

(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-

care & Medicaid Services to promote the increased integration into the mainstream of the health care system of the United States of programs for providing treatment services;

(7) evaluate plans submitted by the States pursuant to section 300x-32(a)(6) of this title in order to determine whether the plans adequately provide for the availability, allocation, and effectiveness of treatment services;

(8) sponsor regional workshops on improving the quality and availability of treatment services;

(9) provide technical assistance to public and nonprofit private entities that provide treatment services, including technical assistance with respect to the process of submitting to the Director applications for any program of grants or contracts;

(10) carry out activities to educate individuals on the need for establishing treatment facilities within their communities;

(11) encourage public and private entities that provide health insurance to provide benefits for outpatient treatment services and other nonhospital-based treatment services;

(12) evaluate treatment programs to determine the quality and appropriateness of various forms of treatment, which shall be carried out through grants, contracts, or cooperative agreements provided to public or nonprofit private entities;

(13) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded;

(14) work with States, providers, and individuals in recovery, and their families, to promote the expansion of recovery support services and systems of care oriented toward recovery;

(15) in cooperation with the Secretary, implement and disseminate, as appropriate, the recommendations in the report entitled "Protecting Our Infants Act: Final Strategy" issued by the Department of Health and Human Services in 2017; and

(16) in cooperation with relevant stakeholders, and through public-private partnerships, encourage education about substance use disorders for pregnant women and health care providers who treat pregnant women and babies.

(c) Grants and contracts

In carrying out the duties established in subsection (b), the Director may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities.

(July 1, 1944, ch. 373, title V, § 507, as added Pub. L. 102-321, title I, § 107(2), July 10, 1992, 106 Stat. 335; amended Pub. L. 106-310, div. B, title XXXI, § 3112(a), Oct. 17, 2000, 114 Stat. 1188; Pub. L. 108-173, title IX, § 900(e)(2)(B), Dec. 8, 2003, 117 Stat. 2372; Pub. L. 114-255, div. B, title VI, § 6007(c), Dec. 13, 2016, 130 Stat. 1214; Pub. L. 115-271, title VII, § 7063(b), (c), Oct. 24, 2018, 132 Stat. 4020.)

Editorial Notes

PRIOR PROVISIONS

A prior section 290bb, act July 1, 1944, ch. 373, title V, § 510, formerly Pub. L. 91-616, title V, § 501, as added Pub. L. 94-371, § 7, July 26, 1976, 90 Stat. 1038; amended Pub. L. 95-622, title II, § 268(c), (d), Nov. 9, 1978, 92 Stat. 3437; Pub. L. 96-180, § 14, Jan. 2, 1980, 93 Stat. 1305; renumbered § 510 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98-24, § 2(b)(9), 97 Stat. 179; Oct. 19, 1984, Pub. L. 98-509, title II, §§ 205(a)(1), 206(c)(1), 98 Stat. 2361, 2362, related to encouragement of alcohol abuse and alcoholism research, prior to repeal by Pub. L. 102-321, § 122(b)(1). Prior to repeal, section 510(b) of act July 1, 1944, was renumbered section 464H(b) by Pub. L. 102-321 and transferred to section 285n(b) of this title.

A prior section 507 of act July 1, 1944, which was classified to section 290aa-5 of this title, was renumbered section 504 of act July 1, 1944, by Pub. L. 102-321 and transferred to section 290aa-3 of this title.

AMENDMENTS

2018—Subsec. (b)(15). Pub. L. 115-271, § 7063(b), added subsec. (b)(15).

Subsec. (b)(16). Pub. L. 115-271, § 7063(c), added par. (16).

2016—Subsec. (a). Pub. L. 114-255, § 6007(c)(1), substituted "treatment of substance use disorders" for "treatment of substance abuse" and "use disorder treatment systems" for "abuse treatment systems".

Subsec. (b)(1). Pub. L. 114-255, § 6007(c)(2)(A), substituted "use disorder" for "abuse".

Subsec. (b)(3). Pub. L. 114-255, § 6007(c)(2)(B), substituted "use disorder" for "abuse".

Subsec. (b)(4). Pub. L. 114-255, § 6007(c)(2)(C), substituted "individuals who illicitly use drugs" for "individuals who abuse drugs".

Subsec. (b)(9). Pub. L. 114-255, § 6007(c)(2)(D), struck out "carried out by the Director" before semicolon at end.

Subsec. (b)(10) to (14). Pub. L. 114-255, § 6007(c)(2)(E)-(H), added pars. (13) and (14), redesignated pars. (11) to (14) as (10) to (13), respectively, struck out former par. (10), which related to encouraging the States to expand the availability (relative to fiscal year 1992) of programs providing treatment services, and struck out par. (13), as redesignated, which related to assessing the quality, appropriateness, and costs of various treatment forms.

2003—Subsec. (b)(6). Pub. L. 108-173 substituted "Centers for Medicare & Medicaid Services" for "Health Care Financing Administration".

2000—Subsec. (b)(2) to (6). Pub. L. 106-310, § 3112(a)(1), (2), added pars. (2) and (3) and redesignated former pars. (2) to (4) as (4) to (6), respectively. Former pars. (5) and (6) redesignated (7) and (8), respectively.

Subsec. (b)(7). Pub. L. 106-310, § 3112(a)(1), (3), redesignated par. (5) as (7) and substituted "services" for "services, and monitor the use of revolving loan funds pursuant to section 300x-25 of this title". Former par. (7) redesignated (9).

Subsec. (b)(8) to (12). Pub. L. 106-310, § 3112(a)(1), redesignated pars. (6) to (10) as (8) to (12), respectively. Former pars. (11) and (12) redesignated (13) and (14), respectively.

Subsec. (b)(13). Pub. L. 106-310, § 3112(a)(1), (4), redesignated par. (11) as (13) and substituted "treatment, which shall" for "treatment, including the effect of living in housing provided by programs established under section 300x-25 of this title, which shall".

Subsec. (b)(14). Pub. L. 106-310, § 3112(a)(1), (5), redesignated par. (12) as (14) and substituted "paragraph (13)" for "paragraph (11)".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102-321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 290bb-1. Residential treatment programs for pregnant and postpartum women

(a) In general

The Director of the Center for Substance Abuse Treatment (referred to in this section as the "Director") shall provide awards of grants, including the grants under subsection (r), cooperative agreements or contracts to public and nonprofit private entities for the purpose of providing to pregnant and postpartum women treatment for substance use disorders through programs in which, during the course of receiving treatment—

- (1) the women reside in or receive outpatient treatment services from facilities provided by the programs;
- (2) the minor children of the women reside with the women in such facilities, if the women so request; and
- (3) the services described in subsection (d) are available to or on behalf of the women.

(b) Availability of services for each participant

A funding agreement for an award under subsection (a) for an applicant is that, in the program operated pursuant to such subsection—

- (1) treatment services and each supplemental service will be available through the applicant, either directly or through agreements with other public or nonprofit private entities; and
- (2) the services will be made available to each woman admitted to the program and her children.

(c) Individualized plan of services

A funding agreement for an award under subsection (a) for an applicant is that—

- (1) in providing authorized services for an eligible woman pursuant to such subsection, the applicant will, in consultation with the women, prepare an individualized plan for the provision of services for the woman and her children; and
- (2) treatment services under the plan will include—
 - (A) individual, group, and family counseling, as appropriate, regarding substance use disorders; and
 - (B) follow-up services to assist the woman in preventing a relapse into such a disorder.

(d) Required supplemental services

In the case of an eligible woman, the services referred to in subsection (a)(3) are as follows:

- (1) Prenatal and postpartum health care.
- (2) Referrals for necessary hospital services.
- (3) For the infants and children of the woman—
 - (A) pediatric health care, including treatment for any perinatal effects of a maternal substance use disorder and including screenings regarding the physical and mental development of the infants and children;
 - (B) counseling and other mental health services, in the case of children; and
 - (C) comprehensive social services.

- (4) Providing therapeutic, comprehensive child care for children during the periods in which the woman is engaged in therapy or in other necessary health and rehabilitative activities.

- (5) Training in parenting.

(6) Counseling on the human immunodeficiency virus and on acquired immune deficiency syndrome.

(7) Counseling on domestic violence and sexual abuse.

(8) Counseling on obtaining employment, including the importance of graduating from a secondary school.

(9) Reasonable efforts to preserve and support the family unit of the woman, including promoting the appropriate involvement of parents and others, and counseling the children of the woman.

(10) Planning for and counseling to assist re-entry into society, both before and after discharge, including referrals to any public or nonprofit private entities in the community involved that provide services appropriate for the woman and the children of the woman.

(11) Case management services, including—

(A) assessing the extent to which authorized services are appropriate for the woman and any child of such woman;

(B) in the case of the services that are appropriate, ensuring that the services are provided in a coordinated manner;

(C) assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services; and

(D) family reunification with children in kinship or foster care arrangements, where safe and appropriate.

(e) Minimum qualifications for receipt of award

(1) Certification by relevant State agency

With respect to the principal agency of the State involved that administers programs relating to substance use disorders, the Director may make an award under subsection (a) to an applicant only if the agency has certified to the Director that—

(A) the applicant has the capacity to carry out a program described in subsection (a);

(B) the plans of the applicant for such a program are consistent with the policies of such agency regarding the treatment of substance use disorders; and

(C) the applicant, or any entity through which the applicant will provide authorized services, meets all applicable State licensure or certification requirements regarding the provision of the services involved.

(2) Status as medicare provider

(A) In general

Subject to subparagraphs (B) and (C), the Director may make an award under subsection (a) only if, in the case of any authorized service that is available pursuant to the State plan approved under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.] for the State involved—

- (i) the applicant for the award will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or