§ 7181(a), Oct. 24, 2018, 132 Stat. 4068, which related to grant program to address opioid abuse crisis within States and Indian Tribes, was editorially reclassified as section 290ee–3a of this title.

§ 290ee–3a. Grant program for State and Tribal response to opioid use disorders

(a) In general

The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall carry out the grant program described in subsection (b) for purposes of addressing opioid misuse and use disorders and, as applicable and appropriate, stimulant misuse and use disorders, within States, Indian Tribes, and populations served by Tribal organizations and Urban Indian organizations.

(b) Grants program

(1) In general

Subject to the availability of appropriations, the Secretary shall award grants to the single State agency responsible for administering the substance use prevention, treatment, and recovery services block grant under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–21 et seq.), Indian Tribes, and Tribal organizations for the purpose of addressing opioid misuse and use disorders, and as applicable and appropriate, stimulant misuse and use disorders, within such States, such Indian Tribes, and populations served by such Tribal organizations, in accordance with paragraph (2). Indian Tribes or Tribal organizations may also apply for an award as part of a consortia or may include in an application a partnership with an Urban Indian organization.

(2) Minimum allocations

Notwithstanding subsection (i)(3), in determining grant amounts for each recipient of a grant under paragraph (1), the Secretary shall ensure that each State and the District of Columbia receive not less than $4,000,000 and ensure that each Territory receives not less than $250,000.

(3) Formula methodology

(A) In general

At least 30 days before publishing a funding opportunity announcement with respect to grants under this section, the Secretary shall—

(i) develop a formula methodology to be followed in allocating grant funds awarded under this section among grantees, which, where applicable and appropriate based on populations being served by the relevant entity—

(I) with respect to allocations for States, gives preference to States whose populations have a prevalence of opioid misuse and use disorders or drug overdose deaths that is substantially higher relative to the populations of other States;

(II) with respect to allocations for Tribes and Tribal organizations, gives preferences to Tribes and Tribal organizations (including those applying in partnership with an Urban Indian organization) serving populations with demonstrated need with respect to opioid misuse and use disorders or drug overdose deaths;

(III) includes performance assessments for continuation awards; and

(IV) ensures that the formula avoids a funding cliff between States with similar overdose mortality rates to prevent funding reductions when compared to prior year allocations, as determined by the Secretary; and

(ii) not later than 30 days after developing the formula methodology under clause (i), submit the formula methodology to—

(I) the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate; and

(II) the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives.

(B) Report

Not later than two years after December 29, 2022, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that—

(i) assesses how grant funding is allocated to States under this section and how such allocations have changed over time;

(ii) assesses how any changes in funding under this section have affected the efforts of States to address opioid misuse and use disorders and, as applicable and appropriate, stimulant misuse and use disorders; and

(iii) assesses the use of funding provided through the grant program under this section and other similar grant programs administered by the Substance Abuse and Mental Health Services Administration.

(4) Use of funds

Grants awarded under this subsection shall be used for carrying out activities that supplement activities pertaining to opioid misuse and use disorders and, as applicable and appropriate, stimulant misuse and use disorders (including co-occurring substance misuse and use disorders), undertaken by the entities described in paragraph (1), which may include public health-related activities such as the following:

(A) Implementing substance use disorder and overdose prevention activities, including primary prevention activities, and evaluating such activities to identify effective strategies to prevent substance use disorders and overdoses, which may include drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.].

(B) Establishing or improving prescription drug monitoring programs.

(C) Training for health care practitioners, such as best practices for prescribing opioids, pain management, recognizing potential cases of substance use disorders, referral of patients to treatment programs, preventing diversion of controlled substances, and overdose prevention.

(D) Supporting access to and the provision of substance use disorder-related health care services, including—

(i) services provided by federally certified opioid treatment programs;

(ii) services provided in outpatient and residential substance use disorder treatment programs or facilities, including those that utilize medication-assisted treatment, as appropriate; or

(iii) services provided by other appropriate health care providers to treat substance use disorders, including crisis services and services provided in integrated health care settings by appropriate health care providers that treat substance use disorders.

(E) Recovery support services, including—

(i) community-based services that include education, outreach, and peer supports such as peer support specialists and recovery coaches to help support recovery;

(ii) mutual aid recovery programs that support medication-assisted treatment;

(iii) services to address housing needs; or

(iv) services related to supporting families that include an individual with a substance use disorder.

(F) Other public health-related activities, as such entity determines appropriate, related to addressing opioid misuse and use disorders and, as applicable and appropriate, stimulant misuse and use disorders, within such entity, including directing resources in accordance with local needs related to substance use disorders.

(c) Accountability and oversight

A State receiving a grant under subsection (b) shall submit to the Secretary a description of—

(1) the purposes for which the grant funds received by the State under such subsection for the preceding fiscal year were expended and a description of the activities of the State under the grant;

(2) the ultimate recipients of amounts provided to the State;

(3) the number of individuals served through the grant; and

(4) such other information as determined appropriate by the Secretary.

(d) Limitations

Any funds made available pursuant to subsection (i) shall not be used for any purpose other than the grant program under subsection (b).

(e) Indian Tribes and Tribal organizations

The Secretary, in consultation with Indian Tribes and Tribal organizations, shall identify and establish appropriate mechanisms for Indian Tribes and Tribal organizations to demonstrate or report the information as required under subsections (b), (c), and (d).

(f) Report to Congress

Not later than September 30, 2024, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and the Committees on Appropriations of the House of Representatives and the Senate, a report that includes a summary of the information provided to the Secretary in reports made pursuant to subsections (c) and (d), including—

(1) the purposes for which grant funds are awarded under this section;

(2) the activities of the grant recipients; and

(3) each entity that receives a grant under this section, including the funding level provided to such recipient.

(g) Technical assistance

The Secretary, including through the Tribal Training and Technical Assistance Center of the Substance Abuse and Mental Health Services Administration, as applicable, shall provide entities described in subsection (b)(1) with technical assistance concerning grant application and submission procedures under this section, award management activities, and enhancing outreach and direct support to rural and underserved communities and providers in addressing substance use disorders.

(h) Definitions

In this section:

(1) Indian Tribe

The term ''Indian Tribe'' has the meaning given the term ''Indian tribe'' in section 5304 of title 25.

(2) Tribal organization

The term ''Tribal organization'' has the meaning given the term ''tribal organization'' in section 5304 of title 25.

(3) State

The term ''State'' has the meaning given such term in section 300x–64(b) of this title.

(4) Urban Indian organization

The term ''Urban Indian organization'' has the meaning given such term in section 1603 of title 25.

(i) Authorization of appropriations

(1) In general

For purposes of carrying out the grant program under subsection (b), there is authorized to be appropriated $1,750,000,000 for each of fiscal years 2023 through 2027.

(2) Federal administrative expenses

Of the amounts made available for each fiscal year to award grants under subsection (b), the Secretary shall not use more than 2 percent for Federal administrative expenses, training, technical assistance, and evaluation.

(3) Set aside

Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, the Secretary shall—

(A) award not more than 5 percent to Indian Tribes and Tribal organizations; and

(B) of the amount remaining after application of subparagraph (A), set aside up to 15 percent for awards to States with the highest age-adjusted rate of drug overdose death based on the ordinal ranking of States according to the Director of the Centers for Disease Control and Prevention.

(Pub. L. 114–255, div. A, title I, §1003, Dec. 13, 2016, 130 Stat. 1044; Pub. L. 115–271, title VII, §7181(a), Oct. 24, 2018, 132 Stat. 4068; Pub. L. 117–328, div. FF, title I, §1273, Dec. 29, 2022, 136 Stat. 5688.)

Editorial Notes

REFERENCES IN TEXT

The Public Health Service Act, referred to in subsec. (b)(1), is act July 1, 1944, ch. 373, 58 Stat. 682. Subpart II of part B of title XIX of the Act is classified generally to subpart II (§300x–21 et seq.) of part B of subchapter XVII of chapter 6A of this title. For complete classification of this Act to the Code, see Short Title note set out under section 201 of this title and Tables.

The Federal Food, Drug, and Cosmetic Act, referred to in subsec. (b)(4)(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 formerly classified as a note under section 290ee–3 of this title prior to editorial reclassification and renumbering as this section.

Section was enacted as part of the 21st Century Cures Act, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2022—Pub. L. 117–328 amended section generally. Prior to amendment, section related to grant program for purposes of addressing opioid abuse crisis within States and Indian Tribes.

2018—Subsec. (a). Pub. L. 115–271, §7181(a)(1), substituted ''subsection (h) to carry out the grant program described in subsection (b)'' for ''the authorization of appropriations under subsection (b) to carry out the grant program described in subsection (c)'' and inserted ''and Indian Tribes'' after ''States''.

Subsec. (b). Pub. L. 115–271, §7181(a)(2), (3), redesignated subsec. (c) as (b) and struck out former subsec. (b) which established the Account for the State Response to the Opioid Abuse Crisis in the Treasury.

Subsec. (b)(1). Pub. L. 115–271, §7181(a)(5)(A), inserted ''and tribal'' after ''State'' in heading and, in text, substituted ''States and Indian Tribes for the purpose of addressing the opioid abuse crisis within such States and Indian Tribes'' for ''States for the purpose of addressing the opioid abuse crisis within such States'' and inserted ''or Indian Tribes'' after ''preference to States'' and ''or other Indian Tribes, as applicable'' after ''to other States''.

Subsec. (b)(2). Pub. L. 115–271, §7181(a)(5)(B)(i), struck out ''to a State'' after ''Grants awarded'' in introductory provisions.

Subsec. (b)(2)(A). Pub. L. 115–271, §7181(a)(5)(B)(ii), substituted ''Establishing or improving'' for ''Improving State''.

Subsec. (b)(2)(C). Pub. L. 115–271, §7181(a)(5)(B)(iii), inserted ''preventing diversion of controlled substances,'' after ''treatment programs,''.

Subsec. (b)(2)(E). Pub. L. 115–271, §7181(a)(5)(B)(iv), substituted ''as the State or Indian Tribe determines appropriate, related to addressing the opioid abuse crisis within the State or Indian Tribe, including directing resources in accordance with local needs related to substance use disorders'' for ''as the State determines appropriate, related to addressing the opioid abuse crisis within the State''.

Subsec. (c). Pub. L. 115–271, §7181(a)(6), substituted ''subsection (b)'' for ''subsection (c)'' in introductory provisions.

Pub. L. 115–271, §7181(a)(3), redesignated subsec. (d) as (c). Former subsec. (c) redesignated (b).

Subsec. (d). Pub. L. 115–271, §7181(a)(7)(A), substituted ''subsection (h)'' for ''the authorization of appropriations under subsection (b)'' in introductory provisions.

Pub. L. 115–271, §7181(a)(3), redesignated subsec. (e) as (d). Former subsec. (d) redesignated (c).

Subsec. (d)(1). Pub. L. 115–271, §7181(a)(7)(B), substituted ''subsection (b)'' for ''subsection (c)''.

Subsecs. (e) to (i). Pub. L. 115–271, §7181(a)(8), added subsec. (e) to (i). Former subsecs. (e) and (f) redesignated (d) and (j), respectively.

Subsec. (j). Pub. L. 115–271, §7181(a)(4), redesignated subsec. (f) as (j).

§ 290ee–4. Mental and behavioral health outreach and education at institutions of higher education

(a) Purpose

It is the purpose of this section to increase access to, and reduce the stigma associated with, mental health services to ensure that students at institutions of higher education have the support necessary to successfully complete their studies.

(b) National public education campaign

The Secretary, acting through the Assistant Secretary and in collaboration with the Director of the Centers for Disease Control and Prevention, shall convene an interagency, public-private sector working group to plan, establish, and begin coordinating and evaluating a targeted public education campaign that is designed to focus on mental and behavioral health on the campuses of institutions of higher education. Such campaign shall be designed to—

(1) improve the general understanding of mental health and mental disorders;

(2) encourage help-seeking behaviors relating to the promotion of mental health, prevention of mental disorders, and treatment of such disorders;

(3) make the connection between mental and behavioral health and academic success; and

(4) assist the general public in identifying the early warning signs and reducing the stigma of mental illness.

(c) Composition

The working group convened under subsection (b) shall include—

(1) mental health consumers, including students and family members;

(2) representatives of institutions of higher education, including minority-serving institutions as described in section 1067q(a) of title 20 and community colleges;

(3) representatives of national mental and behavioral health associations and associations of institutions of higher education;

(4) representatives of health promotion and prevention organizations at institutions of higher education;

(5) representatives of mental health providers, including community mental health centers; and

(6) representatives of private-sector and public-sector groups with experience in the devel-