

(c) Authorization of appropriations

There is authorized to be appropriated to the Secretary to carry out this section, \$20,000,000 for fiscal year 2019, which shall remain available through fiscal year 2023.

(Pub. L. 115-271, title VIII, § 8083, Oct. 24, 2018, 132 Stat. 4102.)

Editorial Notes

REFERENCES IN TEXT

Family First Prevention Services Act, referred to in subsec. (b)(1), is title VII of Pub. L. 115-123, div. E, Feb. 9, 2018, 132 Stat. 232. For complete classification of this Act to the Code, see Tables.

CODIFICATION

Section was enacted as part of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act, and not as part of the Public Health Service Act which comprises this chapter.

Statutory Notes and Related Subsidiaries

SUPPORTING FAMILY-FOCUSED RESIDENTIAL TREATMENT

Pub. L. 115-271, title VIII, § 8081, Oct. 24, 2018, 132 Stat. 4097, provided that:

“(a) DEFINITIONS.—In this section:

“(1) FAMILY-FOCUSED RESIDENTIAL TREATMENT PROGRAM.—The term ‘family-focused residential treatment program’ means a trauma-informed residential program primarily for substance use disorder treatment for pregnant and postpartum women and parents and guardians that allows children to reside with such women or their parents or guardians during treatment to the extent appropriate and applicable.

“(2) MEDICAID PROGRAM.—The term ‘Medicaid program’ means the program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

“(3) SECRETARY.—The term ‘Secretary’ means the Secretary of Health and Human Services.

“(4) TITLE IV-E PROGRAM.—The term ‘title IV-E program’ means the program for foster care, prevention, and permanency established under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.).

“(b) GUIDANCE ON FAMILY-FOCUSED RESIDENTIAL TREATMENT PROGRAMS.—

“(1) IN GENERAL.—Not later than 180 days after the date of enactment of this Act [Oct. 24, 2018], the Secretary, in consultation with divisions of the Department of Health and Human Services administering substance use disorder or child welfare programs, shall develop and issue guidance to States identifying opportunities to support family-focused residential treatment programs for the provision of substance use disorder treatment. Before issuing such guidance, the Secretary shall solicit input from representatives of States, health care providers with expertise in addiction medicine, obstetrics and gynecology, neonatology, child trauma, and child development, health plans, recipients of family-focused treatment services, and other relevant stakeholders.

“(2) ADDITIONAL REQUIREMENTS.—The guidance required under paragraph (1) shall include descriptions of the following:

“(A) Existing opportunities and flexibilities under the Medicaid program, including under waivers authorized under section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), for States to receive Federal Medicaid funding for the provision of substance use disorder treatment for pregnant and postpartum women and parents and guardians and, to the extent applicable, their children, in family-focused residential treatment programs.

“(B) How States can employ and coordinate funding provided under the Medicaid program, the title IV-E program, and other programs administered by the Secretary to support the provision of treatment and services provided by a family-focused residential treatment facility such as substance use disorder treatment and services, including medication-assisted treatment, family, group, and individual counseling, case management, parenting education and skills development, the provision, assessment, or coordination of care and services for children, including necessary assessments and appropriate interventions, non-emergency transportation for necessary care provided at or away from a program site, transitional services and supports for families leaving treatment, and other services.

“(C) How States can employ and coordinate funding provided under the Medicaid program and the title IV-E program (including as amended by the Family First Prevention Services Act enacted under title VII of division E of Public Law 115-123 [132 Stat. 232], and particularly with respect to the authority under subsections (a)(2)(C) and (j) of section 472 and section 474(a)(1) of the Social Security Act (42 U.S.C. 672, 674(a)(1)) (as amended by section 50712 of Public Law 115-123) to provide foster care maintenance payments for a child placed with a parent who is receiving treatment in a licensed residential family-based treatment facility for a substance use disorder) to support placing children with their parents in family-focused residential treatment programs.”

SUBPART 2—CENTER FOR SUBSTANCE ABUSE PREVENTION

§ 290bb-21. Center for Substance Abuse Prevention**(a) Establishment; Director**

There is established in the Administration a Center for Substance Abuse Prevention (hereafter referred to in this part as the “Prevention Center”). The Prevention Center shall be headed by a Director appointed by the Secretary from individuals with extensive experience or academic qualifications in the prevention of drug or alcohol abuse.

(b) Duties of Director

The Director of the Prevention Center shall—

(1) sponsor regional workshops on the prevention of drug and alcohol abuse through the reduction of risk and the promotion of resiliency;

(2) coordinate the findings of research sponsored by agencies of the Service on the prevention of drug and alcohol abuse;

(3) collaborate with the Director of the National Institute on Drug Abuse, the Director of the National Institute on Alcohol Abuse and Alcoholism, and States to promote the study of substance abuse prevention and the dissemination and implementation of research findings that will improve the delivery and effectiveness of substance abuse prevention activities;

(4) develop effective drug and alcohol abuse prevention literature (including educational information on the effects of drugs abused by individuals, including drugs that are emerging as abused drugs);

(5) in cooperation with the Secretary of Education, assure the widespread dissemination of prevention materials among States, political subdivisions, and school systems;

(6) support clinical training programs for health professionals who provide substance use and misuse prevention and treatment services and other health professionals involved in illicit drug use education and prevention;

(7) in cooperation with the Director of the Centers for Disease Control and Prevention, develop and disseminate educational materials to increase awareness for individuals at greatest risk for substance use disorders to prevent the transmission of communicable diseases, such as HIV, hepatitis, tuberculosis, and other communicable diseases;

(8) conduct training, technical assistance, data collection, and evaluation activities of programs supported under the Drug Free Schools and Communities Act of 1986;

(9) support the development of model, innovative, community-based programs that reduce the risk of alcohol and drug abuse among young people and promote resiliency;

(10) collaborate with the Attorney General of the Department of Justice to develop programs to prevent drug abuse among high risk youth;

(11) prepare for distribution documentary films and public service announcements for television and radio to educate the public, especially adolescent audiences, concerning the dangers to health resulting from the consumption of alcohol and drugs and, to the extent feasible, use appropriate private organizations and business concerns in the preparation of such announcements;

(12) develop and support innovative demonstration programs designed to identify and deter the improper use or abuse of anabolic steroids by students, especially students in secondary schools;

(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) assist and support States in preventing illicit drug use, including emerging illicit drug use issues; and

(15) in consultation with relevant stakeholders and in collaboration with the Director of the Centers for Disease Control and Prevention, develop educational materials for clinicians to use with pregnant women for shared decision making regarding pain management and the prevention of substance use disorders during pregnancy.

(c) Grants, contracts and cooperative agreements

The Director may make grants and enter into contracts and cooperative agreements in carrying out subsection (b).

(d) National data base

The Director of the Prevention Center shall establish a national data base providing information on programs for the prevention of substance abuse. The data base shall contain information appropriate for use by public entities and information appropriate for use by non-profit private entities.

(July 1, 1944, ch. 373, title V, §515, formerly §508, as added Pub. L. 99-570, title IV, §4005(a), Oct. 27, 1986, 100 Stat. 3207-111; amended Pub. L. 100-690,

title II, §2051(a)-(c), Nov. 18, 1988, 102 Stat. 4206; Pub. L. 101-93, §3(a), Aug. 16, 1989, 103 Stat. 609; Pub. L. 101-647, title XIX, §1906, Nov. 29, 1990, 104 Stat. 4854; renumbered §515 and amended Pub. L. 102-321, title I, §113(b)-(e), July 10, 1992, 106 Stat. 345; Pub. L. 102-531, title III, §312(d)(10), Oct. 27, 1992, 106 Stat. 3505; Pub. L. 106-310, div. B, title XXXI, §3112(b), Oct. 17, 2000, 114 Stat. 1188; Pub. L. 114-255, div. B, title VI, §6007(b), Dec. 13, 2016, 130 Stat. 1212; Pub. L. 115-271, title VII, §7063(a), Oct. 24, 2018, 132 Stat. 4020.)

Editorial Notes

REFERENCES IN TEXT

The Drug-Free Schools and Communities Act of 1986, referred to in subsec. (b)(8), means title V of Pub. L. 89-10 as added by Pub. L. 100-297, title I, §1001, Apr. 28, 1988, 102 Stat. 252, which was classified generally to subchapter V (§3171 et seq.) of chapter 47 of Title 20, Education, prior to the general amendment of Pub. L. 89-10 by Pub. L. 103-382, title I, §101, Oct. 20, 1994, 108 Stat. 3519.

CODIFICATION

Section was formerly classified to section 290aa-6 of this title prior to renumbering by Pub. L. 102-321.

PRIOR PROVISIONS

A prior section 515 of act July 1, 1944, was classified to section 290cc of this title, prior to repeal by Pub. L. 102-321, title I, §123(c), July 10, 1992, 106 Stat. 363.

Another prior section 515 of act July 1, 1944, which was classified to section 229d of this title, was successively renumbered by subsequent acts and transferred, see section 238l of this title.

AMENDMENTS

2018—Subsec. (b)(15). Pub. L. 115-271 added par. (15).

2016—Pub. L. 114-255, §6007(b)(1), substituted “Center” for “Office” in section catchline.

Subsec. (a). Pub. L. 114-255, §6007(b)(2), substituted “a Center” for “an Office” and “The Prevention Center” for “The Office”.

Subsec. (b)(1). Pub. L. 114-255, §6007(b)(3)(A), inserted “through the reduction of risk and the promotion of resiliency” before semicolon.

Subsec. (b)(3). Pub. L. 114-255, §6007(b)(3)(C), added par. (3). Former par. (3) redesignated (4).

Subsec. (b)(4). Pub. L. 114-255, §6007(b)(3)(B), (D), redesignated par. (3) as (4) and substituted “educational information on the effects of drugs abused by individuals, including drugs that are emerging as abused drugs” for “literature on the adverse effects of cocaine free base (known as ‘crack’)”. Former par. (4) redesignated (5).

Subsec. (b)(5). Pub. L. 114-255, §6007(b)(3)(B), redesignated par. (4) as (5). Former par. (5) redesignated (6).

Subsec. (b)(6). Pub. L. 114-255, §6007(b)(3)(B), (E), redesignated par. (5) as (6) and substituted “health professionals who provide substance use and misuse prevention and treatment services” for “substance abuse counselors” and “illicit drug use education and prevention” for “drug abuse education, prevention.”. Former par. (6) redesignated (7).

Subsec. (b)(7). Pub. L. 114-255, §6007(b)(3)(B), (F), redesignated par. (6) as (7) and amended par. (7) generally. Prior to amendment, par. (7) read as follows: “in cooperation with the Director of the Centers for Disease Control and Prevention, develop educational materials to reduce the risks of acquired immune deficiency syndrome among intravenous drug abusers.”. Former par. (7) redesignated (8).

Subsec. (b)(8). Pub. L. 114-255, §6007(b)(3)(B), redesignated par. (7) as (8). Former par. (8) redesignated (9).

Subsec. (b)(9). Pub. L. 114-255, §6007(b)(3)(B), (G), redesignated par. (8) as (9) and substituted “that reduce

the risk of” for “to discourage” and inserted “and promote resiliency” before semicolon. Former par. (9) redesignated (10).

Subsec. (b)(10) to (12). Pub. L. 114-255, § 6007(b)(3)(B), redesignated pars. (9) to (11) as (10) to (12), respectively.

Subsec. (b)(13), (14). Pub. L. 114-255, § 6007(b)(3)(H)-(J), added pars. (13) and (14).

2000—Subsec. (b)(9). Pub. L. 106-310, § 3112(b)(2), added par. (9). Former par. (9) redesignated (10).

Subsec. (b)(10). Pub. L. 106-310, § 3112(b)(1), (3), redesignated par. (9) as (10) and substituted “educate the public, especially adolescent audiences, concerning” for “educate the public concerning”. Former par. (10) redesignated (11).

Subsec. (b)(11). Pub. L. 106-310, § 3112(b)(1), redesignated par. (10) as (11).

1992—Subsec. (a). Pub. L. 102-321, § 113(e)(1), substituted “(hereafter referred to in this part as the ‘Prevention Center’)” for “(hereafter in this part referred to as the ‘Office’)”.

Subsec. (b). Pub. L. 102-321, § 113(e)(2), substituted “Prevention Center” for “Office” in introductory provisions.

Subsec. (b)(5). Pub. L. 102-321, § 113(c)(1), struck out “and intervention” after “prevention.”.

Subsec. (b)(6). Pub. L. 102-531, which directed the amendment of “section 508(b)(6) (42 U.S.C. 290aa-6(b)(6))” of act July 1, 1944, by substituting “Centers for Disease Control and Prevention” for “Centers for Disease Control”, was executed to subsec. (b)(6) of this section to reflect the probable intent of Congress and the intervening renumbering of section 508 of act July 1, 1944, as section 515 of that act by Pub. L. 102-321, § 113(b)(2).

Subsec. (b)(9). Pub. L. 102-321, § 113(c)(4), inserted “and” after semicolon at end.

Subsec. (b)(10) to (12). Pub. L. 102-321, § 113(c)(2)-(4), redesignated par. (12) as (10) and struck out former pars. (10) and (11) which read as follows:

“(10)(A) provide assistance to communities to develop comprehensive long-term strategies for the prevention of substance abuse; and

“(B) evaluate the success of different community approaches toward the prevention of substance abuse;

“(11) through schools of health professions, schools of allied health professions, schools of nursing, and schools of social work, carry out programs—

“(A) to train individuals in the diagnosis and treatment of alcohol and drug abuse; and

“(B) to develop appropriate curricula and materials for the training described in subparagraph (A); and”.

Subsec. (d). Pub. L. 102-321, § 113(d), amended subsec. (d) generally. Prior to amendment, subsec. (d) read as follows:

“(1) For the purpose of carrying out this section and sections 290aa-7, 290aa-8, and 290aa-13 of this title, there are authorized to be appropriated \$95,000,000 for fiscal year 1989 and such sums as may be necessary for each of the fiscal years 1990 and 1991.

“(2) Of the amounts appropriated pursuant to paragraph (1) for a fiscal year, the Secretary shall make available not less than \$5,000,000 to carry out paragraphs (5) and (11) of subsection (b) of this section.”

1990—Subsec. (b)(12). Pub. L. 101-647 added par. (12).

1989—Subsec. (b)(11)(B). Pub. L. 101-93, § 3(a)(2), substituted “subparagraph (A)” for “subparagraph (a)”.

Subsec. (d)(1). Pub. L. 101-93, § 3(a)(1), inserted a comma after “290aa-13 of this title”.

1988—Subsec. (b)(5). Pub. L. 100-690, § 2051(b)(1), amended par. (5) generally. Prior to amendment, par. (5) read as follows: “support programs of clinical training of substance abuse counselors and other health professionals;”.

Subsec. (b)(10). Pub. L. 100-690, § 2051(b)(2) added par. (10).

Subsec. (b)(11). Pub. L. 100-690, § 2051(c), added par. (11).

Subsec. (d). Pub. L. 100-690, § 2051(a), amended subsec. (d) generally. Prior to amendment, subsec. (d) read as follows: “Of the amounts available under the second

sentence of section 300y(a) of this title to carry out this section and section 290aa-8 of this title, \$20,000,000 shall be available to carry out section 290aa-8 of this title.”

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

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

§ 290bb-22. Priority substance use disorder prevention needs of regional and national significance

(a) Projects

The Secretary shall address priority substance use disorder prevention needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

(1) knowledge development and application projects for prevention and the conduct or support of evaluations of such projects;

(2) training and technical assistance; and

(3) targeted capacity response programs, including such programs that focus on emerging drug use issues.

The Secretary may carry out the activities described in this section directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian Tribes or Tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other public or nonprofit private entities.

(b) Priority substance use disorder prevention needs

(1) In general

Priority substance use disorder prevention needs of regional and national significance shall be determined by the Secretary in consultation with the States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

(2) Special consideration

In developing program priorities under paragraph (1), the Secretary shall give special consideration to—

(A) applying the most promising strategies and research-based primary prevention approaches;

(B) promoting the integration of substance use disorder prevention information and activities into primary health care systems; and

(C) substance use disorder prevention among high-risk groups.

(c) Requirements

(1) In general

Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.