

(f) Reports by the Secretary

Not later than 5 years after the date on which the first grant under this section is awarded, the Secretary shall submit to the appropriate committees of the House of Representatives and of the Senate a report aggregating the information received from the grant recipients for such year under subsection (e) and evaluating the outcomes achieved by the programs funded by grants awarded under this section.

(g) Authorization of appropriations

There is authorized to be appropriated to carry out this section, \$5,000,000 for the period of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 544, as added Pub. L. 114-198, title I, § 107(a), July 22, 2016, 130 Stat. 703; amended Pub. L. 117-215, title I, § 103(b)(3)(B), Dec. 2, 2022, 136 Stat. 2263; Pub. L. 117-328, div. FF, title I, §§ 1219(a)(1)–(7)(A), 1262(b)(4), Dec. 29, 2022, 136 Stat. 5670–5672, 5682.)

Editorial Notes

REFERENCES IN TEXT

The Federal Food, Drug, and Cosmetic Act, referred to in subsecs. (a)(1), (c)(1) to (4), and (d)(1), is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§ 301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

PRIOR PROVISIONS

A prior section 290dd-3, act July 1, 1944, ch. 373, title V, § 544, formerly Pub. L. 91-616, title III, § 333, Dec. 31, 1970, 84 Stat. 1853, as amended Pub. L. 93-282, title I, § 122(a), May 14, 1974, 88 Stat. 131; Pub. L. 94-581, title I, § 111(c)(4), Oct. 21, 1976, 90 Stat. 2852; renumbered § 523 of act July 1, 1944, Apr. 26, 1983, Pub. L. 98-24, § 2(b)(13), 97 Stat. 181; Aug. 27, 1986, Pub. L. 99-401, title I, § 106(a), 100 Stat. 907; renumbered § 544, July 22, 1987, Pub. L. 100-77, title VI, § 611(2), 101 Stat. 516; June 13, 1991, Pub. L. 102-54, § 13(q)(1)(A)(ii), 105 Stat. 278, which related to confidentiality of patient records for alcohol abuse and alcoholism programs, was omitted in the general revision of this part by Pub. L. 102-321. See section 290dd-2 of this title.

AMENDMENTS

2022—Pub. L. 117-328, § 1219(a)(7)(A), substituted “approved, cleared, or otherwise legally marketed” for “approved or cleared” wherever appearing.

Subsec. (a)(2). Pub. L. 117-328, § 1219(a)(1), (2), added par. (2) and struck out former par. (2). Prior to amendment, text read as follows: “A grant awarded under this section may not be for more than \$200,000 per grant year.”

Subsec. (a)(3). Pub. L. 117-328, § 1262(b)(4), substituted “any practitioner dispensing narcotic drugs for the purpose of maintenance or detoxification treatment” for “any practitioner dispensing narcotic drugs pursuant to section 823(g) of title 21”.

Pub. L. 117-328, § 1219(a)(2), added par. (3) and struck out former par. (3). Prior to amendment, text read as follows: “For purposes of this section, the term ‘eligible entity’ means a Federally qualified health center (as defined in section 1395x(aa) of this title), an opioid treatment program under part 8 of title 42, Code of Federal Regulations, any practitioner dispensing narcotic drugs pursuant to section 823(h) of title 21, or any other entity that the Secretary deems appropriate.”

Pub. L. 117-215 substituted “823(h)” for “823(g)”.

Subsec. (a)(4)(A). Pub. L. 117-328, § 1219(a)(3)(A), inserted “, including patients prescribed both an opioid and a benzodiazepine” after “overdose”.

Subsec. (a)(4)(D). Pub. L. 117-328, § 1219(a)(3)(B), substituted “overdose” for “drug overdose”.

Subsec. (c)(5). Pub. L. 117-328, § 1219(a)(4), amended par. (5) generally. Prior to amendment, par. (5) read as follows: “To establish protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication-assisted treatment and appropriate counseling and behavioral therapies.”

Subsecs. (d), (e). Pub. L. 117-328, § 1219(a)(5)(A), (C), added subsec. (d) and redesignated former subsec. (d) as (e). Former subsec. (e) redesignated (f).

Subsec. (f). Pub. L. 117-328, § 1219(a)(5)(A), (B), redesignated subsec. (e) as (f) and substituted “subsection (e)” for “subsection (d)”. Former subsec. (f) redesignated (g).

Subsec. (g). Pub. L. 117-328, § 1219(a)(5)(A), (6), redesignated subsec. (f) as (g) and substituted “fiscal years 2023 through 2027” for “fiscal years 2017 through 2021”.

Statutory Notes and Related Subsidiaries

FUNDING FOR COMMUNITY-BASED FUNDING FOR LOCAL SUBSTANCE USE DISORDER SERVICES

Pub. L. 117-2, title II, § 2706, Mar. 11, 2021, 135 Stat. 47, provided that:

“(a) IN GENERAL.—In addition to amounts otherwise available, there is appropriated to the Secretary [of Health and Human Services] for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$30,000,000, to remain available until expended, to carry out the purpose described in subsection (b).

“(b) USE OF FUNDS.—

“(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use and in consultation with the Director of the Centers for Disease Control and Prevention, shall award grants to support States; local, Tribal, and territorial governments; Tribal organizations; nonprofit community-based organizations; and primary and behavioral health organizations to support community-based overdose prevention programs, syringe services programs, and other harm reduction services.

“(2) USE OF GRANT FUNDS.—Grant funds awarded under this section to eligible entities shall be used for preventing and controlling the spread of infectious diseases and the consequences of such diseases for individuals with substance use disorder, distributing opioid overdose reversal medication to individuals at risk of overdose, connecting individuals at risk for, or with, a substance use disorder to overdose education, counseling, and health education, and encouraging such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse.”

IMPROVING ACCESS TO OVERDOSE TREATMENT

Pub. L. 114-198, title I, § 107(b), July 22, 2016, 130 Stat. 705, authorized Secretary of Health and Human Services to provide information to prescribers within certain Federal health facilities on best practices for prescribing or co-prescribing drugs or devices for emergency treatment of opioid overdose, prior to repeal by Pub. L. 117-328, div. FF, title I, § 1219(a)(7)(B), Dec. 29, 2022, 136 Stat. 5672. See subsec. (d) of this section.

§ 290dd-4. Program to support coordination and continuation of care for drug overdose patients**(a) In general**

The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall identify or facilitate the development of best practices for—

(1) emergency treatment of known or suspected drug overdose;

(2) the use of recovery coaches, as appropriate, to encourage individuals who experience a non-fatal overdose to seek treatment for substance use disorder and to support coordination and continuation of care;

(3) coordination and continuation of care and treatment, including, as appropriate, through referrals, of individuals after a drug overdose; and

(4) the provision or prescribing of overdose reversal medication, as appropriate.

(b) Grant establishment and participation

(1) In general

The Secretary shall award grants on a competitive basis to eligible entities to support implementation of voluntary programs for care and treatment of individuals after a drug overdose, as appropriate, which may include implementation of the best practices described in subsection (a).

(2) Eligible entity

In this section, the term “eligible entity” means—

(A) a State substance abuse agency;

(B) an Indian Tribe or tribal organization; or

(C) an entity that offers treatment or other services for individuals in response to, or following, drug overdoses or a drug overdose, such as an emergency department, in consultation with a State substance abuse agency.

(3) Application

An eligible entity desiring a grant under this section shall submit an application to the Secretary, at such time and in such manner as the Secretary may require, that includes—

(A) evidence that such eligible entity carries out, or is capable of contracting and coordinating with other community entities to carry out, the activities described in paragraph (4);

(B) evidence that such eligible entity will work with a recovery community organization to recruit, train, hire, mentor, and supervise recovery coaches and fulfill the requirements described in paragraph (4)(A); and

(C) such additional information as the Secretary may require.

(4) Use of grant funds

An eligible entity awarded a grant under this section shall use such grant funds to—

(A) hire or utilize recovery coaches to help support recovery, including by—

(i) connecting patients to a continuum of care services, such as—

(I) treatment and recovery support programs;

(II) programs that provide non-clinical recovery support services;

(III) peer support networks;

(IV) recovery community organizations;

(V) health care providers, including physicians and other providers of behavioral health and primary care;

(VI) education and training providers;

(VII) employers;

(VIII) housing services; and

(IX) child welfare agencies;

(ii) providing education on overdose prevention and overdose reversal to patients and families, as appropriate;

(iii) providing follow-up services for patients after an overdose to ensure continued recovery and connection to support services;

(iv) collecting and evaluating outcome data for patients receiving recovery coaching services; and

(v) providing other services the Secretary determines necessary to help ensure continued connection with recovery support services, including culturally appropriate services, as applicable;

(B) establish policies and procedures, pursuant to Federal and State law, that address the provision of overdose reversal medication, the administration of all drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) and all biological products licensed under section 262 of this title to treat substance use disorder, and subsequent continuation of, or referral to, evidence-based treatment for patients with a substance use disorder who have experienced a non-fatal drug overdose, in order to support long-term treatment, prevent relapse, and reduce recidivism and future overdose; and

(C) establish integrated models of care for individuals who have experienced a non-fatal drug overdose which may include patient assessment, follow up, and transportation to and from treatment facilities.

(5) Additional permissible uses

In addition to the uses described in paragraph (4), a grant awarded under this section may be used, directly or through contractual arrangements, to provide—

(A) all drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) and all biological products licensed under section 262 of this title to treat substance use disorders or reverse overdose, pursuant to Federal and State law;

(B) withdrawal and detoxification services that include patient evaluation, stabilization, and preparation for treatment of substance use disorder, including treatment described in subparagraph (A), as appropriate; or

(C) mental health services provided by a certified professional who is licensed and qualified by education, training, or experience to assess the psychosocial background of patients, to contribute to the appropriate treatment plan for patients with substance use disorder, and to monitor patient progress.

(6) Preference

In awarding grants under this section, the Secretary shall give preference to eligible entities that meet any or all of the following criteria:

(A) The eligible entity is a critical access hospital (as defined in section 1395x(mm)(1) of this title), a low volume hospital (as defined in section 1395ww(d)(12)(C)(i) of such title), a sole community hospital (as defined in section 1395ww(d)(5)(D)(iii) of such title),

or a hospital that receives disproportionate share hospital payments under section 1395ww(d)(5)(F) of this title.

(B) The eligible entity is located in a State with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention, or under the jurisdiction of an Indian Tribe with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined through appropriate mechanisms as determined by the Secretary in consultation with Indian Tribes.

(C) The eligible entity demonstrates that recovery coaches will be placed in both health care settings and community settings.

(7) Period of grant

A grant awarded to an eligible entity under this section shall be for a period of not more than 5 years.

(c) Definitions

In this section:

(1) Indian Tribe; tribal organization

The terms “Indian Tribe” and “tribal organization” have the meanings given the terms “Indian tribe” and “tribal organization” in section 5304 of title 25.

(2) Recovery coach

the¹ term “recovery coach” means an individual—

(A) with knowledge of, or experience with, recovery from a substance use disorder; and

(B) who has completed training from, and is determined to be in good standing by, a recovery services organization capable of conducting such training and making such determination.

(3) Recovery community organization

The term “recovery community organization” has the meaning given such term in section 290ee–2(a) of this title.

(d) Reporting Requirements

(1) Reports by grantees

Each eligible entity awarded a grant under this section shall submit to the Secretary an annual report for each year for which the entity has received such grant that includes information on—

(A) the number of individuals treated by the entity for non-fatal overdoses, including the number of non-fatal overdoses where overdose reversal medication was administered;

(B) the number of individuals administered medication-assisted treatment by the entity;

(C) the number of individuals referred by the entity to other treatment facilities after a non-fatal overdose, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals; and

(D) the frequency and number of patients with reoccurrences, including readmissions for non-fatal overdoses and evidence of relapse related to substance use disorder.

(2) Report by Secretary

Not later than 5 years after October 24, 2018, the Secretary shall submit to Congress a report that includes an evaluation of the effectiveness of the grant program carried out under this section with respect to long term health outcomes of the population of individuals who have experienced a drug overdose, the percentage of patients treated or referred to treatment by grantees, and the frequency and number of patients who experienced relapse, were readmitted for treatment, or experienced another overdose.

(e) Privacy

The requirements of this section, including with respect to data reporting and program oversight, shall be subject to all applicable Federal and State privacy laws.

(f) Authorization of appropriations

There is authorized to be appropriated to carry out this section \$10,000,000 for each of fiscal years 2019 through 2023.

(Pub. L. 115–271, title VII, § 7081, Oct. 24, 2018, 132 Stat. 4032.)

Editorial Notes

REFERENCES IN TEXT

The Federal Food, Drug, and Cosmetic Act, referred to in subsec. (b)(4)(B), (5)(A), is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§ 301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and 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.

§ 290ee. Opioid overdose reversal medication access, education, and co-prescribing grant programs

(a) Grants

The Secretary shall make grants to States, localities, Indian Tribes, and Tribal organizations (as those terms are defined in section 5304 of title 25) to—

(1) implement strategies that increase access to drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.] for emergency treatment of known or suspected opioid overdose, as appropriate, pursuant to a standing order;

(2) encourage pharmacies to dispense opioid overdose reversal medication pursuant to a standing order;

(3) encourage health care providers to co-prescribe, as appropriate, drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic

¹ So in original. Probably should be capitalized.