 2020, and \$18,000,000 for each of fiscal years 2021 and 2022” for “is authorized to be appropriated to carry out this section \$15,000,000 for each of fiscal years 2015 through 2018”.

§ 290aa–18. Limitations on authority

In carrying out any program of the Substance Abuse and Mental Health Services Administration whose statutory authorization is enacted or amended by this title, the Secretary of Health and Human Services shall not allocate funding, or require award recipients to prioritize, dedicate, or allocate funding, without consideration

of the incidence, prevalence, or determinants of mental health or substance use issues, unless such allocation or requirement is consistent with statute, regulation, or other Federal law.

(Pub. L. 117–328, div. FF, title I, §1501, Dec. 29, 2022, 136 Stat. 5706.)

Editorial Notes**REFERENCES IN TEXT**

This title, referred to in text, is title I of div. FF of Pub. L. 117–328, Dec. 29, 2022, 136 Stat. 5634. For complete classification of title I to the Code, see Tables.

CODIFICATION

Section was enacted as part of the Restoring Hope for Mental Health and Well-Being Act of 2022 and also as part of the Health Extenders, Improving Access to Medicare, Medicaid, and CHIP, and Strengthening Public Health Act of 2022, and not as part of the Public Health Service Act which comprises this chapter.

PART B—CENTERS AND PROGRAMS**SUBPART 1—CENTER FOR SUBSTANCE ABUSE TREATMENT****§ 290bb. Center for Substance Abuse Treatment****(a) Establishment**

There is established in the Administration a Center for Substance Abuse Treatment (hereafter in this section referred to as the “Center”). The Center shall be headed by a Director (hereafter in this section referred to as the “Director”) appointed by the Secretary from among individuals with extensive experience or academic qualifications in the treatment of substance use disorders or in the evaluation of substance use disorder treatment systems.

(b) Duties

The Director of the Center shall—

(1) administer the substance use disorder treatment block grant program authorized in section 300x–21 of this title;

(2) ensure that emphasis is placed on children and adolescents in the development of treatment programs;

(3) collaborate with the Attorney General to develop programs to provide substance use disorder treatment services to individuals who have had contact with the Justice system, especially adolescents;

(4) collaborate with the Director of the Center for Substance Abuse Prevention in order to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to pregnant and postpartum women and their infants and to individuals who illicitly use drugs intravenously;

(5) collaborate with the Director of the National Institute on Drug Abuse, with the Director of the National Institute on Alcohol Abuse and Alcoholism, and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services;

(6) collaborate with the Administrator of the Health Resources and Services Administration and the Administrator of the Centers for Medi-