

118TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To provide emergency assistance to States, territories, Tribal nations, and local areas affected by substance use disorder, including the use of opioids and stimulants, and to make financial assistance available to States, territories, Tribal nations, local areas, public or private nonprofit entities, and certain health providers, to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families.

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IN THE SENATE OF THE UNITED STATES

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Ms. WARREN (for herself, Ms. BALDWIN, Mr. BLUMENTHAL, Mr. BOOKER, Mr. MARKEY, Mr. VAN HOLLEN, Mr. CASEY, Ms. KLOBUCHAR, Mr. SCHATZ, Mr. PADILLA, Ms. SMITH, Mr. MERKLEY, Mr. HEINRICH, Mr. BROWN, Mr. WELCH, Mr. FETTERMAN, and Ms. BUTLER) introduced the following bill; which was read twice and referred to the Committee on

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**A BILL**

To provide emergency assistance to States, territories, Tribal nations, and local areas affected by substance use disorder, including the use of opioids and stimulants, and to make financial assistance available to States, territories, Tribal nations, local areas, public or private nonprofit entities, and certain health providers, to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for

the delivery of essential services to individuals with substance use disorder and their families.

1        *Be it enacted by the Senate and House of Representa-*  
 2        *tives of the United States of America in Congress assembled,*

3        **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4        (a) **SHORT TITLE.**—This Act may be cited as the  
 5        “Comprehensive Addiction Resources Emergency Act of  
 6        2024”.

7        (b) **TABLE OF CONTENTS.**—The table of contents of  
 8        this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Purpose.

Sec. 3. Amendment to the Public Health Service Act.

“TITLE XXXIV—SUBSTANCE USE RESOURCES

“Subtitle A—Local Substance Use Emergency Relief Grant Program

“Sec. 3401. Establishment of program of grants.

“Sec. 3402. Planning council.

“Sec. 3403. Amount of grant, use of amounts, and funding agreement.

“Sec. 3404. Application.

“Sec. 3405. Technical assistance.

“Sec. 3406. Authorization of appropriations.

“Subtitle B—State and Tribal Substance Use Disorder Prevention and  
 Intervention Grant Program

“Sec. 3411. Establishment of program of grants.

“Sec. 3412. Amount of grant, use of amounts, and funding agreement.

“Sec. 3413. Application.

“Sec. 3414. Technical assistance.

“Sec. 3415. Authorization of appropriations.

“Subtitle C—Other Grant Program

“Sec. 3421. Establishment of grant program.

“Sec. 3422. Use of amounts.

“Sec. 3423. Technical assistance.

“Sec. 3424. Planning and development grants.

“Sec. 3425. Authorization of appropriations.

“Subtitle D—Innovation, Training, and Health Systems Strengthening

“Sec. 3431. Special projects of national significance.

“Sec. 3432. Education and training centers.

“Sec. 3433. Substance use disorder treatment provider capacity under the Medicaid program.

“Sec. 3434. Programs to support employees.

“Sec. 3435. Improving and expanding care.

“Sec. 3436. Naloxone distribution program.

“Sec. 3437. Additional funding for the National Institutes of Health.

“Sec. 3438. Additional funding for the Centers for Disease Control and Prevention.

“Sec. 3439. Definitions.

Sec. 4. Amendments to the Controlled Substances Act.

Sec. 5. General limitation on use of funds.

Sec. 6. Federal drug demand reduction activities.

## 1 **SEC. 2. PURPOSE.**

2 It is the purpose of this Act to provide emergency  
3 assistance to States, territories, Tribal nations, and local  
4 areas that are disproportionately affected substance use  
5 disorder, including the use of opioids and stimulants, and  
6 to make financial assistance available to States, terri-  
7 tories, Tribal nations, local areas, public or private non-  
8 profit entities, and certain health providers, to provide for  
9 the development, organization, coordination, and operation  
10 of more effective and cost efficient systems for the delivery  
11 of essential services to individuals with substance use dis-  
12 order, including with co-occurring mental health and sub-  
13 stance use disorders, and their families.

## 14 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE** 15 **ACT.**

16 The Public Health Service Act (42 U.S.C. 201 et  
17 seq.) is amended by adding at the end the following:

1 **“TITLE XXXIV—SUBSTANCE USE**  
2 **RESOURCES**

3 **“Subtitle A—Local Substance Use**  
4 **Emergency Relief Grant Program**

5 **“SEC. 3401. ESTABLISHMENT OF PROGRAM OF GRANTS.**

6 “(a) IN GENERAL.—The Secretary shall award  
7 grants to eligible localities for the purpose of addressing  
8 substance use within such localities.

9 “(b) ELIGIBILITY.—

10 “(1) IN GENERAL.—To be eligible to receive a  
11 grant under subsection (a) a locality shall—

12 “(A) be—

13 “(i) a county that can demonstrate  
14 that the rate of drug overdose deaths per  
15 100,000 population in the county during  
16 the most recent 3-year period for which  
17 such data are available was not less than  
18 the rate of such deaths for the county that  
19 ranked at the 67th percentile of all coun-  
20 ties, as determined by the Secretary;

21 “(ii) a county that can demonstrate  
22 that the number of drug overdose deaths  
23 during the most recent 3-year period for  
24 which such data are available was not less  
25 than the number of such deaths for the

1 county that ranked at the 90th percentile  
2 of all counties, as determined by the Sec-  
3 retary;

4 “(iii) a county that encompasses an  
5 undeserved area, defined as a health pro-  
6 fessional shortage area (as defined in sec-  
7 tion 332(a)(1)(A)) and a medically under-  
8 served area (according to a designation  
9 under section 330(b)(3)(A)), that can dem-  
10 onstrate a high burden of both fatal and  
11 non-fatal drug overdoses in a manner de-  
12 termined by the Secretary; or

13 “(iv) a city that is located within a  
14 county described in clause (i), (ii), or (iii)  
15 that meets the requirements of paragraph  
16 (3); and

17 “(B) submit to the Secretary an applica-  
18 tion in accordance with section 3404.

19 “(2) MULTIPLE CONTIGUOUS COUNTIES.—In  
20 the case of an eligible county that is contiguous to  
21 one or more other eligible counties within the same  
22 State, the group of counties shall—

23 “(A) be considered as a single eligible  
24 county for purposes of a grant under this sec-  
25 tion;

1           “(B) submit a single application under sec-  
2           tion 3404;

3           “(C) form a joint planning council (for the  
4           purposes of section 3402); and

5           “(D) establish, through intergovernmental  
6           agreements, an administrative mechanism to al-  
7           locate funds and substance use disorder treat-  
8           ment services under the grant based on—

9                   “(i) the number and rate of drug  
10                   overdose deaths and nonfatal drug  
11                   overdoses in each of the counties that com-  
12                   pose the eligible county;

13                   “(ii) the severity of need for services  
14                   in each such county; and

15                   “(iii) the health and support per-  
16                   sonnel needs of each such county.

17           “(3) CITIES AND COUNTIES WITHIN MULTIPLE  
18           CONTIGUOUS COUNTIES.—

19                   “(A) IN GENERAL.—A city that is within  
20                   an eligible county described in paragraph (1),  
21                   or a county or group of counties that is within  
22                   a group of counties determined to be an eligible  
23                   county under paragraph (2), shall be eligible to  
24                   receive a grant under this section if such city

1 or county or group of counties meets the re-  
2 quirements of subparagraph (B).

3 “(B) REQUIREMENTS.—A city or county  
4 meets the requirements of this subparagraph if  
5 such city or county—

6 “(i) except as provided in subpara-  
7 graph (C), has a population of not less  
8 than 50,000 residents;

9 “(ii) meets the requirements of para-  
10 graph (1)(A);

11 “(iii) submits an application under  
12 section 3404;

13 “(iv) establishes a planning council  
14 (for purposes of section 3402); and

15 “(v) establishes an administrative  
16 mechanism to allocate funds and services  
17 under the grant based on—

18 “(I) the number and rate of drug  
19 overdose deaths and nonfatal drug  
20 overdoses in the city or county;

21 “(II) the severity of need for sub-  
22 stance use disorder treatment services  
23 in the city or county; and

24 “(III) the health and support  
25 personnel needs of the city or county.

1           “(C) POPULATION EXCEPTION.—A city or  
2 county or group of counties that does not meet  
3 the requirements of subparagraph (B)(i) may  
4 apply to the Secretary for a waiver of such re-  
5 quirement. Such application shall dem-  
6 onstrate—

7           “(i) that the needs of the population  
8 to be served are distinct or that addressing  
9 substance use in the service area would be  
10 best served by the formation of an inde-  
11 pendent council; and

12           “(ii) that the city or county or group  
13 of counties has the capacity to administer  
14 the funding received under this subtitle.

15           “(D) MINIMUM FUNDING.—A city or coun-  
16 ty that meets the requirement of this paragraph  
17 and receives a grant under this section shall be  
18 entitled to an amount of funding under the  
19 grant in an amount that is not less than the  
20 amount determined under section 3403(a) with  
21 respect to such city or county.

22           “(4) INDEPENDENT CITY.—Independent cities  
23 that are not located within the territory of a county  
24 shall be treated as eligible counties for purposes of  
25 this subtitle.

1           “(5) POLITICAL SUBDIVISIONS.—With respect  
2 to States that do not have a local county system of  
3 governance, the Secretary shall determine the local  
4 political subdivisions within such States that are eli-  
5 gible to receive a grant under this section and such  
6 subdivisions shall be treated as eligible counties for  
7 purposes of this subtitle.

8           “(6) DETERMINATIONS WHERE THERE IS A  
9 LACK OF DATA.—The Secretary shall establish eligi-  
10 bility and allocation criteria related to the prevalence  
11 of drug overdose deaths, the mortality rate from  
12 drug overdoses, and that provides an equivalent  
13 measure of need for funding for cities and counties  
14 for which the data described in paragraph (1)(A) or  
15 (2)(D)(i) is not available.

16           “(7) DATA FROM TRIBAL AREAS.—The Sec-  
17 retary, acting through the Indian Health Service,  
18 shall consult with Indian Tribes and confer with  
19 urban Indian organizations to establish eligibility  
20 and allocation criteria that provide an equivalent  
21 measure of need for Tribal and urban Indian areas  
22 for which the data described in paragraph (1)(A) or  
23 (2)(D)(i) are not available or do not apply.

24           “(8) STUDY.—Not later than 3 years after the  
25 date of enactment of this title, the Comptroller Gen-

1       eral shall conduct a study to determine whether the  
2       data utilized for purposes of paragraph (1)(A) pro-  
3       vide the most precise measure of local area need re-  
4       lated to substance use and addiction prevalence and  
5       whether additional data would provide more precise  
6       measures of substance use and addiction prevalence  
7       in local areas. Such study shall identify barriers to  
8       collecting or analyzing such data, and make rec-  
9       ommendations for revising the indicators used under  
10      such paragraph to determine eligibility in order to  
11      direct funds to the local areas in most need of fund-  
12      ing to provide assistance related to substance use  
13      and addiction.

14           “(9) REFERENCE.—For purposes of this sub-  
15      title, the term ‘eligible local area’ includes—

16           “(A) a city or county described in para-  
17      graph (1);

18           “(B) multiple contiguous counties de-  
19      scribed in paragraph (2);

20           “(C) cities or counties within multiple con-  
21      tiguous counties described in paragraph (3);

22           “(D) an independent city described in  
23      paragraph (4); and

24           “(E) a political subdivision described in  
25      paragraph (5).

1 “(c) ADMINISTRATION.—

2 “(1) IN GENERAL.—Assistance made available  
3 under a grant awarded under this section shall be  
4 directed to the chief elected official of the eligible  
5 local area who shall administer the grant funds.

6 “(2) MULTIPLE CONTIGUOUS COUNTIES.—

7 “(A) IN GENERAL.—Except as provided in  
8 subparagraph (B), in the case of an eligible  
9 county described in subsection (b)(2), assist-  
10 ance made available under a grant awarded  
11 under this section shall be directed to the chief  
12 elected official of the particular county des-  
13 igned in the application submitted for the  
14 grant under section 3404. Such chief elected of-  
15 ficial shall be the administrator of the grant.

16 “(B) STATE ADMINISTRATION.—Notwith-  
17 standing subparagraph (A), the eligible county  
18 described in subsection (b)(2) may elect to des-  
19 ignite the chief elected State official of the  
20 State in which the eligible county is located as  
21 the administrator of the grant funds.

22 **“SEC. 3402. PLANNING COUNCIL.**

23 “(a) ESTABLISHMENT.—To be eligible to receive a  
24 grant under section 3401, the chief elected official of the  
25 eligible local area shall establish or designate a substance

1 use disorder treatment and services planning council that  
2 shall—

3 “(1) be representative of the demographics of  
4 the population of individuals with substance use dis-  
5 order in the area;

6 “(2) include individuals with substance use dis-  
7 order, individuals who use drugs, and individuals in  
8 recovery from substance use disorders; and

9 “(3) include, to the maximum extent prac-  
10 ticable, representatives of—

11 “(A) health care providers, including Fed-  
12 erally-qualified health centers, rural health clin-  
13 ics, Indian health programs as defined in sec-  
14 tion 4 of the Indian Health Care Improvement  
15 Act, urban Indian organizations as defined in  
16 section 4 of the Indian Health Care Improve-  
17 ment Act, and facilities operated by the Depart-  
18 ment of Veterans Affairs;

19 “(B) Native Hawaiian organizations as de-  
20 fined in section 11 of the Native Hawaiian  
21 Health Care Act of 1988;

22 “(C) community-based health, harm reduc-  
23 tion, and addiction service organizations, in-  
24 cluding, where applicable, representatives of  
25 Drug Free Communities Coalition grantees;

1           “(D) social service providers, including  
2 providers of housing and homelessness services  
3 and recovery residence providers;

4           “(E) mental health care providers;

5           “(F) local public health agencies;

6           “(G) State governments, including the  
7 State Medicaid agency and the Single State  
8 Agency for Substance Abuse Services;

9           “(H) local governments;

10          “(I) non-elected community leaders;

11          “(J) substance use disorder treatment pro-  
12 viders, including physician addiction specialists;

13          “(K) Indian tribes and tribal organizations  
14 as defined in section 4 of the Indian Self-Deter-  
15 mination and Education Assistance Act;

16          “(L) Urban Indians as defined in section  
17 4 of the Indian Health Care Improvement Act;

18          “(M) historically underserved groups and  
19 subpopulations;

20          “(N) individuals who were formerly incar-  
21 cerated;

22          “(O) organizations serving individuals who  
23 are currently incarcerated or in pre-trial deten-  
24 tion or were formerly incarcerated;

25          “(P) Federal agencies;

1           “(Q) organizations that provide drug pre-  
2           vention programs and services to youth at risk  
3           of substance use;

4           “(R) medical examiners or coroners;

5           “(S) labor unions and the workplace com-  
6           munity;

7           “(T) local fire departments and emergency  
8           medical services;

9           “(U) the lesbian, gay, bisexual,  
10          transgender, queer (LGBTQ) community; and

11          “(V) certified or accredited addiction re-  
12          covery community organizations.

13          “(b) METHOD OF PROVIDING FOR COUNCIL.—

14           “(1) IN GENERAL.—In providing for a council  
15          for purposes of subsection (a), the chief elected offi-  
16          cial of the eligible local area may establish the coun-  
17          cil directly or designate an existing entity to serve as  
18          the council, subject to paragraph (2).

19           “(2) CONSIDERATION REGARDING DESIGNATION  
20          OF COUNCIL.—In making a determination of wheth-  
21          er to establish or designate a council under para-  
22          graph (1), the chief elected official shall give priority  
23          to the designation of an existing entity that has  
24          demonstrated experience in the provision of health  
25          and support services to individuals with substance

1 use disorder within the eligible local area, that has  
2 a structure that recognizes the Federal trust respon-  
3 sibility when spending Federal health care dollars,  
4 and that has demonstrated a commitment to re-  
5 specting the obligation of government agencies using  
6 Federal dollars to consult with Indian tribes and  
7 confer with urban Indian organizations.

8 “(3) DESIGNATION OF EXISTING ENTITY.—If  
9 an existing entity is designated to serve as the coun-  
10 cil under this section, the membership of the entity  
11 shall comply with the requirements of subsection  
12 (a)(1) before it performs any of the duties set forth  
13 in subsection (e).

14 “(4) JOINT COUNCIL.—The Secretary shall es-  
15 tablish a process to permit an eligible local area that  
16 is not contiguous with any other eligible local area  
17 to form a joint planning council with such other eli-  
18 gible local area or areas, as long as such areas are  
19 located in geographical proximity to each other, as  
20 determined by the Secretary, and submit a joint ap-  
21 plication under section 3404.

22 “(5) JOINT COUNCIL ACROSS STATE LINES.—  
23 Eligible local areas may form a joint planning coun-  
24 cil with other eligible local areas across State lines  
25 if such areas are located in geographical proximity

1 to each other, as determined by the Secretary, sub-  
2 mit a joint application under section 3404, and es-  
3 tablish intergovernmental agreements to allow the  
4 administration of the grant across State lines.

5 “(c) MEMBERSHIP.—Members of the planning coun-  
6 cil established or designated under subsection (a) shall—

7 “(1) be nominated and selected through an  
8 open process;

9 “(2) elect from among their membership a chair  
10 and vice chair;

11 “(3) include at least one representative from  
12 Indian tribes located within any eligible local area  
13 that receives funding under the grant program es-  
14 tablished in section 3401;

15 “(4) include at least 1 individual with a history  
16 of substance use disorder;

17 “(5) include at least 1 representative from a  
18 nonprofit substance use disorder service provider, at  
19 least 1 representative of an urban Indian organiza-  
20 tion, at least 1 physician addiction specialist, and at  
21 least 1 representative from an organization pro-  
22 viding harm reduction services;

23 “(6) include at least 1 representative of a Na-  
24 tive Hawaiian organization (as defined in section 11  
25 of the Native Hawaiian Health Care Act of 1988)

1 when the Native Hawaiian population exceeds 10  
2 percent; and

3 “(7) serve not more than 3 consecutive years on  
4 the planning council.

5 “(d) MEMBERSHIP TERMS.—Members of the plan-  
6 ning council established or designated under subsection  
7 (a) may serve additional terms if nominated and selected  
8 through the process established in subsection (e)(1).

9 “(e) DUTIES.—The planning council established or  
10 designated under subsection (a) shall—

11 “(1) establish priorities for the allocation of  
12 grant funds within the eligible local area that em-  
13 phasize reducing drug use rates, overdose, substance  
14 use disorder, and health conditions associated with  
15 drug use such as human immunodeficiency virus,  
16 hepatitis B, and hepatitis C through evidence-based  
17 interventions in both community and criminal justice  
18 settings and that are based on—

19 “(A) the use by the grantee of substance  
20 use disorder prevention, intervention, treat-  
21 ment, and recovery strategies that comply with  
22 best practices identified by the Secretary;

23 “(B) the demonstrated or probable cost-ef-  
24 fectiveness of proposed substance use disorder

1 prevention, intervention, treatment, and recovery  
2 services;

3 “(C) the health priorities of the commu-  
4 nities within the eligible local area that are af-  
5 fected by substance use;

6 “(D) the priorities and needs of individuals  
7 with substance use disorder; and

8 “(E) the availability of other governmental  
9 and non-governmental services;

10 “(2) ensure the use of grant funds will advance  
11 any existing State or local plan regarding the provi-  
12 sion of substance use disorder treatment services to  
13 individuals with substance use disorder;

14 “(3) in the absence of a State or local plan,  
15 work with local public health agencies to develop a  
16 comprehensive plan for the organization and delivery  
17 of substance use disorder prevention and treatment  
18 services;

19 “(4) regularly assess the efficiency of the ad-  
20 ministrative mechanism in rapidly allocating funds  
21 to support evidence-based substance use disorder  
22 prevention and treatment services in the areas of  
23 greatest need within the eligible local area;

24 “(5) work with local public health agencies to  
25 determine the size and demographics of the popu-

1        lation of individuals with substance use disorders  
2        and the types of substance use that are most preva-  
3        lent in the eligible local area;

4            “(6) work with local public health agencies to  
5        determine the needs of such population, including  
6        the need for substance use disorder prevention,  
7        intervention, treatment, harm reduction, and recov-  
8        ery services;

9            “(7) work with local public agencies to deter-  
10       mine the disparities in access to services among af-  
11       fected subpopulations and historically underserved  
12       communities, including infrastructure and capacity  
13       shortcomings of providers that contribute to these  
14       disparities;

15           “(8) work with local public agencies to establish  
16       methods for obtaining input on community needs  
17       and priorities, including by partnering with organi-  
18       zations that serve targeted communities experiencing  
19       high addictive substance-related health disparities to  
20       gather data using culturally attuned data collection  
21       methodologies;

22           “(9) coordinate with Federal grantees that pro-  
23       vide substance use disorder prevention and treat-  
24       ment services within the eligible local area; and

1           “(10) annually assess the effectiveness of the  
2 substance use disorder prevention and treatment  
3 services being supported by the grant received by the  
4 eligible local area, including, to the extent possible—

5                   “(A) reductions in the rates of substance  
6 use, overdose, and death from substance use;

7                   “(B) rates of discontinuation from sub-  
8 stance use disorder treatment services and rates  
9 of sustained recovery;

10                   “(C) long-term outcomes among individ-  
11 uals receiving treatment for substance use dis-  
12 orders;

13                   “(D) the availability and use of substance  
14 use disorder treatment services needed by indi-  
15 viduals with substance use disorders over their  
16 lifetimes; and

17                   “(E) reductions in the rates of HIV, hepa-  
18 titis C virus, and other infectious disease trans-  
19 mission among people who use drugs.

20           “(f) CONFLICTS OF INTEREST.—

21                   “(1) IN GENERAL.—The planning council under  
22 subsection (a) may not be directly involved in the  
23 administration of a grant under section 3401.

24                   “(2) REQUIRED AGREEMENTS.—An individual  
25 may serve on the planning council under subsection

1 (a) only if the individual agrees that if the individual  
2 has a financial interest in an entity, if the individual  
3 is an employee of a public or private entity, or if the  
4 individual is a member of a public or private organi-  
5 zation, and such entity or organization is seeking  
6 amounts from a grant under section 3401, the indi-  
7 vidual will not, with respect to the purpose for which  
8 the entity seeks such amounts, participate (directly  
9 or in an advisory capacity) in the process of select-  
10 ing entities to receive such amounts for such pur-  
11 pose.

12 “(g) GRIEVANCE PROCEDURES.—A planning council  
13 under subsection (a) shall develop procedures for address-  
14 ing grievances with respect to funding under this subtitle,  
15 including procedures for submitting grievances that can-  
16 not be resolved to binding arbitration. Such procedures  
17 shall be described in the by-laws of the planning council.

18 “(h) PUBLIC DELIBERATIONS.—

19 “(1) IN GENERAL.—With respect to a planning  
20 council under subsection (a), in accordance with cri-  
21 teria established by the Secretary, the following ap-  
22 plies:

23 “(A) The meetings of the council shall be  
24 open to the public and shall be held only after  
25 adequate notice to the public.

1           “(B) The records, reports, transcripts,  
2           minutes, agenda, or other documents which  
3           were made available to or prepared for or by  
4           the council shall be available for public inspec-  
5           tion and copying at a single location.

6           “(C) Detailed minutes of each meeting of  
7           the council shall be kept. The accuracy of all  
8           minutes shall be certified to by the chair of the  
9           council.

10          “(2) LIMITATION.—Paragraph (1) does not  
11          apply to any disclosure of information of a personal  
12          nature that would constitute a clearly unwarranted  
13          invasion of personal privacy, including any disclosure  
14          of medical information or personnel matters.

15          “(i) NEUTRALITY TOWARDS ORGANIZED LABOR.—

16          “(1) IN GENERAL.—In carrying out duties  
17          under subsection (e), planning councils shall, to the  
18          extent practicable, prioritize the distribution of grant  
19          funds to grantees that have—

20                 “(A)(i) a collective bargaining agreement;

21                 or

22                 “(ii) an explicit policy not to deter employ-  
23                 ees with respect to—

24                         “(I) labor organizing for the employ-  
25                         ees engaged in the covered activities; and

1 “(II) such employees’ choice to form  
2 and join labor organizations; and

3 “(B) policies that require—

4 “(i) the posting and maintenance of  
5 notices in the workplace to such employees  
6 of their rights under the National Labor  
7 Relations Act (29 U.S.C. 151 et seq.);

8 “(ii) that such employees are, at the  
9 beginning of their employment, provided  
10 notice and information regarding the em-  
11 ployees’ rights under such Act; and

12 “(iii) the employer to voluntarily rec-  
13 ognize a union in cases where a majority  
14 of such workers of the employer have  
15 joined and requested representation.

16 “(2) LIMITATION.—This subsection does not  
17 apply to Indian tribes.

18 **“SEC. 3403. AMOUNT OF GRANT, USE OF AMOUNTS, AND**

19 **FUNDING AGREEMENT.**

20 “(a) AMOUNT OF GRANT.—

21 “(1) GRANTS BASED ON RELATIVE NEED OF  
22 AREA.—

23 “(A) IN GENERAL.—In carrying out this  
24 subtitle, the Secretary shall make a grant for  
25 each eligible local area for which an application

1 under section 3404 has been approved. Each  
2 such grant shall be made in an amount deter-  
3 mined in accordance with paragraph (3).

4 “(B) EXPEDITED DISTRIBUTION.—Not  
5 later than 90 days after an appropriation be-  
6 comes available to carry out this subtitle for a  
7 fiscal year, the Secretary shall disburse 53 per-  
8 cent of the amount made available under sec-  
9 tion 3406 for carrying out this subtitle for such  
10 fiscal year through grants to eligible local areas  
11 under section 3401, in accordance with sub-  
12 paragraphs (C) and (D).

13 “(C) AMOUNT.—

14 “(i) IN GENERAL.—Subject to the ex-  
15 tent of amounts made available in appro-  
16 priations Acts, a grant made for purposes  
17 of this subparagraph to an eligible local  
18 area shall be made in an amount equal to  
19 the product of—

20 “(I) an amount equal to the  
21 amount available for distribution  
22 under subparagraph (B) for the fiscal  
23 year involved; and

24 “(II) the percentage constituted  
25 by the ratio of the distribution factor

1 for the eligible local area to the sum  
2 of the respective distribution factors  
3 for all eligible local areas,

4 which product shall then, as applicable, be  
5 increased under subparagraph (D).

6 “(ii) DISTRIBUTION FACTOR.—For  
7 purposes of clause (i)(II), the term ‘dis-  
8 tribution factor’ means—

9 “(I) an amount equal to—

10 “(aa) the estimated number  
11 of drug overdose deaths in the el-  
12 igible local area, as determined  
13 under clause (iii); or

14 “(bb) the estimated number  
15 of non-fatal drug overdoses in the  
16 eligible local area, as determined  
17 under clause (iv),

18 as determined by the Secretary based  
19 on which distribution factor (item (aa)  
20 or (bb)) will result in the eligible local  
21 area receiving the greatest amount of  
22 funds; or

23 “(II) in the case of an eligible  
24 local area for which the data de-  
25 scribed in subclause (I) are not avail-

1                   able, an amount determined by the  
2                   Secretary—

3                   “(aa) based on other data  
4                   the Secretary determines appro-  
5                   priate; and

6                   “(bb) that is related to the  
7                   prevalence of non-fatal drug  
8                   overdoses, drug overdose deaths,  
9                   and the mortality rate from drug  
10                  overdoses and provides an equiv-  
11                  alent measure of need for fund-  
12                  ing.

13                  “(iii) NUMBER OF DRUG OVERDOSE  
14                  DEATHS.—The number of drug overdose  
15                  deaths determined under this clause for an  
16                  eligible county for a fiscal year for pur-  
17                  poses of clause (ii) is the number of drug  
18                  overdose deaths during the most recent 3-  
19                  year period for which such data are avail-  
20                  able.

21                  “(iv) NUMBER OF NON-FATAL DRUG  
22                  OVERDOSES.—The number of non-fatal  
23                  drug overdose deaths determined under  
24                  this clause for an eligible county for a fis-  
25                  cal year for purposes of clause (ii) may be

1 determined by using data including emer-  
2 gency department syndromic data, visits,  
3 other emergency medical services for drug-  
4 related causes, or Overdose Detection Map-  
5 ping Application Program (ODMAP) data  
6 during the most recent 3-year period for  
7 which such data are available.

8 “(v) STUDY.—Not later than 3 years  
9 after the date of enactment of this title,  
10 the Comptroller General shall conduct a  
11 study to determine whether the data uti-  
12 lized for purposes of clause (ii) provide the  
13 most precise measure of local area need re-  
14 lated to substance use and addiction preva-  
15 lence in local areas and whether additional  
16 data would provide more precise measures  
17 of substance use and addiction prevalence  
18 in local areas. Such study shall identify  
19 barriers to collecting or analyzing such  
20 data, and make recommendations for revis-  
21 ing the distribution factors used under  
22 such clause to determine funding levels in  
23 order to direct funds to the local areas in  
24 most need of funding to provide substance  
25 use disorder treatment services.

1                   “(vi) REDUCTIONS IN AMOUNTS.—If a  
2                   local area that is an eligible local area for  
3                   a year loses such eligibility in a subsequent  
4                   year based on the failure to meet the re-  
5                   quirements of paragraph (1)(A) or (6) of  
6                   section 3401(b), such area will remain eli-  
7                   gible to receive—

8                   “(I) for such subsequent year, an  
9                   amount equal to 80 percent of the  
10                  amount received under the grant in  
11                  the previous year; and

12                  “(II) for the second such subse-  
13                  quent year, an amount equal to 50  
14                  percent of the amount received in the  
15                  previous year.

16                  “(2) SUPPLEMENTAL GRANTS.—

17                  “(A) IN GENERAL.—The Secretary shall  
18                  disburse the remainder of amounts not dis-  
19                  bursed under paragraph (1) for such fiscal year  
20                  for the purpose of making grants to cities and  
21                  counties whose application under section  
22                  3404—

23                  “(i) contains a report concerning the  
24                  dissemination of emergency relief funds

1 under paragraph (1) and the plan for utili-  
2 zation of such funds, if applicable;

3 “(ii) demonstrates the need in such  
4 local area, on an objective and quantified  
5 basis, for supplemental financial assistance  
6 to combat substance use disorder;

7 “(iii) demonstrates the existing com-  
8 mitment of local resources of the area,  
9 both financial and in-kind, to preventing,  
10 treating, and managing substance use dis-  
11 order and supporting sustained recovery;

12 “(iv) demonstrates the ability of the  
13 area to utilize such supplemental financial  
14 resources in a manner that is immediately  
15 responsive and cost effective;

16 “(v) demonstrates that resources will  
17 be allocated in accordance with the local  
18 demographic incidence of substance use  
19 disorders and drug overdose mortality;

20 “(vi) demonstrates the inclusiveness of  
21 affected communities and individuals with  
22 substance use disorders, including those  
23 communities and individuals that are dis-  
24 proportionately affected or historically un-  
25 derserved;

1           “(vii) demonstrates the manner in  
2           which the proposed services are consistent  
3           with the local needs assessment and the  
4           State plan approved by the Secretary pur-  
5           suant to section 1932(b);

6           “(viii) demonstrates success in identi-  
7           fying individuals with substance use dis-  
8           orders; and

9           “(ix) demonstrates that support for  
10          substance use disorder prevention and  
11          treatment services is organized to maxi-  
12          mize the value to the population to be  
13          served with an appropriate mix of sub-  
14          stance use disorder prevention and treat-  
15          ment services and attention to transition in  
16          care.

17          “(B) AMOUNT.—

18                 “(i) IN GENERAL.—The amount of  
19                 each grant made for purposes of this para-  
20                 graph shall be determined by the Sec-  
21                 retary. In making such determination, the  
22                 Secretary shall consider—

23                         “(I) the rate of drug overdose  
24                         deaths per 100,000 population in the  
25                         eligible local area; and

1                   “(II) the increasing need for sub-  
2                   stance use disorder treatment serv-  
3                   ices, including relative rates of in-  
4                   crease in the number of drug  
5                   overdoses or drug overdose deaths, or  
6                   recent increases in drug overdoses or  
7                   drug overdose deaths since data were  
8                   provided under section 3401(b), if ap-  
9                   plicable.

10                   “(ii) DEMONSTRATED NEED.—The  
11                   factors considered by the Secretary in de-  
12                   termining whether a local area has a dem-  
13                   onstrated need for purposes of clause  
14                   (i)(II) may include any or all of the fol-  
15                   lowing:

16                   “(I) The unmet need for sub-  
17                   stance use disorder treatment serv-  
18                   ices, including factors identified in  
19                   clause (i)(II).

20                   “(II) Relative rates of increase in  
21                   the number of drug overdoses or drug  
22                   overdose deaths.

23                   “(III) The relative rates of in-  
24                   crease in the number of drug  
25                   overdoses or drug overdose deaths

1 within new or emerging subpopula-  
2 tions.

3 “(IV) The current prevalence of  
4 substance use disorders.

5 “(V) Relevant factors related to  
6 the cost and complexity of delivering  
7 substance use disorder treatment serv-  
8 ices to individuals in the eligible local  
9 area.

10 “(VI) The impact of co-morbid  
11 factors, including co-occurring condi-  
12 tions, determined relevant by the Sec-  
13 retary.

14 “(VII) The prevalence of home-  
15 lessness among individuals with sub-  
16 stance use disorders.

17 “(VIII) The relevant factors that  
18 limit access to health care, including  
19 geographic variation, adequacy of  
20 health insurance coverage, and lan-  
21 guage barriers.

22 “(IX) The impact of a decline in  
23 the amount received pursuant to para-  
24 graph (1) on substance use disorder  
25 treatment services available to all in-

1 individuals with substance use disorders  
2 identified and eligible under this sub-  
3 title.

4 “(X) The increasing incidence in  
5 conditions related to substance use,  
6 including hepatitis C, human immuno-  
7 deficiency virus, hepatitis B and other  
8 infections associated with injection  
9 drug use.

10 “(C) APPLICATION OF PROVISIONS.—A  
11 local area that receives a grant under this para-  
12 graph—

13 “(i) shall use amounts received in ac-  
14 cordance with subsection (b);

15 “(ii) shall not have to meet the eligi-  
16 ble criteria in section 3401(b); and

17 “(iii) shall not have to establish a  
18 planning council under section 3402.

19 “(3) AMOUNT OF GRANT TO TRIBAL GOVERN-  
20 MENTS.—

21 “(A) INDIAN TRIBES.—In this section, the  
22 term ‘Indian tribe’ has the meaning given such  
23 term in section 4 of the Indian Self-Determina-  
24 tion and Education Assistance Act.

1           “(B) FORMULA FUNDS.—The Secretary,  
2           acting through the Indian Health Service, shall  
3           use 10 percent of the amount available under  
4           section 3406 for each fiscal year to provide for-  
5           mula funds to Indian tribes disproportionately  
6           affected by substance use, in an amount deter-  
7           mined pursuant to a formula and eligibility cri-  
8           teria developed by the Secretary in consultation  
9           with Indian tribes, for the purposes of address-  
10          ing substance use.

11          “(C) PAYMENT OF FUNDS.—At the option  
12          of an Indian tribe the Secretary shall pay funds  
13          under this section through a contract, coopera-  
14          tive agreement, or compact under, as applicable,  
15          title I or V of the Indian Self-Determination  
16          and Education Assistance Act.

17          “(D) USE OF AMOUNTS.—Notwithstanding  
18          any requirements in this section, an Indian  
19          tribe may use amounts provided under funds  
20          awarded under this paragraph for the uses  
21          identified in subsection (b) and any other activi-  
22          ties determined appropriate by the Secretary, in  
23          consultation with Indian tribes. An Indian tribe  
24          shall not be required to allocate funds and serv-  
25          ices in accordance with the goals, priorities, or

1 objectives established by a planning council  
2 under section 3402.

3 “(b) USE OF AMOUNTS.—

4 “(1) REQUIREMENTS.—The Secretary may not  
5 make a grant under section 3401 to an eligible local  
6 area unless the chief elected official of the area  
7 agrees that—

8 “(A) the allocation of funds and services  
9 within the area under the grant will be made in  
10 accordance with the priorities established by the  
11 planning council; and

12 “(B) funds provided under this grant will  
13 be expended for—

14 “(i) prevention services described in  
15 paragraph (3);

16 “(ii) core medical services described in  
17 paragraph (4);

18 “(iii) recovery and support services  
19 described in paragraph (5);

20 “(iv) early intervention services de-  
21 scribed in paragraph (6);

22 “(v) harm reduction services described  
23 in paragraph (7);

24 “(vi) financial assistance with health  
25 insurance described in paragraph (8); and

1                   “(vii) administrative expenses de-  
2                   scribed in paragraph (9).

3                   “(2) DIRECT FINANCIAL ASSISTANCE.—

4                   “(A) IN GENERAL.—An eligible local area  
5                   shall use amounts received under a grant under  
6                   section 3401 to provide direct financial assist-  
7                   ance to eligible entities or providers for the pur-  
8                   pose of providing prevention services, core med-  
9                   ical services, recovery and support services,  
10                  early intervention services, and harm reduction  
11                  services.

12                  “(B) APPROPRIATE ENTITIES.—Direct fi-  
13                  nancial assistance may be provided under sub-  
14                  paragraph (A) to public or nonprofit entities,  
15                  other eligible Medicaid providers if more than  
16                  half of their patients are diagnosed with a sub-  
17                  stance use disorder and covered by Medicaid, or  
18                  other private for-profit entities if such entities  
19                  are the only available provider of quality sub-  
20                  stance use disorder treatment services in the  
21                  area.

22                  “(C) LIMITATION.—An eligible local area  
23                  (not including tribal areas) may not provide di-  
24                  rect financial assistance to any entity or pro-  
25                  vider that provides medication for addiction

1 treatment if that entity or provider does not  
2 also offer mental health services or psycho-  
3 therapy by licensed clinicians through a referral  
4 or onsite.

5 “(D) NEUTRALITY TOWARDS ORGANIZED  
6 LABOR.—

7 “(i) IN GENERAL.—In carrying out  
8 duties under this section, eligible local  
9 areas shall, to the extent practicable,  
10 prioritize the distribution of grant funds to  
11 grantees that have—

12 “(I)(aa) a collective bargaining  
13 agreement; or

14 “(bb) an explicit policy not to  
15 deter employees with respect to—

16 “(AA) labor organizing for  
17 the employees engaged in the  
18 covered activities; and

19 “(BB) such employees’  
20 choice to form and join labor or-  
21 ganizations; and

22 “(II) policies that require—

23 “(aa) the posting and main-  
24 tenance of notices in the work-  
25 place to such employees of their

1 rights under the National Labor  
2 Relations Act (29 U.S.C. 151 et  
3 seq.);

4 “(bb) that such employees  
5 are, at the beginning of their em-  
6 ployment, provided notice and in-  
7 formation regarding the employ-  
8 ees’ rights under such Act; and

9 “(cc) the employer to volun-  
10 tarily recognize a union in cases  
11 where a majority of such workers  
12 of the employer have joined and  
13 requested representation.

14 “(ii) LIMITATION.—This subsection  
15 does not apply to Indian tribes.

16 “(3) PREVENTION SERVICES.—

17 “(A) IN GENERAL.—For purposes of this  
18 section, the term ‘prevention services’ means  
19 evidence-based services, programs, or multi-sec-  
20 tor strategies to prevent substance use disorder  
21 (including education campaigns, community-  
22 based prevention programs, risk identification  
23 programs, opioid diversion, collection and dis-  
24 posal of unused opioids, services to at-risk pop-  
25 ulations, and trauma support services).

1           “(B) LIMIT.—An eligible local area may  
2           use not to exceed 20 percent of the amount of  
3           the grant under section 3401 for prevention  
4           services. An eligible local area may apply to the  
5           Secretary for a waiver of this subparagraph.

6           “(4) CORE MEDICAL SERVICES.—For purposes  
7           of this section, the term ‘core medical services’  
8           means the following evidence-based services provided  
9           to individuals with substance use disorder or at risk  
10          for developing substance use disorder, including  
11          through the use of telemedicine or a hub and spoke  
12          model:

13           “(A) Substance use disorder treatments, as  
14           more fully described in section 3439, including  
15           assessment of disease presence, severity, and  
16           co-occurring conditions, treatment planning,  
17           clinical stabilization services, withdrawal man-  
18           agement and detoxification, the provision of  
19           medication for substance use disorder, intensive  
20           inpatient treatment, intensive outpatient treat-  
21           ment, outpatient treatment, residential inpa-  
22           tient services, treatment for co-occurring mental  
23           health and substance use disorders, and all  
24           drugs approved by the Food and Drug Adminis-

1           tration for the treatment of substance use dis-  
2           order.

3           “(B) Outpatient and ambulatory health  
4           services, including those administered by Feder-  
5           ally-qualified health centers, rural health clinics,  
6           tribal clinics and hospitals, urban Indian orga-  
7           nizations, certified community behavioral health  
8           clinics (as described in section 223 of the Pro-  
9           tecting Access to Medicare Act), HIV services  
10          organizations, Native Hawaiian organizations  
11          (as defined in section 11 of the Native Hawai-  
12          ian Health Care Act of 1988), and comprehen-  
13          sive opioid recovery centers (as described in sec-  
14          tion 552 of this Act).

15          “(C) Hospice services.

16          “(D) Mental health services.

17          “(E) Opioid overdose reversal drug prod-  
18          ucts procurement, distribution, and training.

19          “(F) Pharmaceutical assistance and diag-  
20          nostic testing related to the management of  
21          substance use disorders and co-morbid condi-  
22          tions.

23          “(G) Home- and community-based health  
24          services.

1           “(H) Comprehensive Case Management  
2 and care coordination, including substance use  
3 disorder treatment adherence services.

4           “(I) Health insurance enrollment and cost-  
5 sharing assistance in accordance with para-  
6 graph (8).

7           “(J) Programs that hire, employ, train,  
8 and dispatch licensed health care professionals,  
9 mental health professionals, harm reduction  
10 providers, or community health workers to re-  
11 spond in lieu of law enforcement officers in  
12 emergencies and that ensure a licensed health  
13 care professional is a member of the team that  
14 responds in lieu of law enforcement officers in  
15 emergencies in which—

16           “(i) an individual calling 911, the Na-  
17 tional Suicide Hotline, or another emer-  
18 gency hotlines states that a person is expe-  
19 riencing a drug overdose or is otherwise  
20 under the influence of a legal or illegal  
21 substance; or

22           “(ii) a law enforcement officer, other  
23 first responder, or other individual identi-  
24 fies a person as being (or possibly being)

1                   under the influence of a legal or illegal  
2                   substance.

3                   “(5) RECOVERY AND SUPPORT SERVICES.—For  
4                   purposes of this section, the term ‘recovery and sup-  
5                   port services’ means services that are provided to in-  
6                   dividuals with substance use disorder, including resi-  
7                   dential recovery housing, mental health services,  
8                   long term recovery services, 24/7 hotline crisis center  
9                   support, medical transportation services, respite care  
10                  for persons caring for individuals with substance use  
11                  disorder, child care and family services while an in-  
12                  dividual is receiving inpatient treatment services or  
13                  at the time of outpatient services, outreach services,  
14                  peer recovery services, nutrition services, and refer-  
15                  rals for job training and career services, housing,  
16                  legal services, and child care and family services.  
17                  The entities through which such services may be  
18                  provided include local and tribal authorities that  
19                  provide child care, housing, community development,  
20                  and other recovery and support services, so long as  
21                  they do not exclude individuals on the basis that  
22                  such individuals receive medication for addiction  
23                  treatment.

24                  “(6) EARLY INTERVENTION SERVICES.—For  
25                  purposes of this section, the term ‘early intervention

1 services' means services to provide screening and  
2 connection to the appropriate level of substance use  
3 disorder and mental health treatment (including  
4 same-day connection), counseling provided to indi-  
5 viduals who have misused substances, who have ex-  
6 perienceed an overdose, or are at risk of developing  
7 substance use disorder, the provision of referrals to  
8 facilitate the access of such individuals to core med-  
9 ical services or recovery and support services for  
10 substance use disorder, and rapid access to medica-  
11 tion for addiction treatment in the setting of recent  
12 overdose. The entities through which such services  
13 may be provided include emergency rooms, fire de-  
14 partments and emergency medical services, detention  
15 facilities, prisons and jails, homeless shelters, health  
16 care points of entry specified by eligible local areas,  
17 Federally-qualified health centers, workforce agen-  
18 cies and job centers, youth development centers,  
19 tribal clinics and hospitals, urban Indian organiza-  
20 tions, and rural health clinics.

21 “(7) HARM REDUCTION SERVICES.—For pur-  
22 poses of this section, the term ‘harm reduction serv-  
23 ices’ means services provided to individuals engaging  
24 in substance use scientifically accepted to reduce the  
25 risk of infectious disease transmission, overdose, or

1 death, including syringe services programs and other  
2 safe use services, such as utilization of a device, kit,  
3 or chemical agent that tests or analyzes a substance  
4 to determine its composition or that detects sub-  
5 stances.

6 “(8) AFFORDABLE HEALTH INSURANCE COV-  
7 ERAGE.—An eligible local area may use amounts  
8 provided under a grant awarded under section 3401  
9 to establish a program of financial assistance to as-  
10 sist eligible individuals with substance use disorder  
11 in—

12 “(A) enrolling in health insurance cov-  
13 erage; or

14 “(B) affording health care services, includ-  
15 ing assistance paying cost-sharing amounts, in-  
16 cluding premiums.

17 “(9) ADMINISTRATION AND PLANNING.—An eli-  
18 gible local area (not including tribal areas) shall not  
19 use in excess of 15 percent of amounts received  
20 under a grant under section 3401 for administra-  
21 tion, accounting, reporting, and program oversight  
22 functions, including the development of systems to  
23 improve data collection and data sharing, in the first  
24 year of receiving the grant, and shall not use in ex-  
25 cess of 10 percent of amounts received under a

1 grant under section 3401 for such activities in sub-  
2 sequent years.

3 “(10) INCARCERATED INDIVIDUALS.—Amounts  
4 received under a grant under section 3401 may be  
5 used to provide substance use disorder treatment  
6 services, including medication for addiction treat-  
7 ment, to individuals who are currently incarcerated  
8 or in pre-trial detention.

9 “(c) REQUIRED TERMS.—

10 “(1) REQUIREMENT OF STATUS AS MEDICAID  
11 PROVIDER.—

12 “(A) PROVISION OF SERVICE.—Subject to  
13 subparagraph (B), the Secretary may not make  
14 a grant under section 3401 for the provision of  
15 substance use disorder treatment services under  
16 this section in an eligible local area unless, in  
17 the case of any such service that is available  
18 pursuant to the State plan approved under title  
19 XIX of the Social Security Act for the State—

20 “(i) the political subdivision involved  
21 will provide the service directly, and the  
22 political subdivision has entered into a par-  
23 ticipation agreement under the State plan  
24 and is qualified to receive payments under  
25 such plan; or

1 “(ii) the eligible local area involved—

2 “(I) will enter into agreements  
3 with public or nonprofit entities, or  
4 other Medicaid providers if more than  
5 half of their patients are diagnosed  
6 with a substance use disorder and  
7 covered by Medicaid, under which  
8 such entities and other providers will  
9 provide the service, and such entities  
10 and other providers have entered into  
11 such a participation agreement and  
12 are qualified to receive such pay-  
13 ments; and

14 “(II) demonstrates that it will  
15 ensure that such entities and other  
16 providers providing the service will  
17 seek payment for each such service  
18 rendered in accordance with the usual  
19 payment schedule under the State  
20 plan.

21 “(B) WAIVER.—

22 “(i) IN GENERAL.—In the case of an  
23 entity making an agreement pursuant to  
24 subparagraph (A)(ii) regarding the provi-  
25 sion of substance use disorder treatment

1 services, the requirement established in  
2 such subparagraph shall be waived by the  
3 substance use planning council for the area  
4 involved if the entity does not, in providing  
5 health care services, impose a charge or ac-  
6 cept reimbursement available from any  
7 third-party payor, including reimbursement  
8 under any insurance policy or under any  
9 Federal or State health benefits program.  
10 A waiver under this subparagraph shall  
11 not be longer than 2 years in duration and  
12 shall not be renewed.

13 “(ii) DETERMINATION.—A determina-  
14 tion by the substance use planning council  
15 of whether an entity referred to in clause  
16 (i) meets the criteria for a waiver under  
17 such clause shall be made without regard  
18 to whether the entity accepts voluntary do-  
19 nations for the purpose of providing serv-  
20 ices to the public.

21 “(2) REQUIRED TERMS FOR EXPANDING AND  
22 IMPROVING CARE.—A funding agreement for a grant  
23 under this section shall—

24 “(A) ensure that funds received under the  
25 grant will not be utilized to make payments for

1 any item or service to the extent that payment  
2 has been made, or can reasonably be expected  
3 to be made, with respect to that item or service  
4 under a State compensation program, under an  
5 insurance policy, or under any Federal or State  
6 health benefits program (except for a program  
7 administered by, or providing the services of,  
8 the Indian Health Service); and

9 “(B) ensure that all entities providing sub-  
10 stance use disorder treatment services with as-  
11 sistance made available under the grant offer  
12 all drugs approved by the Food and Drug Ad-  
13 ministration for the treatment of substance use  
14 disorder for which the applicant offers treat-  
15 ment, in accordance with section 3435.

16 “(3) ADDITIONAL REQUIRED TERMS.—A fund-  
17 ing agreement for a grant under this section is  
18 that—

19 “(A) funds received under the grant will be  
20 utilized to supplement not supplant other Fed-  
21 eral, State, or local funds made available in the  
22 year for which the grant is awarded to provide  
23 substance use disorder treatment services to in-  
24 dividuals with substance use disorder, including  
25 funds for each of prevention services, core med-

1            ical services, recovery and support services,  
2            early intervention services, harm reduction serv-  
3            ices, mental health services, and administrative  
4            expenses;

5                  “(B) political subdivisions within the eligi-  
6            ble local area will maintain the level of expendi-  
7            tures by such political subdivisions for sub-  
8            stance use disorder treatment services at a level  
9            that is at least equal to the level of such ex-  
10          penditures by such political subdivisions for the  
11          preceding fiscal year, including expenditures for  
12          each of prevention services, core medical serv-  
13          ices, recovery and support services, early inter-  
14          vention services, harm reduction services, men-  
15          tal health services, and administrative expenses;

16                “(C) political subdivisions within the eligi-  
17          ble local area will not use funds received under  
18          a grant awarded under section 3401 in main-  
19          taining the level of substance use disorder treat-  
20          ment services as required in subparagraph (B);

21                “(D) substance use disorder treatment  
22          services provided with assistance made available  
23          under the grant will be provided without re-  
24          gard—

1                   “(i) to the ability of the individual to  
2                   pay for such services; and

3                   “(ii) to the current or past health con-  
4                   dition of the individual to be served;

5                   “(E) substance use disorder treatment  
6                   services will be provided in a setting that is ac-  
7                   cessible to low-income individuals with sub-  
8                   stance use disorders and to individuals with  
9                   substance use disorders residing in rural areas;

10                  “(F) a program of outreach will be pro-  
11                  vided to low-income individuals with substance  
12                  use disorders to inform such individuals of sub-  
13                  stance use disorder treatment services and to  
14                  individuals with substance use disorders resid-  
15                  ing in rural areas;

16                  “(G) Indian tribes are included in planning  
17                  for the use of grant funds and the Federal trust  
18                  responsibility is upheld at all levels of program  
19                  administration; and

20                  “(H) the confidentiality of individuals re-  
21                  ceiving substance use disorder treatment serv-  
22                  ices will be maintained in a manner not incon-  
23                  sistent with applicable law.

1 **“SEC. 3404. APPLICATION.**

2 “(a) APPLICATION.—To be eligible to receive a grant  
3 under section 3401, an eligible local area shall prepare and  
4 submit to the Secretary an application in such form, and  
5 containing such information, as the Secretary shall re-  
6 quire, including—

7 “(1) a complete accounting of the disbursement  
8 of any prior grants received under this subtitle by  
9 the applicant and the results achieved by these ex-  
10 penditures and a demonstration that funds received  
11 from a grant under this subtitle in the prior year  
12 were expended in accordance with local priorities de-  
13 veloped by the local planning council established  
14 under section 3402, except that the planning council  
15 requirement shall not apply with respect to areas re-  
16 ceiving supplemental grant funds under section  
17 3403(a)(2);

18 “(2) establishment of goals and objectives to be  
19 achieved with grant funds provided under this sub-  
20 title, including targets and milestones that are in-  
21 tended to be met, the activities that will be under-  
22 taken to achieve those targets, the number of indi-  
23 viduals likely to be served by the funds sought, in-  
24 cluding demographic data on the populations to be  
25 served, and an explanation of how these goals and

1 objectives advance the State plan approved by the  
2 Secretary pursuant to section 1932(b);

3 “(3) a demonstration that the local area will  
4 use funds in a manner that provides substance use  
5 disorder treatment services in compliance with the  
6 evidence-based standards developed in accordance  
7 with section 3435, including providing all drugs ap-  
8 proved by the Food and Drug Administration for the  
9 treatment of substance use disorder;

10 “(4) a demonstration that resources provided  
11 under the grant will be allocated in accordance with  
12 the local demographic incidence of substance use, in-  
13 cluding allocations for services for children, youths,  
14 and women;

15 “(5) an explanation of how income, asset, and  
16 medical expense criteria will be established and ap-  
17 plied to those who qualify for assistance under the  
18 program;

19 “(6) an explanation of how an eligible local area  
20 will support, through distribution of resources and  
21 by other means, increased access to harm reduction  
22 services within the eligible local area;

23 “(7) where practical, an explanation of how an  
24 eligible local area shall coordinate with local public

1 health departments in the distribution of funding;  
2 and

3 “(8) for any prior funding received under this  
4 section, data provided in such form as the Secretary  
5 shall require detailing, at a minimum, the extent to  
6 which the activities supported by the funding met  
7 the goals and objectives specified in the application  
8 for the funding, the number of individuals who  
9 accessed medication for treatment by age, gender,  
10 sexual orientation, race, disability status, and other  
11 demographic criteria relevant to the program, and  
12 the effect of the program on overdose rates and  
13 rates of death due to overdose in the local area  
14 served by the program.

15 “(b) REQUIREMENTS REGARDING IMPOSITION OF  
16 CHARGES FOR SERVICES.—

17 “(1) IN GENERAL.—The Secretary may not  
18 make a grant under section 3401 to an eligible local  
19 area unless the eligible local area provides assur-  
20 ances that in the provision of substance use disorder  
21 treatment services with assistance provided under  
22 the grant—

23 “(A) in the case of individuals with an in-  
24 come less than or equal to 150 percent of the  
25 official poverty level, the provider will not im-

1           pose charges on any such individual for the  
2           services provided under the grant;

3           “(B) in the case of individuals with an in-  
4           come greater than 150 percent of the official  
5           poverty level, the provider will impose a charge  
6           on each such individual according to a schedule  
7           of charges made available to the public;

8           “(C) in the case of individuals with an in-  
9           come greater than 150 percent of the official  
10          poverty level but not exceeding 200 percent of  
11          such poverty level, the provider will not, for any  
12          calendar year, impose charges in an amount ex-  
13          ceeding 2 percent of the annual gross income of  
14          the individual;

15          “(D) in the case of individuals with an in-  
16          come greater than 200 percent of the official  
17          poverty level but not exceeding 250 percent of  
18          such poverty level, the provider will not, for any  
19          calendar year, impose charges in an amount ex-  
20          ceeding 4 percent of the annual gross income of  
21          the individual involved;

22          “(E) in the case of individuals with an in-  
23          come greater than 250 percent of the official  
24          poverty level but not exceeding 300 percent of  
25          such poverty level, the provider will not, for any

1           calendar year, impose charges in an amount ex-  
2           ceeding 6 percent of the annual gross income of  
3           the individual involved;

4           “(F) in the case of individuals with an in-  
5           come greater than 300 percent of the official  
6           poverty level but not exceeding 400 percent of  
7           such poverty level, the provider will not, for any  
8           calendar year, impose charges in an amount ex-  
9           ceeding 8.5 percent of the annual gross income  
10          of the individual involved;

11          “(G) in the case of individuals with an in-  
12          come greater than 400 percent of the official  
13          poverty level, the provider will not, for any cal-  
14          endar year, impose charges in an amount ex-  
15          ceeding 8.5 percent of the annual gross income  
16          of the individual involved; and

17          “(H) in the case of eligible American In-  
18          dian and Alaska Native individuals as defined  
19          by section 447.50 of title 42, Code of Federal  
20          Regulations (as in effect on July 1, 2010), the  
21          provider will not impose any charges for sub-  
22          stance use disorder treatment services, includ-  
23          ing any charges or cost-sharing prohibited by  
24          section 1402(d) of the Patient Protection and  
25          Affordable Care Act.

1           “(2) CHARGES.—With respect to compliance  
2 with the assurances made under paragraph (1), an  
3 eligible local area may, in the case of individuals  
4 subject to a charge—

5           “(A) assess the amount of the charge in  
6 the discretion of the area, including imposing  
7 only a nominal charge for the provision of sub-  
8 stance use disorder treatment services, subject  
9 to the provisions of the paragraph regarding  
10 public schedules and regarding limitations on  
11 the maximum amount of charges; and

12           “(B) take into consideration the total med-  
13 ical expenses of individuals in assessing the  
14 amount of the charge, subject to such provi-  
15 sions.

16           “(3) AGGREGATE CHARGES.—The Secretary  
17 may not make a grant under section 3401 to an eli-  
18 gible local area unless the area agrees that the limi-  
19 tations on charges for substance use disorder treat-  
20 ment services under this subsection applies to the  
21 annual aggregate of charges imposed for such serv-  
22 ices, however the charges are characterized, includes  
23 enrollment fees, premiums, deductibles, cost sharing,  
24 co-payments, co-insurance costs, or any other  
25 charges.

1           “(c) INDIAN TRIBES.—Any application requirements  
2 for grants distributed in accordance with section  
3 3403(a)(3) shall be developed by the Secretary in con-  
4 sultation with Indian tribes.

5 **“SEC. 3405. TECHNICAL ASSISTANCE.**

6           “The Secretary shall, beginning on the date of enact-  
7 ment of this title, provide technical assistance, including  
8 assistance from other grantees, contractors or subcontrac-  
9 tors under this title to assist newly eligible local areas in  
10 the establishment of planning councils and, to assist enti-  
11 ties in complying with the requirements of this subtitle  
12 in order to make such areas eligible to receive a grant  
13 under this subtitle. The Secretary may make planning  
14 grants available to eligible local areas, in an amount not  
15 to exceed \$75,000, for any area that is projected to be  
16 eligible for funding under section 3401 in the following  
17 fiscal year. Such grant amounts shall be deducted from  
18 the first year formula award to eligible local areas accept-  
19 ing such grants.

20 **“SEC. 3406. AUTHORIZATION OF APPROPRIATIONS.**

21           “There is authorized to be appropriated to carry out  
22 this subtitle—

23                   “(1) \$3,300,000,000 for fiscal year 2024;

24                   “(2) \$3,300,000,000 for fiscal year 2025;

25                   “(3) \$3,300,000,000 for fiscal year 2026;

- 1 “(4) \$3,300,000,000 for fiscal year 2027;  
2 “(5) \$3,300,000,000 for fiscal year 2028;  
3 “(6) \$3,300,000,000 for fiscal year 2029;  
4 “(7) \$3,300,000,000 for fiscal year 2030;  
5 “(8) \$3,300,000,000 for fiscal year 2031;  
6 “(9) \$3,300,000,000 for fiscal year 2032; and  
7 “(10) \$3,300,000,000 for fiscal year 2033.

8 **“Subtitle B—State and Tribal Sub-**  
9 **stance Use Disorder Prevention**  
10 **and Intervention Grant Pro-**  
11 **gram**

12 **“SEC. 3411. ESTABLISHMENT OF PROGRAM OF GRANTS.**

13 “The Secretary shall award grants to States, terri-  
14 tories, and Tribal governments for the purpose of address-  
15 ing substance use within such States.

16 **“SEC. 3412. AMOUNT OF GRANT, USE OF AMOUNTS, AND**  
17 **FUNDING AGREEMENT.**

18 “(a) AMOUNT OF GRANT TO STATES AND TERRI-  
19 TORIES.—

20 “(1) IN GENERAL.—

21 “(A) EXPEDITED DISTRIBUTION.—Not  
22 later than 90 days after an appropriation be-  
23 comes available, the Secretary shall disburse 50  
24 percent of the amount made available under  
25 section 3415 for carrying out this subtitle for

1 such fiscal year through grants to States under  
2 section 3411, in accordance with subparagraphs  
3 (B) and (C).

4 “(B) MINIMUM ALLOTMENT.—Subject to  
5 the amount made available under section 3415,  
6 the amount of a grant under section 3411 for—

7 “(i) each of the 50 States, the District  
8 of Columbia, and Puerto Rico for a fiscal  
9 year shall be the greater of—

10 “(I) \$2,000,000; or

11 “(II) an amount determined  
12 under the subparagraph (C); and

13 “(ii) each territory other than Puerto  
14 Rico for a fiscal year shall be the greater  
15 of—

16 “(I) \$500,000; or

17 “(II) an amount determined  
18 under the subparagraph (C).

19 “(C) DETERMINATION.—

20 “(i) FORMULA.—For purposes of sub-  
21 paragraph (B), the amount referred to in  
22 this subparagraph for a State (including a  
23 territory) for a fiscal year is—

24 “(I) an amount equal to the  
25 amount made available under section

1 3415 for the fiscal year involved for  
2 grants pursuant to subparagraph (B);  
3 and

4 “(II) the percentage constituted  
5 by the sum of—

6 “(aa) the product of 0.85  
7 and the ratio of the State dis-  
8 tribution factor for the State or  
9 territory to the sum of the re-  
10 spective distribution factors for  
11 all States; and

12 “(bb) the product of 0.15  
13 and the ratio of the non-local dis-  
14 tribution factor for the State or  
15 territory (as determined under  
16 clause (iv)) to the sum of the re-  
17 spective non-local distribution  
18 factors for all States or terri-  
19 tories.

20 “(ii) STATE DISTRIBUTION FACTOR.—  
21 For purposes of clause (i)(II)(aa), the term  
22 ‘State distribution factor’ means an  
23 amount equal to—

1                   “(I) the estimated number of  
2                   drug overdose deaths in the State, as  
3                   determined under clause (iii); or

4                   “(II) the number of non-fatal  
5                   drug overdoses in the State, as deter-  
6                   mined under clause (iv),

7                   as determined by the Secretary based on  
8                   which distribution factor (subclause (I) or  
9                   (II)) will result in the State receiving the  
10                  greatest amount of funds.

11                  “(iii)       NUMBER       OF       DRUG  
12                  OVERDOSES.—For purposes of clause (ii),  
13                  the number of drug overdose deaths deter-  
14                  mined under this clause for a State for a  
15                  fiscal year is the number of drug overdose  
16                  deaths during the most recent 3-year pe-  
17                  riod for which such data are available.

18                  “(iv) NUMBER OF NON-FATAL DRUG  
19                  OVERDOSES.—The number of non-fatal  
20                  drug overdose deaths determined under  
21                  this clause for a State for a fiscal year for  
22                  purposes of clause (ii) may be determined  
23                  by using data including emergency depart-  
24                  ment syndromic data, visits, other emer-  
25                  gency medical services for drug-related

1 causes, or Overdose Detection Mapping  
2 Application Program (ODMAP) data dur-  
3 ing the most recent 3-year period for which  
4 such data are available.

5 “(v) NON-LOCAL DISTRIBUTION FAC-  
6 TORS.—For purposes of clause (i)(II)(bb),  
7 the term ‘non-local distribution factor’  
8 means an amount equal to the sum of—

9 “(I) the number of drug overdose  
10 deaths in the State involved, as deter-  
11 mined under clause (iii), or the num-  
12 ber of non-fatal drug overdoses in the  
13 State, based on the criteria used by  
14 the State under clause (ii); less

15 “(II) the total number of drug  
16 overdose deaths or non-fatal drug  
17 overdoses that are within areas in  
18 such State or territory that are eligi-  
19 ble counties under section 3401.

20 “(vi) STUDY.—Not later than 3 years  
21 after the date of enactment of this title,  
22 the Comptroller General shall conduct a  
23 study to determine whether the data uti-  
24 lized for purposes of clause (ii) provide the  
25 most precise measure of State need related

1 to substance use and addiction prevalence  
2 and whether additional data would provide  
3 more precise measures the levels of sub-  
4 stance use and addiction prevalent in  
5 States. Such study shall identify barriers  
6 to collecting or analyzing such data, and  
7 make recommendations for revising the  
8 distribution factors used under such clause  
9 to determine funding levels in order to di-  
10 rect funds to the States in most need of  
11 funding to provide substance use disorder  
12 treatment services.

13 “(2) SUPPLEMENTAL GRANTS.—

14 “(A) IN GENERAL.—Subject to subpara-  
15 graph (C), the Secretary shall disburse the re-  
16 mainder of amounts not disbursed under para-  
17 graph (1) for such fiscal year for the purpose  
18 of making grants to States whose application—

19 “(i) contains a report concerning the  
20 dissemination of emergency relief funds  
21 under paragraph (1) and the plan for utili-  
22 zation of such funds, if applicable;

23 “(ii) demonstrates the need in such  
24 State, on an objective and quantified basis,

1 for supplemental financial assistance to  
2 combat substance use disorder;

3 “(iii) demonstrates the existing com-  
4 mitment of local resources of the State,  
5 both financial and in-kind, to preventing,  
6 treating, and managing substance use dis-  
7 order and supporting sustained recovery;

8 “(iv) demonstrates the ability of the  
9 State to utilize such supplemental financial  
10 resources in a manner that is immediately  
11 responsive and cost effective;

12 “(v) demonstrates that resources will  
13 be allocated in accordance with the local  
14 demographic incidence of substances use  
15 disorders and drug overdose mortality;

16 “(vi) demonstrates the inclusiveness of  
17 affected communities and individuals with  
18 substance use disorders, including those  
19 communities and individuals that are dis-  
20 proportionately affected or historically un-  
21 derserved;

22 “(vii) demonstrates the manner in  
23 which the proposed services are consistent  
24 with the local needs assessment and the

1 State plan approved by the Secretary pur-  
2 suant to section 1932(b);

3 “(viii) demonstrates success in identi-  
4 fying individuals with substance use dis-  
5 orders; and

6 “(ix) demonstrates that support for  
7 substance use disorder prevention and  
8 treatment services is organized to maxi-  
9 mize the value to the population to be  
10 served with an appropriate mix of sub-  
11 stance use disorder treatment services and  
12 attention to transition in care.

13 “(B) AMOUNT.—

14 “(i) IN GENERAL.—The amount of  
15 each grant made for purposes of this para-  
16 graph shall be determined by the Sec-  
17 retary. In making such determination, the  
18 Secretary shall consider—

19 “(I) the rate of drug overdose  
20 deaths per 100,000 population in the  
21 State; and

22 “(II) the increasing need for sub-  
23 stance use disorder treatment serv-  
24 ices, including relative rates of in-  
25 crease in the number of drug

1 overdoses or drug overdose deaths, or  
2 recent increases in drug overdoses or  
3 drug overdose deaths since the data  
4 were reported under section 3413, if  
5 applicable.

6 “(ii) DEMONSTRATED NEED.—The  
7 factors considered by the Secretary in de-  
8 termining whether a State has a dem-  
9 onstrated need for purposes of subpara-  
10 graph (A)(ii) may include any or all of the  
11 following:

12 “(I) The unmet need for such  
13 services, including the factors identi-  
14 fied in clause (i)(II).

15 “(II) Relative rates of increase in  
16 the number of drug overdoses or drug  
17 overdose deaths.

18 “(III) The relative rates of in-  
19 crease in the number of drug  
20 overdoses or drug overdose deaths  
21 within new or emerging subpopula-  
22 tions.

23 “(IV) The current prevalence of  
24 substance use disorders.

1                   “(V) Relevant factors related to  
2                   the cost and complexity of delivering  
3                   substance use disorder treatment serv-  
4                   ices to individuals in the State.

5                   “(VI) The impact of co-morbid  
6                   factors, including co-occurring condi-  
7                   tions, determined relevant by the Sec-  
8                   retary.

9                   “(VII) The prevalence of home-  
10                  lessness among individuals with sub-  
11                  stance use disorder.

12                  “(VIII) The relevant factors that  
13                  limit access to health care, including  
14                  geographic variation, adequacy of  
15                  health insurance coverage, and lan-  
16                  guage barriers.

17                  “(IX) The impact of a decline in  
18                  the amount received pursuant to para-  
19                  graph (1) on substance use disorder  
20                  treatment services available to all in-  
21                  dividuals with substance use disorders  
22                  identified and eligible under this sub-  
23                  title.

24                  “(X) The increasing incidence in  
25                  conditions related to substance use,

1 including hepatitis C, human immuno-  
2 deficiency virus, hepatitis B and other  
3 infections associated with injection  
4 drug use.

5 “(C) MODEL STANDARDS.—

6 “(i) PREFERENCE.—In determining  
7 whether a State will receive funds under  
8 this paragraph, except as provided in  
9 clause (ii), the Secretary shall give pref-  
10 erence to States that have adopted the  
11 model standards for each substance use  
12 disorder treatment service and recovery  
13 residence developed in accordance with  
14 subsections (a) and (b) of section 3435.

15 “(ii) REQUIREMENT.—Effective begin-  
16 ning in fiscal year 2026, the Secretary  
17 shall not award a grant under this para-  
18 graph to a State unless that State has  
19 adopted the model standards for each of  
20 substance use disorder treatment services  
21 and recovery residences developed in ac-  
22 cordance with subsections (a) and (b) of  
23 section 3435.

24 “(D) CONTINUUM OF CARE.—

1           “(i) PREFERENCE.—In determining  
2           whether a State will receive funds under  
3           this paragraph, except as provided in  
4           clause (ii), the Secretary shall give pref-  
5           erence to States that have carried out the  
6           requirements to ensure a continuum of  
7           services in accordance with section  
8           3435(d).

9           “(ii) REQUIREMENT.—Effective begin-  
10          ning in fiscal year 2026, the Secretary  
11          shall not award a grant under this para-  
12          graph to a State unless that State has car-  
13          ried out the requirements to ensure a con-  
14          tinuum of services in accordance with sec-  
15          tion 3435(d).

16          “(E) UTILIZATION MANAGEMENT FOR  
17          MEDICATION FOR ADDICTION TREATMENT.—

18          “(i) PREFERENCE.—In determining  
19          whether a State will receive funds under  
20          this paragraph, the Secretary shall give  
21          preference to States that have prohibited  
22          prior authorization and step therapy re-  
23          quirements for at least 1 drug in each  
24          class approved by the Food and Drug Ad-

1           ministration for the treatment of substance  
2           use disorder.

3           “(ii) ADDITIONAL PREFERENCES.—  
4           Additional preference shall be given to  
5           States that have prohibited prior author-  
6           ization and step therapy requirements for  
7           2 or more drugs in each class approved by  
8           the Food and Drug Administration for the  
9           treatment of substance use disorder.

10          “(iii) DEFINITIONS.—In this subpara-  
11          graph:

12                 “(I) PRIOR AUTHORIZATION.—  
13                 The term ‘prior authorization’ means  
14                 the process by which a health insur-  
15                 ance issuer or pharmacy benefit man-  
16                 agement company determines the  
17                 medical necessity of otherwise covered  
18                 health care services prior to the ren-  
19                 dering of such health care services.  
20                 Such term includes any health insur-  
21                 ance issuer’s or utilization review enti-  
22                 ty’s requirement that a subscriber or  
23                 health care provider notify the issuer  
24                 or entity prior to providing a health  
25                 care service.

1                   “(II) STEP THERAPY.—The term  
2                   ‘step therapy’ means a protocol or  
3                   program that establishes the specific  
4                   sequence in which prescription drugs  
5                   for a medical condition that are medi-  
6                   cally appropriate for a particular pa-  
7                   tient are authorized by a health insur-  
8                   ance issuer or prescription drug man-  
9                   agement company.

10                   “(3) AMOUNT OF GRANT TO TRIBAL GOVERN-  
11                   MENTS.—

12                   “(A) INDIAN TRIBES.—In this section, the  
13                   term ‘Indian tribe’ has the meaning given such  
14                   term in section 4 of the Indian Self-Determina-  
15                   tion and Education Assistance Act.

16                   “(B) FORMULA FUNDS.—The Secretary,  
17                   acting through the Indian Health Service, shall  
18                   use 10 percent of the amount available under  
19                   section 3415 for each fiscal year to provide for-  
20                   mula funds to Indian tribes in an amount de-  
21                   termined pursuant to a formula and eligibility  
22                   criteria developed by the Secretary in consulta-  
23                   tion with Indian tribes, for the purposes of ad-  
24                   dressing substance use.

1           “(C) PAYMENT OF FUNDS.—At the option  
2 of an Indian tribe the Secretary shall pay funds  
3 under this section through a contract, coopera-  
4 tive agreement, or compact under, as applicable,  
5 title I or V of the Indian Self-Determination  
6 and Education Assistance Act.

7           “(D) USE OF AMOUNTS.—Notwithstanding  
8 any requirements in this section, an Indian  
9 tribe may use amounts provided under funds  
10 awarded under this paragraph for the uses  
11 identified in subsection (b) and any other activi-  
12 ties determined appropriate by the Secretary, in  
13 consultation with Indian tribes.

14       “(b) USE OF AMOUNTS.—

15           “(1) IN GENERAL.—A State or tribe may use  
16 amounts provided under grants awarded under sec-  
17 tion 3411 for—

18           “(A) prevention services described in para-  
19 graph (3);

20           “(B) core medical services described in  
21 paragraph (4);

22           “(C) recovery and support services de-  
23 scribed in paragraph (5);

24           “(D) early intervention services described  
25 in paragraph (6);

1           “(E) harm reduction services described in  
2 paragraph (7);

3           “(F) financial assistance with health insur-  
4 ance as described in paragraph (8); and

5           “(G) administrative expenses described in  
6 paragraph (9).

7           “(2) DIRECT FINANCIAL ASSISTANCE.—

8           “(A) IN GENERAL.—A State or tribe may  
9 use amounts received under a grant under sec-  
10 tion 3411 to provide direct financial assistance  
11 to eligible entities or other eligible Medicaid  
12 providers for the purpose of providing preven-  
13 tion services, core medical services, recovery  
14 and support services, early intervention services,  
15 and harm reduction services.

16           “(B) APPROPRIATE ENTITIES.—Direct fi-  
17 nancial assistance may be provided under sub-  
18 paragraph (A) to public or nonprofit entities,  
19 other Medicaid providers if more than half of  
20 their patients are diagnosed with a substance  
21 use disorder and covered by Medicaid, or other  
22 private for-profit entities if such entities are the  
23 only available provider of quality substance use  
24 disorder treatment services in the area.

1           “(C) LIMITATION.—A State may not pro-  
2           vide direct financial assistance to any entity or  
3           provider that provides medication for addiction  
4           treatment if that entity or provider does not  
5           also offer mental health services or psycho-  
6           therapy by licensed clinicians through a referral  
7           or onsite.

8           “(D) NEUTRALITY TOWARDS ORGANIZED  
9           LABOR.—

10           “(i) IN GENERAL.—In carrying out  
11           duties under this section, States shall, to  
12           the extent practicable, prioritize the dis-  
13           tribution of grant funds to grantees that  
14           have—

15                   “(I)(aa) a collective bargaining  
16                   agreement; or

17                   “(bb) an explicit policy not to  
18                   deter employees with respect to—

19                           “(AA) labor organizing for  
20                           the employees engaged in the  
21                           covered activities; and

22                           “(BB) such employees’  
23                           choice to form and join labor or-  
24                           ganizations; and

25                   “(II) policies that require—

1                   “(aa) the posting and main-  
2                   tenance of notices in the work-  
3                   place to such employees of their  
4                   rights under the National Labor  
5                   Relations Act (29 U.S.C. 151 et  
6                   seq.);

7                   “(bb) that such employees  
8                   are, at the beginning of their em-  
9                   ployment, provided notice and in-  
10                  formation regarding the employ-  
11                  ees’ rights under such Act; and

12                  “(cc) the employer to volun-  
13                  tarily recognize a union in cases  
14                  where a majority of such workers  
15                  of the employer have joined and  
16                  requested representation.

17                  “(ii) LIMITATION.—This subsection  
18                  does not apply to Indian tribes.

19                  “(3) PREVENTION SERVICES.—

20                  “(A) IN GENERAL.—For purposes of this  
21                  section, the term ‘prevention services’ means  
22                  evidence-based services, programs, or multi-sec-  
23                  tor strategies to prevent substance use disorder  
24                  (including education campaigns, community-  
25                  based prevention programs, risk-identification

1 programs, opioid diversion, collection and dis-  
2 posal of unused opioids, services to at-risk pop-  
3 ulations, and trauma support services).

4 “(B) LIMIT.—A State may use not to ex-  
5 ceed 20 percent of the amount of the grant  
6 under section 3411 for prevention services. A  
7 State may apply to the Secretary for a waiver  
8 of this subparagraph.

9 “(4) CORE MEDICAL SERVICES.—For purposes  
10 of this section, the term ‘core medical services’  
11 means the following evidence-based services when  
12 provided to individuals with substance use disorder  
13 or at risk for developing substance use disorder, in-  
14 cluding through the use of telemedicine or a hub and  
15 spoke model:

16 “(A) Substance use disorder treatment, as  
17 described in section 3439(4), including assess-  
18 ment of disease presence, severity, and co-oc-  
19 ccurring conditions, treatment planning, clinical  
20 stabilization services, withdrawal management  
21 and detoxification, the provision of medication  
22 for substance use disorder, intensive inpatient  
23 treatment, intensive outpatient treatment, out-  
24 patient treatment, residential inpatient services,  
25 treatment for co-occurring mental health and

1 substance use disorders, and all drugs approved  
2 by the Food and Drug Administration for the  
3 treatment of substance use disorder.

4 “(B) Outpatient and ambulatory health  
5 services, including those administered by Feder-  
6 ally-qualified health centers, rural health clinics,  
7 tribal clinics and hospitals, urban Indian orga-  
8 nizations, certified community behavioral health  
9 clinics (as described in section 223 of the Pro-  
10 tecting Access to Medicare Act), HIV services  
11 organizations, Native Hawaiian organizations  
12 (as defined in section 11 of the Native Hawai-  
13 ian Health Care Act of 1988), and comprehen-  
14 sive opioid recovery centers (as described in sec-  
15 tion 552 of this Act).

16 “(C) Hospice services.

17 “(D) Mental health services.

18 “(E) Opioid overdose reversal drug prod-  
19 ucts procurement, distribution, and training.

20 “(F) Pharmaceutical assistance related to  
21 the management of substance-use disorders and  
22 co-morbid conditions.

23 “(G) Home- and community-based health  
24 services.

1           “(H) Comprehensive Case Management  
2 and care coordination, including substance use  
3 disorder treatment adherence services.

4           “(I) Health insurance enrollment and cost-  
5 sharing assistance in accordance with para-  
6 graph (8).

7           “(J) Programs that hire, employ, train,  
8 and dispatch licensed health care professionals,  
9 mental health professionals, harm reduction  
10 providers, or community health workers to re-  
11 spond in lieu of law enforcement officers in  
12 emergencies and that ensure a licensed health  
13 care professional is a member of the team that  
14 responds in lieu of law enforcement officers in  
15 emergencies in which—

16           “(i) an individual calling 911, the Na-  
17 tional Suicide Hotline, or another emer-  
18 gency hotlines states that a person is expe-  
19 riencing a drug overdose or is otherwise  
20 under the influence of a legal or illegal  
21 substance; or

22           “(ii) a law enforcement officer, other  
23 first responder, or other individual identi-  
24 fies a person as being (or possibly being)

1                   under the influence of a legal or illegal  
2                   substance.

3                   “(5) RECOVERY AND SUPPORT SERVICES.—For  
4                   purposes of this section, the term ‘recovery and sup-  
5                   port services’ means services including residential re-  
6                   covery housing, mental health services, long term re-  
7                   covery services, 24/7 hotline crisis center services,  
8                   medical transportation services, respite care for per-  
9                   sons caring for individuals with substance use dis-  
10                  order, child care and family services while an indi-  
11                  vidual is receiving inpatient treatment services or at  
12                  the time of outpatient services, outreach services,  
13                  peer recovery services, nutrition services, and refer-  
14                  rals for job training and career services, housing,  
15                  legal services, and child care and family services.  
16                  The entities through which such services may be  
17                  provided include State, local, and Tribal authorities  
18                  that provide child care, housing, community develop-  
19                  ment, and other recovery and support services, so  
20                  long as they do not exclude individuals on the basis  
21                  that such individuals receive medication for addic-  
22                  tion treatment.

23                  “(6) EARLY INTERVENTION SERVICES.—For  
24                  purposes of this section, the term ‘early intervention  
25                  services’ means services to provide screening and

1 connection to the appropriate level of substance use  
2 disorder and mental health treatment (including  
3 same-day connection), counseling provided to indi-  
4 viduals who have misused substances, who have ex-  
5 perience an overdose, or are at risk of developing  
6 substance use disorder, the provision of referrals to  
7 facilitate the access of such individuals to core med-  
8 ical services or recovery and support services for  
9 substance use disorder, and rapid access to medica-  
10 tion for addiction treatment in the setting of recent  
11 overdose. The entities through which such services  
12 may be provided include emergency rooms, fire de-  
13 partments and emergency medical services, detention  
14 facilities, prisons and jails, homeless shelters, health  
15 care points of entry specified by eligible local areas,  
16 Federally-qualified health centers, workforce agen-  
17 cies and job centers, youth development centers,  
18 tribal clinics and hospitals, urban Indian organiza-  
19 tions, and rural health clinics.

20 “(7) HARM REDUCTION SERVICES.—For pur-  
21 poses of this section, the term ‘harm reduction serv-  
22 ices’ means services provided to individuals engaging  
23 in substance use scientifically accepted to reduce the  
24 risk of infectious disease transmission, overdose, or  
25 death, including syringe services programs and other

1 safe use services, such as utilization of a device, kit,  
2 or chemical agent that tests or analyzes a substance  
3 to determine its composition or that detects sub-  
4 stances.

5 “(8) AFFORDABLE HEALTH INSURANCE COV-  
6 ERAGE.—A State may use amounts provided under  
7 a grant awarded under section 3411 to establish a  
8 program of financial assistance to assist eligible indi-  
9 viduals with substance use disorder in—

10 “(A) enrolling in health insurance cov-  
11 erage; or

12 “(B) affording health care services, includ-  
13 ing assistance paying cost-sharing amounts, in-  
14 cluding premiums.

15 “(9) ADMINISTRATION AND PLANNING.—A  
16 State shall not use in excess of 10 percent of  
17 amounts received under a grant under section 3411  
18 for administration, accounting, reporting, and pro-  
19 gram oversight functions, including the development  
20 of systems to improve data collection and data shar-  
21 ing.

22 “(10) INCARCERATED INDIVIDUALS.—Amounts  
23 received under a grant under section 3411 may be  
24 used to provide substance use disorder treatment  
25 services, including medication for addiction treat-

1           ment, to individuals who are currently incarcerated  
2           or in pre-trial detention.

3           “(c) REQUIRED TERMS.—

4                 “(1) REQUIREMENT OF STATUS AS MEDICAID  
5           PROVIDER.—

6                 “(A) PROVISION OF SERVICE.—Subject to  
7           subparagraph (B), the Secretary may not make  
8           a grant under section 3411 for the provision of  
9           substance use disorder treatment services under  
10          this section in a State unless, in the case of any  
11          such service that is available pursuant to the  
12          State plan approved under title XIX of the So-  
13          cial Security Act for the State—

14                 “(i)(I) the State will enter into an  
15           agreement with a political subdivision,  
16           under which the political subdivision will  
17           provide the service directly, and the polit-  
18           ical subdivision has entered into a partici-  
19           pation agreement under the State plan and  
20           is qualified to receive payments under such  
21           plan; or

22                 “(II) the State will enter into agree-  
23           ments with public or nonprofit entities, or  
24           other Medicaid providers if more than half  
25           of their patients are diagnosed with a sub-

1           stance use disorder and covered by Med-  
2           icaid, under which such entities and other  
3           providers will provide the service, and such  
4           entities and other providers have entered  
5           into such a participation agreement and  
6           are qualified to receive such payments; and

7                   “(III) the State ensures the political  
8           subdivision under clause (i)(I) or the pub-  
9           lic or nonprofit private entities and other  
10          providers under clause (i)(II) will seek pay-  
11          ment for each such service rendered in ac-  
12          cordance with the usual payment schedule  
13          under the State plan.

14          “(B) WAIVER.—

15                   “(i) IN GENERAL.—In the case of an  
16          entity making an agreement pursuant to  
17          subparagraph (A)(ii) regarding the provi-  
18          sion of substance use disorder treatment  
19          services, the requirement established in  
20          such subparagraph shall be waived by the  
21          State if the entity does not, in providing  
22          health care services, impose a charge or ac-  
23          cept reimbursement available from any  
24          third-party payor, including reimbursement  
25          under any insurance policy or under any

1 Federal or State health benefits program.  
2 A waiver under this subparagraph shall  
3 not be longer than 2 years in duration and  
4 shall not be renewed.

5 “(ii) DETERMINATION.—A determina-  
6 tion by the State of whether an entity re-  
7 ferred to in clause (i) meets the criteria for  
8 a waiver under such clause shall be made  
9 without regard to whether the entity ac-  
10 cepts voluntary donations for the purpose  
11 of providing services to the public.

12 “(2) REQUIRED TERMS FOR EXPANDING AND  
13 IMPROVING CARE.—A funding agreement for a grant  
14 under this section shall—

15 “(A) ensure that funds received under the  
16 grant will not be utilized to make payments for  
17 any item or service to the extent that payment  
18 has been made, or can reasonably be expected  
19 to be made, with respect to that item or service  
20 under a State compensation program, under an  
21 insurance policy, or under any Federal or State  
22 health benefits program (except for a program  
23 administered by, or providing the services of,  
24 the Indian Health Service); and

1           “(B) ensure that all entities providing sub-  
2           stance use disorder treatment services with as-  
3           sistance made available under the grant shall  
4           offer all drugs approved by the Food and Drug  
5           Administration for the treatment of substance  
6           use disorder for which the applicant offers  
7           treatment, in accordance with section 3435.

8           “(3) ADDITIONAL REQUIRED TERMS.—A fund-  
9           ing agreement for a grant under this section is  
10          that—

11           “(A) funds received under the grant will be  
12           utilized to supplement not supplant other Fed-  
13           eral, State, or local funds made available in the  
14           year for which the grant is awarded to provide  
15           substance use disorder treatment services to in-  
16           dividuals with substance use disorder, including  
17           funds for each of prevention services, core med-  
18           ical services, recovery and support services,  
19           early intervention services, harm reduction serv-  
20           ices, mental health services, and administrative  
21           expenses;

22           “(B) political subdivisions within the State  
23           will maintain the level of expenditures by such  
24           political subdivisions for substance use disorder  
25           treatment services at a level that is at least

1 equal to the level of such expenditures by such  
2 political subdivisions for the preceding fiscal  
3 year including expenditures for each of preven-  
4 tion services, core medical services, recovery  
5 and support services, early intervention services,  
6 harm reduction services, mental health services,  
7 and administrative expenses;

8 “(C) political subdivisions within the State  
9 will not use funds received under a grant  
10 awarded under section 3411 in maintaining the  
11 level of substance use disorder treatment serv-  
12 ices as required in subparagraph (B);

13 “(D) substance use disorder treatment  
14 services provided with assistance made available  
15 under the grant will be provided without re-  
16 gard—

17 “(i) to the ability of the individual to  
18 pay for such services; and

19 “(ii) to the current or past health con-  
20 dition of the individual to be served;

21 “(E) substance use disorder treatment  
22 services will be provided in a setting that is ac-  
23 cessible to low-income individuals with sub-  
24 stance use disorders and to individuals with  
25 substance use disorders residing in rural areas;

1           “(F) a program of outreach will be pro-  
2           vided to low-income individuals with substance  
3           use disorders to inform such individuals of sub-  
4           stance use disorder treatment services and to  
5           individuals with substance use disorders resid-  
6           ing in rural areas;

7           “(G) Indian tribes are included in planning  
8           for the use of grant funds and the Federal trust  
9           responsibility is upheld at all levels of program  
10          administration; and

11          “(H) the confidentiality of individuals re-  
12          ceiving substance use disorder treatment serv-  
13          ices will be maintained in a manner not incon-  
14          sistent with applicable law.

15   **“SEC. 3413. APPLICATION.**

16          “(a) APPLICATION.—To be eligible to receive a grant  
17          under section 3411, a State shall have in effect a State  
18          plan approved by the Secretary pursuant to section  
19          1932(b), and shall prepare and submit to the Secretary  
20          an application in such form, and containing such informa-  
21          tion, as the Secretary shall require, including—

22                 “(1) a complete accounting of the disbursement  
23                 of any prior grants received under this subtitle by  
24                 the applicant and the results achieved by these ex-  
25                 penditures and a demonstration that funds received

1 from a grant under this subtitle in the prior year  
2 were expended in accordance with State priorities;

3 “(2) establishment of goals and objectives to be  
4 achieved with grant funds provided under this sub-  
5 title, including targets and milestones that are in-  
6 tended to be met, the activities that will be under-  
7 taken to achieve those targets, and the number of  
8 individuals likely to be served by the funds sought,  
9 including demographic data on the populations to be  
10 served;

11 “(3) a demonstration that the State will use  
12 funds in a manner that provides substance use dis-  
13 order treatment services in compliance with the evi-  
14 dence-based standards developed in accordance with  
15 section 3435, including all drugs approved by the  
16 Food and Drug Administration for the treatment of  
17 substance use disorder;

18 “(4) a demonstration that resources provided  
19 under the grant will be allocated in accordance with  
20 the local demographic incidence of substance use, in-  
21 cluding allocations for services for children, youths,  
22 and women;

23 “(5) an explanation of how income, asset, and  
24 medical expense criteria will be established and ap-

1       plied to those who qualify for assistance under the  
2       program;

3               “(6) an explanation of how the State will sup-  
4       port, through distribution of resources and by other  
5       means, increased access to harm reduction services  
6       resources within the State; and

7               “(7) for any prior funding received under this  
8       section, data provided in such form as the Secretary  
9       shall require detailing, at a minimum, the extent to  
10      which the activities supported by the funding met  
11      the goals and objectives specified in the application  
12      for the funding, the number of individuals who  
13      accessed medication for addiction treatment by age,  
14      gender, sexual orientation, race, disability status,  
15      and other demographic criteria relevant to the pro-  
16      gram, and the effect of the program on overdose  
17      rates and rates of death due to overdose in the re-  
18      gion served by the program.

19      “(b) REQUIREMENTS REGARDING IMPOSITION OF  
20      CHARGES FOR SERVICES.—

21               “(1) IN GENERAL.—The Secretary may not  
22      make a grant under section 3411 to a State unless  
23      the State provides assurances that in the provision  
24      of services with assistance provided under the  
25      grant—

1           “(A) in the case of individuals with an in-  
2 come less than or equal to 150 percent of the  
3 official poverty level, the provider will not im-  
4 pose charges on any such individual for the  
5 services provided under the grant;

6           “(B) in the case of individuals with an in-  
7 come greater than 150 percent of the official  
8 poverty level, the provider will impose a charge  
9 on each such individual according to a schedule  
10 of charges made available to the public;

11           “(C) in the case of individuals with an in-  
12 come greater than 150 percent of the official  
13 poverty level but not exceeding 200 percent of  
14 such poverty level, the provider will not, for any  
15 calendar year, impose charges in an amount ex-  
16 ceeding 2 percent of the annual gross income of  
17 the individual;

18           “(D) in the case of individuals with an in-  
19 come greater than 200 percent of the official  
20 poverty level but not exceeding 250 percent of  
21 such poverty level, the provider will not, for any  
22 calendar year, impose charges in an amount ex-  
23 ceeding 4 percent of the annual gross income of  
24 the individual involved;

1           “(E) in the case of individuals with an in-  
2 come greater than 250 percent of the official  
3 poverty level but not exceeding 300 percent of  
4 such poverty level, the provider will not, for any  
5 calendar year, impose charges in an amount ex-  
6 ceeding 6 percent of the annual gross income of  
7 the individual involved;

8           “(F) in the case of individuals with an in-  
9 come greater than 300 percent of the official  
10 poverty level but not exceeding 400 percent of  
11 such poverty level, the provider will not, for any  
12 calendar year, impose charges in an amount ex-  
13 ceeding 8.5 percent of the annual gross income  
14 of the individual involved;

15           “(G) in the case of individuals with an in-  
16 come greater than 400 percent of the official  
17 poverty level, the provider will not, for any cal-  
18 endar year, impose charges in an amount ex-  
19 ceeding 8.5 percent of the annual gross income  
20 of the individual involved; and

21           “(H) in the case of eligible American In-  
22 dian and Alaska Native and urban Indian indi-  
23 viduals as defined by section 447.50 of title 42,  
24 Code of Federal Regulations (as in effect on  
25 July 1, 2010), the provider will not impose any

1 charges for substance use disorder treatment  
2 services, including any charges or cost-sharing  
3 prohibited by section 1402(d) of the Patient  
4 Protection and Affordable Care Act.

5 “(2) CHARGES.—With respect to compliance  
6 with the assurances made under paragraph (1), a  
7 State may, in the case of individuals subject to a  
8 charge—

9 “(A) assess the amount of the charge in  
10 the discretion of the State, including imposing  
11 only a nominal charge for the provision of serv-  
12 ices, subject to the provisions of the paragraph  
13 regarding public schedules and regarding limi-  
14 tations on the maximum amount of charges;  
15 and

16 “(B) take into consideration the total med-  
17 ical expenses of individuals in assessing the  
18 amount of the charge, subject to such provi-  
19 sions.

20 “(3) AGGREGATE CHARGES.—The Secretary  
21 may not make a grant under section 3411 to a State  
22 unless the State agrees that the limitations on  
23 charges for substance use disorder treatment serv-  
24 ices under this subsection applies to the annual ag-  
25 gregate of charges imposed for such services, how-

1       ever the charges are characterized, includes enroll-  
2       ment fees, premiums, deductibles, cost sharing, co-  
3       payments, co-insurance costs, or any other charges.

4       “(c) INDIAN TRIBES.—Any application requirements  
5       applying to grants distributed in accordance with section  
6       3412(b) shall be developed by the Secretary in consulta-  
7       tion with Indian tribes.

8       **“SEC. 3414. TECHNICAL ASSISTANCE.**

9       “The Secretary shall, directly or through grants or  
10       contracts, provide technical assistance in administering  
11       and coordinating the activities authorized under section  
12       3412, including technical assistance for the development  
13       of State applications for supplementary grants authorized  
14       in section 3412(a)(2).

15       **“SEC. 3415. AUTHORIZATION OF APPROPRIATIONS.**

16       “There is authorized to be appropriated to carry out  
17       this subtitle—

18               “(1) \$4,600,000,000 for fiscal year 2024;

19               “(2) \$4,600,000,000 for fiscal year 2025;

20               “(3) \$4,600,000,000 for fiscal year 2026;

21               “(4) \$4,600,000,000 for fiscal year 2027;

22               “(5) \$4,600,000,000 for fiscal year 2028;

23               “(6) \$4,600,000,000 for fiscal year 2029;

24               “(7) \$4,600,000,000 for fiscal year 2030;

25               “(8) \$4,600,000,000 for fiscal year 2031;



1 “(ii) policies that require—

2 “(I) the posting and maintenance  
3 of notices in the workplace to such  
4 employees of their rights under the  
5 National Labor Relations Act (29  
6 U.S.C. 151 et seq.);

7 “(II) that such employees are, at  
8 the beginning of their employment,  
9 provided notice and information re-  
10 garding the employees’ rights under  
11 such Act; and

12 “(III) the employer to voluntarily  
13 recognize a union in cases where such  
14 workers of the employer have joined  
15 and requested representation.

16 “(B) EXCEPTION.—This paragraph shall  
17 not apply to Indian tribes.

18 “(b) ELIGIBILITY.—

19 “(1) ENTITIES.—Public entities, nonprofit enti-  
20 ties, urban Indian organizations, and other Medicaid  
21 providers eligible to receive a grant under subsection  
22 (a) may include—

23 “(A) Federally-qualified health centers  
24 under section 1905(l)(2)(B) of the Social Secu-  
25 rity Act;

1           “(B) family planning clinics;

2           “(C) rural health clinics;

3           “(D) Indian entities, including Indian  
4 health programs as defined in section 4 of the  
5 Indian Health Care Improvement Act, urban  
6 Indian organizations as defined in section 4 of  
7 the Indian Health Care Improvement Act, and  
8 Native Hawaiian organizations as defined in  
9 section 11 of the Native Hawaiian Health Care  
10 Act of 1988;

11           “(E) community-based organizations, clin-  
12 ics, hospitals, and other health facilities that  
13 provide substance use disorder treatment serv-  
14 ices;

15           “(F) other nonprofit entities that provide  
16 substance use disorder treatment services;

17           “(G) certified community behavioral health  
18 clinics and certified community behavioral  
19 health clinic expansion grant recipients, under  
20 section 223 of the Protecting Access to Medi-  
21 care Act (42 U.S.C. 1396a note); and

22           “(H) other Medicaid providers if more  
23 than half of their patients are diagnosed with a  
24 substance use disorder and covered by Med-  
25 icaid.

1           “(2) UNDERSERVED POPULATIONS.—Entities  
2 described in paragraph (1) shall serve underserved  
3 populations which may include—

4           “(A) minority populations and Indian pop-  
5 ulations;

6           “(B) formerly incarcerated individuals;

7           “(C) individuals with comorbidities includ-  
8 ing human immunodeficiency virus, hepatitis B,  
9 hepatitis C, mental health disorder or other be-  
10 havioral health disorders;

11           “(D) low-income populations;

12           “(E) people with disabilities;

13           “(F) urban populations;

14           “(G) rural populations;

15           “(H) the lesbian, gay, bisexual,  
16 transgender, queer (LGBTQ) community; and

17           “(I) pregnant individuals with, or at risk  
18 of developing, substance use disorder and in-  
19 fants with neonatal abstinence syndrome.

20           “(3) APPLICATION.—To be eligible to receive a  
21 grant under this section, public entities, nonprofit  
22 entities, and other Medicaid providers described in  
23 this subsection shall prepare and submit to the Sec-  
24 retary an application in such form, and containing

1 such information, as the Secretary shall require, in-  
2 cluding—

3 “(A) a complete accounting of the dis-  
4 bursement of any prior grants received under  
5 this subtitle by the applicant and the results  
6 achieved by these expenditures;

7 “(B) a comprehensive plan for the use of  
8 the grant, including—

9 “(i) a demonstration of the extent of  
10 local need for the funds sought;

11 “(ii) a plan for providing substance  
12 use disorder treatment services that is con-  
13 sistent with local needs; and

14 “(iii) goals and objectives to be  
15 achieved with grant funds provided under  
16 this section, including targets and mile-  
17 stones that are intended to be met and a  
18 description of the activities that will be un-  
19 dertaken to achieve those targets;

20 “(C) a demonstration that the grantee will  
21 use funds in a manner that provides substance  
22 use disorder treatment services compliant with  
23 the evidence-based standards developed in ac-  
24 cordance with section 3435, including all drugs  
25 approved by the Food and Drug Administration

1 for the treatment of substance use disorder for  
2 which the applicant offers treatment, in accord-  
3 ance with section 3435(c);

4 “(D) information on the number of individ-  
5 uals to be served by the funds sought, including  
6 demographic data on the populations to be  
7 served;

8 “(E) a demonstration that resources pro-  
9 vided under the grant will be allocated in ac-  
10 cordance with the local demographic incidence  
11 of substance use, including allocations for serv-  
12 ices for children, youths, and women;

13 “(F) an explanation of how income, asset,  
14 and medical expense criteria will be established  
15 and applied to those who qualify for assistance  
16 under the program; and

17 “(G) for any prior funding received under  
18 this section, data provided in such form as the  
19 Secretary shall require detailing, at a minimum,  
20 the extent to which the activities supported by  
21 the funding met the goals and objectives speci-  
22 fied in the application for the funding, the num-  
23 ber of individuals who accessed medication for  
24 addiction treatment by age, gender, race, sexual  
25 orientation, disability status, and other demo-

1 graphic criteria relevant to the program, and  
2 the effect of the program on overdose rates and  
3 rates of death due to overdose in the region  
4 served by the program.

5 “(4) REQUIREMENT OF STATUS AS MEDICAID  
6 PROVIDER.—

7 “(A) PROVISION OF SERVICE.—Subject to  
8 subparagraph (B), the Secretary may not make  
9 a grant under this section for the provision of  
10 substance use disorder treatment services under  
11 this section in a State unless, in the case of any  
12 such service that is available pursuant to the  
13 State plan approved under title XIX of the So-  
14 cial Security Act for the State—

15 “(i)(I) the applicant for the grant will  
16 provide the service directly, and the appli-  
17 cant has entered into a participation agree-  
18 ment under the State plan and is qualified  
19 to receive payments under such plan; or

20 “(II) the applicant for the grant will  
21 enter into an agreement with public or  
22 nonprofit entities, Indian entities, or other  
23 Medicaid providers if more than half of  
24 their patients are diagnosed with a sub-  
25 stance use disorder and covered by Med-

1           icaid, under which such entities and other  
2           providers will provide the substance use  
3           disorder treatment service, and such enti-  
4           ties and other providers have entered into  
5           such a participation agreement and are  
6           qualified to receive such payments; and

7                   “(ii) the applicant ensures that pay-  
8                   ment will be sought for each such service  
9                   rendered in accordance with the usual pay-  
10                  ment schedule under the State plan.

11                  “(B) WAIVER.—In the case of an entity  
12                  making an agreement pursuant to subpara-  
13                  graph (A) regarding the provision of substance  
14                  use disorder treatment services, the require-  
15                  ment established in such paragraph shall be  
16                  waived by the State if the entity does not, in  
17                  providing such services, impose a charge or ac-  
18                  cept reimbursement available from any third-  
19                  party payor, including reimbursement under  
20                  any insurance policy or under any Federal or  
21                  State health benefits program. A waiver under  
22                  this subparagraph shall not be longer than 2  
23                  years in duration and shall not be renewed.

24                  “(C) DETERMINATION.—A determination  
25                  by the State of whether an entity referred to in

1           subparagraph (A) meets the criteria for a waiv-  
2           er under such subparagraph shall be made  
3           without regard to whether the entity accepts  
4           voluntary donations for the purpose of pro-  
5           viding services to the public.

6           “(5) REQUIRED TERMS FOR EXPANDING AND  
7           IMPROVING CARE.—A funding agreement for a grant  
8           under this section is that—

9                   “(A) funds received under the grant will  
10                  not be utilized to make payments for any item  
11                  or service to the extent that payment has been  
12                  made, or can reasonably be expected to be  
13                  made, with respect to that item or service under  
14                  a State compensation program, under an insur-  
15                  ance policy, or under any Federal or State  
16                  health benefits program (except for a program  
17                  administered by, or providing the services of,  
18                  the Indian Health Service);

19                   “(B) entities providing substance use dis-  
20                  order treatment services with assistance made  
21                  available under the grant shall offer all drugs  
22                  approved by the Food and Drug Administration  
23                  for the treatment of substance use disorder for  
24                  which the applicant offers treatment, in accord-  
25                  ance with section 3435(c);

1           “(C) substance use disorder treatment  
2 services provided with assistance made available  
3 under the grant will be provided without re-  
4 gard—

5                   “(i) to the ability of the individual to  
6 pay for such services; and

7                   “(ii) to the current or past health con-  
8 dition of the individual to be served;

9           “(D) substance use disorder treatment  
10 services will be provided in a setting that is ac-  
11 cessible to low-income individuals with sub-  
12 stance use disorders and to individuals with  
13 substance use disorders residing in rural areas;  
14 and

15           “(E) the confidentiality of individuals re-  
16 ceiving substance use disorder treatment serv-  
17 ices will be maintained in a manner not incon-  
18 sistent with applicable law.

19           “(c) AMOUNT OF GRANT TO INDIAN ENTITIES.—

20                   “(1) INDIAN TRIBES.—In this section, the term  
21 ‘Indian tribe’ has the meaning given such term in  
22 section 4 of the Indian Self-Determination and Edu-  
23 cation Assistance Act.

24                   “(2) FORMULA GRANTS.—The Secretary, acting  
25 through the Indian Health Service, shall use 10 per-

1 cent of the amount available under section 3425 for  
2 each fiscal year to provide grants to Indian entities  
3 in an amount determined pursuant to criteria devel-  
4 oped by the Secretary in consultation with Indian  
5 tribes and after conferring with urban Indian orga-  
6 nizations, for the purposes of addressing substance  
7 use.

8 “(3) USE OF AMOUNTS.—Notwithstanding any  
9 requirements in this section, Native entities may use  
10 amounts provided under grants awarded under this  
11 section for the uses identified in section 3422 and  
12 any other activities determined appropriate by the  
13 Secretary, in consultation with Indian tribes.

14 **“SEC. 3422. USE OF AMOUNTS.**

15 “(a) USE OF FUNDS.—An entity shall use amounts  
16 received under a grant under section 3421 to provide di-  
17 rect financial assistance to eligible entities for the purpose  
18 of delivering or enhancing—

19 “(1) prevention services described in subsection  
20 (b);

21 “(2) core medical services described in sub-  
22 section (c);

23 “(3) recovery and support services described in  
24 subsection (d);

1           “(4) early intervention and engagement services  
2 described in subsection (e);

3           “(5) harm reduction services described in sub-  
4 section (f); and

5           “(6) administrative expenses described in sub-  
6 section (g).

7           “(b) PREVENTION SERVICES.—For purposes of this  
8 section, the term ‘prevention services’ means evidence-  
9 based services, programs, or multi-sector strategies to pre-  
10 vent substance use disorder (including education cam-  
11 paigns, community-based prevention programs, risk iden-  
12 tification programs, opioid diversion, collection and dis-  
13 posal of unused opioids, services to at-risk populations,  
14 and trauma support services).

15           “(c) CORE MEDICAL SERVICES.—For purposes of  
16 this section, the term ‘core medical services’ means the  
17 following evidence-based services provided to individuals  
18 with substance use disorder or at risk for developing sub-  
19 stance use disorder, including through the use of telemedi-  
20 cine or a hub and spoke model:

21           “(1) Substance use disorder treatment, as more  
22 fully described in section 3439(4), including assess-  
23 ment of disease presence, severity, and co-occurring  
24 conditions, treatment planning, clinical stabilization  
25 services, withdrawal management and detoxification,

1 intensive inpatient treatment, intensive outpatient  
2 treatment, outpatient treatment, residential inpa-  
3 tient services, treatment for co-occurring mental  
4 health and substance use disorders, and all drugs  
5 approved by the Food and Drug Administration for  
6 the treatment of substance use disorder.

7 “(2) Outpatient and ambulatory health services,  
8 including those administered by Federally-qualified  
9 health centers, rural health clinics, tribal clinics and  
10 hospitals, urban Indian organizations, certified com-  
11 munity behavioral health clinics (as described in sec-  
12 tion 223 of the Protecting Access to Medicare Act),  
13 HIV services organizations, Native Hawaiian organi-  
14 zations (as defined in section 11 of the Native Ha-  
15 waiian Health Care Act of 1988), and comprehen-  
16 sive opioid recovery centers (as described in section  
17 552 of this Act).

18 “(3) Hospice services.

19 “(4) Mental health services.

20 “(5) Opioid overdose reversal drug products  
21 procurement, distribution, and training.

22 “(6) Pharmaceutical assistance related to the  
23 management of substance-use disorder and co-mor-  
24 bid conditions.

1           “(7) Home- and community-based health serv-  
2           ices.

3           “(8) Comprehensive Case Management and care  
4           coordination, including substance use disorder treat-  
5           ment adherence services.

6           “(9) Health insurance enrollment and cost-  
7           sharing assistance in accordance with section 3412.

8           “(10) Programs that hire, employ, train, and  
9           dispatch mental health professionals, harm reduction  
10          providers, or community health workers to respond  
11          in lieu of law enforcement officers in emergencies in  
12          which—

13                 “(A) an individual calling 911, the Na-  
14                 tional Suicide Hotline, or another emergency  
15                 hotlines states that a person is experiencing a  
16                 drug overdose or is otherwise under the influ-  
17                 ence of a legal or illegal substance; and

18                 “(B) a law enforcement officer, other first  
19                 responder, or other individual identifies a per-  
20                 son as being (or possibly being) under the influ-  
21                 ence of a legal or illegal substance.

22          “(d) RECOVERY AND SUPPORT SERVICES.—For pur-  
23          poses of this section, the term ‘recovery and support serv-  
24          ices’ means services that are provided to individuals with  
25          substance use disorder, including residential recovery

1 housing, mental health services, long term recovery serv-  
2 ices, 24/7 hotline crisis center support, medical transpor-  
3 tation services, respite care for persons caring for individ-  
4 uals with substance use disorder, child care and family  
5 services while an individual is receiving inpatient treat-  
6 ment services or at the time of outpatient services, out-  
7 reach services, peer recovery services, nutrition services,  
8 and referrals for job training and career services, housing,  
9 legal services, and child care and family services. The enti-  
10 ties through which such services may be provided include  
11 local and Tribal authorities that provide child care, hous-  
12 ing, community development, and other recovery and sup-  
13 port services, so long as they do not exclude individuals  
14 on the basis that such individuals receive medication for  
15 addiction treatment.

16 “(e) EARLY INTERVENTION SERVICES.—For pur-  
17 poses of this section, the term ‘early intervention services’  
18 means services to provide screening and connection to the  
19 appropriate level of substance use disorder and mental  
20 health treatment (including same-day connection), coun-  
21 seling provided to individuals who have misused sub-  
22 stances, who have experienced an overdose, or are at risk  
23 of developing substance use disorder, the provision of re-  
24 ferrals to facilitate the access of such individuals to core  
25 medical services or recovery and support services for sub-

1 stance use disorder, and rapid access to medication for  
2 addiction treatment in the setting of recent overdose. The  
3 entities through which such services may be provided in-  
4 clude emergency rooms, fire departments and emergency  
5 medical services, detention facilities, prisons and jails  
6 homeless shelters, health care points of entry specified by  
7 eligible local areas, Federally-qualified health centers,  
8 workforce agencies and job centers, youth development  
9 centers, tribal clinics and hospitals, urban Indian organi-  
10 zations, and rural health clinics.

11 “(f) HARM REDUCTION SERVICES.—For purposes of  
12 this section, the term ‘harm reduction services’ means  
13 services provided to individuals engaging in substance use  
14 that are scientifically accepted to reduce the risk of infec-  
15 tious disease transmission, overdose, or death, including  
16 syringe services programs and other safe use services, such  
17 as utilization of a device, kit, or chemical agent that tests  
18 or analyzes a substance to determine its composition or  
19 that detects substances.

20 “(g) ADMINISTRATION AND PLANNING.—An entity  
21 (not including tribal entities) shall not use in excess of  
22 10 percent of amounts received under a grant under sec-  
23 tion 3421 for administration, accounting, reporting, and  
24 program oversight functions, including for the purposes of

1 developing systems to improve data collection and data  
2 sharing.

3 “(h) **RELATION TO EXISTING EMERGENCY MEDICAL**  
4 **SERVICES.**—Nothing in this section shall be construed to  
5 diminish or alter the rights, privileges, remedies, or obliga-  
6 tions of any provider or any Federal, State, or local gov-  
7 ernment to provide emergency medical services.

8 **“SEC. 3423. TECHNICAL ASSISTANCE.**

9 “The Secretary may, directly or through grants or  
10 contracts, provide technical assistance to public or non-  
11 profit entities, Indian entities, and other eligible Medicaid  
12 providers regarding the process of submitting to the Sec-  
13 retary applications for grants under section 3421, and  
14 may provide technical assistance with respect to the plan-  
15 ning, development, and operation of any program or serv-  
16 ice carried out pursuant to such section.

17 **“SEC. 3424. PLANNING AND DEVELOPMENT GRANTS.**

18 “(a) **IN GENERAL.**—The Secretary may provide plan-  
19 ning grants to public or nonprofit entities, Indian entities,  
20 and other eligible Medicaid providers for purposes of as-  
21 sisting such entities and providers in expanding their ca-  
22 pacity to provide substance use disorder treatment services  
23 in low-income communities and affected subpopulations  
24 that are underserved with respect to such services.

1 “(b) AMOUNT.—A grant under this section may be  
2 made in an amount not to exceed \$150,000.

3 **“SEC. 3425. AUTHORIZATION OF APPROPRIATIONS.**

4 “There is authorized to be appropriated to carry out  
5 this subtitle—

6 “(1) \$1,000,000,000 for fiscal year 2024;

7 “(2) \$1,000,000,000 for fiscal year 2025;

8 “(3) \$1,000,000,000 for fiscal year 2026;

9 “(4) \$1,000,000,000 for fiscal year 2027;

10 “(5) \$1,000,000,000 for fiscal year 2028;

11 “(6) \$1,000,000,000 for fiscal year 2029;

12 “(7) \$1,000,000,000 for fiscal year 2030;

13 “(8) \$1,000,000,000 for fiscal year 2031;

14 “(9) \$1,000,000,000 for fiscal year 2032; and

15 “(10) \$1,000,000,000 for fiscal year 2033.

16 **“Subtitle D—Innovation, Training,**  
17 **and Health Systems Strengthening**

18 **“SEC. 3431. SPECIAL PROJECTS OF NATIONAL SIGNIFI-**

19 **CANCE.**

20 “(a) IN GENERAL.—The Secretary shall award  
21 grants to entities to administer special projects of national  
22 significance to support the development of innovative and  
23 original models for the delivery of substance use disorder  
24 treatment and harm reduction services.

1       “(b) GRANTS.—The Secretary shall award grants  
2 under a project under subsection (a) to entities eligible  
3 for grants under subtitles A, B, and C based on newly  
4 emerging needs of individuals receiving assistance under  
5 this title.

6       “(c) REPLICATION.—The Secretary shall make infor-  
7 mation concerning successful models or programs devel-  
8 oped under this section available to grantees under this  
9 title for the purpose of coordination, replication, and inte-  
10 gration. To facilitate efforts under this section, the Sec-  
11 retary may provide for peer-based technical assistance for  
12 grantees funded under this section.

13       “(d) GRANTS TO TRIBAL GOVERNMENTS.—

14               “(1) INDIAN TRIBES.—In this section, the term  
15 ‘Indian tribe’ has the meaning given such term in  
16 section 4 of the Indian Self-Determination and Edu-  
17 cation Assistance Act.

18               “(2) USE OF FUNDS.—The Secretary, acting  
19 through the Indian Health Service, shall use 10 per-  
20 cent of the amount available under this section for  
21 each fiscal year to provide grants to Indian tribes  
22 for the purposes of supporting the development of  
23 innovative and original models for the delivery of  
24 substance use disorder treatment services, including  
25 the development of culturally informed care models.

1           “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
2 is authorized to be appropriated to carry out this section—

3           “(1) \$500,000,000 for fiscal year 2024;

4           “(2) \$500,000,000 for fiscal year 2025;

5           “(3) \$500,000,000 for fiscal year 2026;

6           “(4) \$500,000,000 for fiscal year 2027;

7           “(5) \$500,000,000 for fiscal year 2028;

8           “(6) \$500,000,000 for fiscal year 2029;

9           “(7) \$500,000,000 for fiscal year 2030;

10           “(8) \$500,000,000 for fiscal year 2031;

11           “(9) \$500,000,000 for fiscal year 2032; and

12           “(10) \$500,000,000 for fiscal year 2033.

13   **“SEC. 3432. EDUCATION AND TRAINING CENTERS.**

14           “(a) IN GENERAL.—The Secretary may make grants  
15 and enter into contracts to assist public or nonprofit enti-  
16 ties, public or nonprofit schools, and academic health cen-  
17 ters in meeting the cost of projects—

18           “(1) to train health professionals, including  
19 practitioners in programs under this title and other  
20 community providers, including physician addiction  
21 specialists, psychologists, counselors, case managers,  
22 social workers, peer recovery coaches, harm reduc-  
23 tion workers, public health workers, and community  
24 health workers, and paraprofessionals, such as peer  
25 support specialists and recovery coaches, in the diag-

1       nosis, treatment, and prevention of substance use  
2       disorders and drug use-related health issues, includ-  
3       ing measures for the prevention and treatment of co-  
4       occurring infectious diseases, mental health dis-  
5       orders, and other conditions, and including (as appli-  
6       cable to the type of health professional involved),  
7       care for women, pregnant women, and children;

8               “(2) to train the faculty of schools of medicine,  
9       nursing, public health, osteopathic medicine, den-  
10      tistry, allied health, social work, and mental health  
11      practice to teach health professions students to  
12      screen for and provide for the needs of individuals  
13      with substance use disorders or at risk of substance  
14      use; and

15              “(3) to develop and disseminate curricula and  
16      resource materials relating to evidence-based prac-  
17      tices for the screening, prevention, and treatment of  
18      substance use disorders and drug use-related health  
19      issues, including information about combating stig-  
20      ma, prescribing best practices, overdose reversal, al-  
21      ternative pain therapies, and all drugs approved by  
22      the Food and Drug Administration for the treat-  
23      ment of substance use disorders, including for the  
24      purposes authorized under the amendments made by

1 section 3203 of the SUPPORT for Patients and  
2 Communities Act.

3 “(b) PREFERENCE IN MAKING GRANTS.—In making  
4 grants under subsection (a), the Secretary shall give pref-  
5 erence to qualified projects that will—

6 “(1) train, or result in the training of, health  
7 professionals and other community providers de-  
8 scribed in subsection (a)(1), to provide substance  
9 use disorder treatments for underserved groups, in-  
10 cluding minority individuals and Indians with sub-  
11 stance use disorder and other individuals who are at  
12 a high risk of substance use;

13 “(2) train, or result in the training of, minority  
14 health professionals and minority allied health pro-  
15 fessionals, to provide substance use disorder treat-  
16 ment for individuals with such disease;

17 “(3) train or result in the training of individ-  
18 uals who will provide substance use disorder treat-  
19 ment in rural or other areas that are underserved by  
20 current treatment structures;

21 “(4) train or result in the training of health  
22 professionals and allied health professionals, includ-  
23 ing counselors, case managers, social workers, peer  
24 recovery coaches, and harm reduction workers, pub-  
25 lic health workers, and community health workers,

1 to provide treatment for infectious diseases and  
2 mental health disorders co-occurring with substance  
3 use disorder; and

4 “(5) train or result in the training of health  
5 professionals and other community providers to pro-  
6 vide substance use disorder treatments for pregnant  
7 women, children, and adolescents.

8 “(c) NATIVE EDUCATION AND TRAINING CEN-  
9 TERS.—The Secretary shall use 10 percent of the amount  
10 available under subsection (d) for each fiscal year to pro-  
11 vide grants authorized under this subtitle to—

12 “(1) tribal colleges and universities;

13 “(2) Indian Health Service grant funded insti-  
14 tutions; and

15 “(3) Native partner institutions, including insti-  
16 tutions of higher education with medical training  
17 programs that partner with one or more Indian  
18 tribes, tribal organizations, Native Hawaiian organi-  
19 zations, or tribal colleges and universities to train  
20 Native health professionals that will provide sub-  
21 stance use disorder treatment services in Native  
22 communities.

23 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
24 is authorized to be appropriated to carry out this section—

25 “(1) \$500,000,000 for fiscal year 2024;

- 1 “(2) \$500,000,000 for fiscal year 2025;  
2 “(3) \$500,000,000 for fiscal year 2026;  
3 “(4) \$500,000,000 for fiscal year 2027;  
4 “(5) \$500,000,000 for fiscal year 2028;  
5 “(6) \$500,000,000 for fiscal year 2029;  
6 “(7) \$500,000,000 for fiscal year 2030;  
7 “(8) \$500,000,000 for fiscal year 2031;  
8 “(9) \$500,000,000 for fiscal year 2032; and  
9 “(10) \$500,000,000 for fiscal year 2033.

10 **“SEC. 3433. SUBSTANCE USE DISORDER TREATMENT PRO-**  
11 **VIDER CAPACITY UNDER THE MEDICAID PRO-**  
12 **GRAM.**

13 “(a) PROJECTS.—

14 “(1) IN GENERAL.—The Secretary shall use  
15 amounts appropriated under this section to provide  
16 funding for projects in any State or territory to in-  
17 crease substance use provider capacity, as provided  
18 for in section 1903(aa) of the Social Security Act.

19 “(2) PRIORITIZATIONS.—

20 “(A) IN GENERAL.—In awarding grants  
21 under this section, the Secretary shall, to the  
22 extent practicable, prioritize the distribution of  
23 grant funds to grantees that have—

24 “(i) an explicit policy not to deter em-  
25 ployees with respect to—

1                   “(I) labor organizing for the em-  
2                   ployees engaged in the covered activi-  
3                   ties; and

4                   “(II) such employees’ choice to  
5                   form and join labor organizations; and  
6                   “(ii) policies that require—

7                   “(I) the posting and maintenance  
8                   of notices in the workplace to such  
9                   employees of their rights under the  
10                  National Labor Relations Act (29  
11                  U.S.C. 151 et seq.);

12                  “(II) that such employees are, at  
13                  the beginning of their employment,  
14                  provided notice and information re-  
15                  garding the employees’ rights under  
16                  such Act; and

17                  “(III) the employer to voluntarily  
18                  recognize a union in cases where such  
19                  workers of the employer have joined  
20                  and requested representation.

21                  “(B) EXCEPTION.—This paragraph shall  
22                  not apply to Indian tribes.

23                  “(b) AMOUNT OF GRANT TO INDIAN ENTITIES.—

24                  “(1) INDIAN TRIBES.—In this section, the term  
25                  ‘Indian tribe’ has the meaning given such term in

1 section 4 of the Indian Self-Determination and Edu-  
2 cation Assistance Act.

3 “(2) URBAN INDIAN ORGANIZATION.—In this  
4 section, the term ‘urban Indian organization’ has the  
5 meaning given such in section 4 of the Indian  
6 Health Care Improvement Act.

7 “(3) GRANTS.—The Secretary, acting through  
8 the Indian Health Service, shall use 10 percent of  
9 the amount appropriated under this section for each  
10 fiscal year to award grants to Indian tribes and  
11 urban Indian organizations in an amount deter-  
12 mined pursuant to criteria developed by the Sec-  
13 retary in consultation with Indian tribes and in con-  
14 ference with urban Indian organizations.

15 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
16 is authorized to be appropriated to carry out this section—

17 “(1) \$50,000,000 for fiscal year 2024;

18 “(2) \$50,000,000 for fiscal year 2025;

19 “(3) \$50,000,000 for fiscal year 2026;

20 “(4) \$50,000,000 for fiscal year 2027;

21 “(5) \$50,000,000 for fiscal year 2028;

22 “(6) \$50,000,000 for fiscal year 2029;

23 “(7) \$50,000,000 for fiscal year 2030;

24 “(8) \$50,000,000 for fiscal year 2031;

25 “(9) \$50,000,000 for fiscal year 2032; and

1           “(10) \$50,000,000 for fiscal year 2033.

2   **“SEC. 3434. PROGRAMS TO SUPPORT EMPLOYEES.**

3           “(a) GRANT PROGRAM FOR WORKERS.—

4           “(1) IN GENERAL.—The Secretary, acting  
5 through the Director of the National Institute for  
6 Occupational Safety and Health, shall award grants  
7 to non-profit entities that meet the requirements of  
8 this section to fund programs and projects to assist  
9 workers who are at risk of substance use disorder,  
10 who have substance use disorder, or who are recover-  
11 ing from substance use disorder to maintain or  
12 gain employment.

13           “(2) GRANTS FOR WORKERS.—

14           “(A) IN GENERAL.—The Secretary shall,  
15 on a competitive basis, award grants for a pe-  
16 riod of not more than 3 years to non-profit en-  
17 tities that submit an application under para-  
18 graph (3) to enable such entities to implement,  
19 conduct, continue, and expand evidence-based  
20 programs and projects to assist individuals de-  
21 scribed in subparagraph (G).

22           “(B) USE OF AMOUNTS.—An entity may  
23 use amounts provided under this subsection  
24 for—

1           “(i) prevention services described in  
2           subparagraph (C), including providing edu-  
3           cation and information to workers regard-  
4           ing the dangers of illicit and licit drug use,  
5           non-opioid pain management and non-drug  
6           pain management, or occupational injury  
7           and illness prevention;

8           “(ii) early intervention services de-  
9           scribed in subparagraph (D) to enable in-  
10          dividuals to maintain or gain employment;

11          “(iii) recovery and support services  
12          described in subparagraph (E) to enable  
13          individuals to maintain or gain employ-  
14          ment;

15          “(iv) harm reduction services de-  
16          scribed in subparagraph (F) to enable indi-  
17          viduals to maintain or gain employment;

18          “(v) hiring case managers, care coor-  
19          dinators, and peer support specialists to  
20          assist employed individuals who are experi-  
21          encing substance use disorder, or who are  
22          recovering from substance use disorder, in  
23          accessing substance use disorder treatment  
24          services; or

1           “(vi) providing vocational, life skills,  
2           and other forms of job training to workers  
3           who are receiving substance use disorder  
4           treatment services to enable such workers  
5           to maintain or gain employment.

6           “(C) PREVENTION SERVICES.—For pur-  
7           poses of this section, the term ‘prevention serv-  
8           ices’ means evidence-based services, programs,  
9           or multi-sector strategies to prevent substance  
10          use disorder (including education campaigns,  
11          community-based prevention programs, risk  
12          identification programs, opioid diversion, collec-  
13          tion and disposal of unused opioids, services to  
14          at-risk populations, and trauma support serv-  
15          ices).

16          “(D) RECOVERY AND SUPPORT SERV-  
17          ICES.—For purposes of this section, the term  
18          ‘recovery and support services’ means services  
19          including residential recovery housing, mental  
20          health services, long term recovery services, 24/  
21          7 hotline crisis center services, medical trans-  
22          portation services, respite care for persons car-  
23          ing for individuals with substance use disorder,  
24          child care and family services while an indi-  
25          vidual is receiving inpatient treatment services

1 or at the time of outpatient services, outreach  
2 services, peer recovery services, nutrition serv-  
3 ices, and referrals for job training and career  
4 services, housing, legal services, and child care  
5 and family services so long as they do not ex-  
6 clude individuals on the basis that such individ-  
7 uals receive medication for addiction treatment.

8 “(E) EARLY INTERVENTION SERVICES.—  
9 For purposes of this section, the term ‘early  
10 intervention services’ means services to provide  
11 screening and connection to the appropriate  
12 level of substance use disorder and mental  
13 health treatment (including same-day connec-  
14 tion), counseling provided to individuals who  
15 have misused substances, who have experienced  
16 an overdose, or are at risk of developing sub-  
17 stance use disorder, the provision of referrals to  
18 facilitate the access of such individuals to core  
19 medical services or recovery and support serv-  
20 ices for substance use disorder, and rapid ac-  
21 cess to medication for addiction treatment in  
22 the setting of recent overdose.

23 “(F) HARM REDUCTION SERVICES.—For  
24 purposes of this section, the term ‘harm reduc-  
25 tion services’ means services provided to indi-

1 individuals engaging in substance use scientifically  
2 accepted to reduce the risk of infectious disease  
3 transmission, overdose, or death, including sy-  
4 ringe services programs and other safe use serv-  
5 ices, such as utilization of a device, kit, or  
6 chemical agent that tests or analyzes a sub-  
7 stance to determine its composition or that de-  
8 tects substances.

9 “(G) INDIVIDUALS DESCRIBED.—Individ-  
10 uals described in this subparagraph are individ-  
11 uals who—

12 “(i)(I) have been employed in the 12-  
13 month period immediately preceding the  
14 date on which the determination is being  
15 made, or who are participating in an em-  
16 ployee training or apprenticeship program;  
17 and

18 “(II) are at high risk of developing  
19 substance use disorder, including as a re-  
20 sult of employment in industries that expe-  
21 rience high rates of occupational injuries  
22 and illness; or

23 “(ii) are experiencing a substance use  
24 disorder or are in recovery from a sub-  
25 stance use disorder.

1           “(3) APPLICATIONS.—To be eligible for a grant  
2           under this subsection, an entity shall submit to the  
3           Secretary an application at such time, in such man-  
4           ner, and containing such information as the Sec-  
5           retary may require, including—

6                   “(A) a complete accounting of the dis-  
7                   bursement of any prior grants received under  
8                   this title by the applicant and the results  
9                   achieved by such expenditures;

10                   “(B) a description of the population to be  
11                   served with grant funds provided under this  
12                   section, including a description of the unique  
13                   risks the population faces for experiencing occu-  
14                   pational injuries or exposure to illicit sub-  
15                   stances;

16                   “(C) the goals and objectives to be  
17                   achieved with grant funds provided under this  
18                   section, including targets and milestones that  
19                   are intended to be met, the activities that will  
20                   be undertaken to achieve those targets, and the  
21                   number of individuals likely to be served by the  
22                   grant funds, including demographic data on the  
23                   populations to be served;

24                   “(D) a demonstration of the ability of the  
25                   applicant to reach the individuals described in

1 paragraph (2)(G) and to provide services de-  
2 scribed in paragraph (2)(B) included in the ap-  
3 plicant's grant application, including by  
4 partnering with local stakeholders;

5 “(E) for any prior funding received under  
6 this subsection, data provided in such form as  
7 the Secretary shall require detailing, at a min-  
8 imum, the extent to which the activities sup-  
9 ported by the funding met the goals, objectives,  
10 targets, and milestones specified in the applica-  
11 tion for the funding, and the number of individ-  
12 uals with and without substance use disorder  
13 who received services supported by the funding,  
14 including the services provided to these individ-  
15 uals, the industries in which the individuals  
16 were employed when they received services, and  
17 whether the individuals were still employed in  
18 that same industry or in any industry when the  
19 individuals ceased receiving services supported  
20 by the funding; and

21 “(F) any other information the Secretary  
22 shall require.

23 “(4) DATA REPORTING AND OVERSIGHT.—An  
24 entity awarded a grant under this subsection shall  
25 submit to the Secretary an annual report at such

1 time and in such manner as the Secretary shall re-  
2 quire. Such report shall include, at a minimum, a  
3 description of—

4 “(A) the activities funded by the grant;

5 “(B) the number of individuals with and  
6 without substance use disorder served through  
7 activities funded by the grant, including the  
8 services provided to those individuals and the  
9 industries in which those individuals were em-  
10 ployed at the time they received services sup-  
11 ported by the grant;

12 “(C) for workers experiencing substance  
13 use disorder or recovering from substance use  
14 disorder served by activities funded by the  
15 grant, the number of individuals who main-  
16 tained employment, the number of individuals  
17 who gained employment, and the number of in-  
18 dividuals who failed to maintain employment  
19 over the course of the reporting period; and

20 “(D) any other information required by the  
21 Secretary.

22 “(5) AUTHORIZATION OF APPROPRIATIONS.—  
23 There is authorized to be appropriated to carry out  
24 this subsection—

25 “(A) \$40,000,000 for fiscal year 2024;

1 “(B) \$40,000,000 for fiscal year 2025;  
2 “(C) \$40,000,000 for fiscal year 2026;  
3 “(D) \$40,000,000 for fiscal year 2027;  
4 “(E) \$40,000,000 for fiscal year 2028;  
5 “(F) \$40,000,000 for fiscal year 2029;  
6 “(G) \$40,000,000 for fiscal year 2030;  
7 “(H) \$40,000,000 for fiscal year 2031;  
8 “(I) \$40,000,000 for fiscal year 2032; and  
9 “(J) \$40,000,000 for fiscal year 2033.

10 “(b) RESEARCH ON THE IMPACT OF SUBSTANCE USE  
11 DISORDER IN THE WORKPLACE AND ON DIRECT SERVICE  
12 PROVIDERS.—

13 “(1) RISKS OF SUBSTANCE USE DISORDER.—  
14 The Secretary, in consultation with the Director of  
15 the National Institute for Occupational Safety and  
16 Health, shall conduct (directly or through grants or  
17 contracts) research, experiments, and demonstra-  
18 tions, and publish studies relating to—

19 “(A) the risks faced by employees in var-  
20 ious occupations of developing substance use  
21 disorder and of drug overdose deaths and non-  
22 fatal drug overdoses, and the formulation of  
23 prevention activities tailored to the risks identi-  
24 fied in these occupations, including occupational  
25 injury and illness prevention;

1           “(B) the prevalence of substance use dis-  
2           order among employees in various occupations;

3           “(C) efforts that employers may undertake  
4           to assist employees who are undergoing sub-  
5           stance use disorder treatment services in main-  
6           taining employment while ensuring workplaces  
7           are safe and healthful;

8           “(D) risks of occupational exposure to  
9           opioids and other illicit substances and the for-  
10          mulation of prevention activities tailored to the  
11          risks identified; and

12          “(E) other subjects related to substance  
13          use disorder in the workplace as the Secretary  
14          determines.

15          “(2) DIRECT SERVICE PROVIDERS.—The Sec-  
16          retary shall conduct (directly or through grants or  
17          contracts) research, experiments, and demonstra-  
18          tions, and publish studies relating to the occupa-  
19          tional health and safety, recruitment, and retention  
20          of behavioral health providers who, as part of their  
21          job responsibilities, provide direct services to individ-  
22          uals who are at risk of experiencing substance use  
23          disorder or who are experiencing or recovering from  
24          substance use disorder, including—

1           “(A) identifying factors that the Secretary  
2 believes may endanger the health or safety of  
3 such workers, including factors that affect the  
4 risks such workers face of developing substance  
5 use disorder;

6           “(B) motivational and behavioral factors  
7 relating to the field of behavioral health pro-  
8 viders;

9           “(C) strategies to support the recruitment  
10 and retention of behavioral health providers;  
11 and

12           “(D) other subjects related to behavioral  
13 health providers engaged in direct provision of  
14 substance use disorder prevention and treat-  
15 ment services as the Secretary determines ap-  
16 propriate.

17           “(3) AUTHORIZATION OF APPROPRIATIONS.—  
18 There is authorized to be appropriated to carry out  
19 this subsection—

20           “(A) \$10,000,000 for fiscal year 2024;

21           “(B) \$10,000,000 for fiscal year 2025;

22           “(C) \$10,000,000 for fiscal year 2026;

23           “(D) \$10,000,000 for fiscal year 2027;

24           “(E) \$10,000,000 for fiscal year 2028;

25           “(F) \$10,000,000 for fiscal year 2029;

1 “(G) \$10,000,000 for fiscal year 2030;  
2 “(H) \$10,000,000 for fiscal year 2031;  
3 “(I) \$10,000,000 for fiscal year 2032; and  
4 “(J) \$10,000,000 for fiscal year 2033.

5 **“SEC. 3435. IMPROVING AND EXPANDING CARE.**

6 “(a) LEVEL OF CARE STANDARDS FOR SUBSTANCE  
7 USE DISORDER TREATMENT SERVICES.—

8 “(1) IN GENERAL.—Not later than 1 year after  
9 the date of enactment of this title, the Secretary, in  
10 consultation with the American Society of Addiction  
11 Medicine, State and Tribal officials selected by the  
12 Secretary, and other stakeholders as the Secretary  
13 determines necessary, and after seeking public input,  
14 shall promulgate model standards for the regulation  
15 of substance use disorder treatment services.

16 “(2) SUBSTANCE USE DISORDER TREATMENT  
17 SERVICES.—The model standards promulgated  
18 under paragraph (1) shall, at a minimum—

19 “(A) identify the types of substance use  
20 disorder treatment services intended to be cov-  
21 ered without regard to whether they participate  
22 in any Federal health care program (as defined  
23 in section 1128B(f) of the Social Security Act)  
24 and shall not include—

1           “(i) a private practitioner who is al-  
2           ready licensed by a State licensing board  
3           and whose practice is limited to non-inten-  
4           sive outpatient care; or

5           “(ii) any substance use disorder treat-  
6           ment service provided on a non-intensive  
7           outpatient basis in the office of a private  
8           practitioner who is licensed by a State li-  
9           censing board;

10          “(B) require the designation of a single  
11          State agency to serve as the primary regulator  
12          in the State for substance use disorder treat-  
13          ment services;

14          “(C) subject to paragraph (3), require that  
15          substance use disorder treatment services iden-  
16          tified in accordance with subparagraph (A), be  
17          licensed by the respective States according to  
18          the standards for levels of care set forth by the  
19          American Society of Addiction Medicine in  
20          2013 or an equivalent set of standards;

21          “(D) require implementation of a process  
22          to ensure that substance use disorder treatment  
23          program qualifications are verified by means of  
24          an onsite inspection not less frequently than  
25          every 3 years by the State agency serving as

1 the primary regulator in the State for substance  
2 use disorder treatment services or by an inde-  
3 pendent third party that is approved by the  
4 State’s primary regulator; and

5 “(E) require that all patients leaving a res-  
6 idential treatment program receive a written  
7 transition plan prior to discharge from that  
8 level of care.

9 “(3) ANNUAL ASSESSMENT.—Beginning with  
10 respect to fiscal year 2024, the Secretary shall make  
11 a determination with respect to each State on  
12 whether the State has adopted, for each of the sub-  
13 stance use disorder treatment services identified in  
14 accordance with paragraph (2)(A), licensure stand-  
15 ards that are in compliance in all material respects  
16 with the model standards promulgated in accordance  
17 with this subsection. In the event the American Soci-  
18 ety of Addiction Medicine revises its criteria, the  
19 Secretary shall revise the national model level of  
20 care standards accordingly and disseminate any such  
21 update to the States, and the States may adopt any  
22 such updates to be in compliance with this sub-  
23 section.

1           “(b) STANDARDS FOR OTHER SPECIFIED MATTERS  
2 RELATED TO SUBSTANCE USE DISORDER TREATMENT  
3 SERVICES AND RECOVERY RESIDENCES.—

4           “(1) IN GENERAL.—Not later than 2 years  
5 after the date of enactment of this title, the Sec-  
6 retary, in consultation with representatives of non-  
7 profit service providers and State and Tribal officials  
8 as the Secretary determines necessary, shall promul-  
9 gate model standards for the regulation of—

10                   “(A) other specified matters related to sub-  
11 stance use disorder treatment services; and

12                   “(B) recovery residences.

13           “(2) OTHER SPECIFIED MATTERS RELATED TO  
14 SUBSTANCE USE DISORDER TREATMENT SERV-  
15 ICES.—The model standards promulgated under  
16 paragraph (1)(A) shall, at a minimum—

17                   “(A) identify the professional credentials  
18 needed by each type of substance use disorder  
19 treatment professional;

20                   “(B) include standards for data reporting  
21 and require compilation of statewide reports;

22                   “(C) require the establishment and mainte-  
23 nance within each State of a toll-free telephone  
24 number to receive complaints from the public

1 regarding substance use disorder treatment  
2 service providers; and

3 “(D) require the establishment and main-  
4 tenance on a publicly accessible internet website  
5 of a list of all substance use disorder treatment  
6 services in the State that have a certification in  
7 effect in accordance with this section.

8 “(3) RECOVERY RESIDENCES.—

9 “(A) ECONOMIC RELATIONSHIP.—The  
10 model standards promulgated under paragraph  
11 (1)(B) shall, at a minimum, be applied to recov-  
12 ery residences that have an ongoing economic  
13 relationship with any commercial substance use  
14 disorder treatment service.

15 “(B) MINIMUM REQUIREMENTS.—The  
16 model standards promulgated under paragraph  
17 (1)(B), which may include any model laws de-  
18 veloped under section 550(a) shall, at a min-  
19 imum, identify requirements for—

20 “(i) the designation of a single State  
21 agency to certify recovery residences;

22 “(ii) the implementation of a process  
23 to ensure that the qualifications of recov-  
24 ery residences in which not fewer than 10  
25 individuals may lawfully reside are verified

1 by means of an onsite inspection not less  
2 frequently than every 3 years by the State  
3 agency serving as the primary regulator in  
4 the State or by an independent third party  
5 that is approved by the State's primary  
6 regulator;

7 “(iii) fire, safety, and health stand-  
8 ards;

9 “(iv) equipping residences with opioid  
10 overdose reversal drug products, such as  
11 naloxone and training residence owners,  
12 operators, and employees in the adminis-  
13 tration of naloxone;

14 “(v) recovery residence owners and  
15 operators;

16 “(vi) a written policy that prohibits  
17 the exclusion of individuals on the basis  
18 that such individuals receive drugs ap-  
19 proved by the Food and Drug Administra-  
20 tion for the treatment of substance use dis-  
21 order;

22 “(vii) the establishment and mainte-  
23 nance within each State of a toll-free tele-  
24 phone number to receive complaints from

1 the public regarding recovery residences;  
2 and

3 “(viii) the establishment and mainte-  
4 nance on a publicly accessible internet  
5 website of a list of all recovery residences  
6 in the State that have a certification in ef-  
7 fect in accordance with this section.

8 “(4) ANNUAL ASSESSMENT.—Beginning with  
9 respect to fiscal year 2025, the Secretary shall make  
10 a determination with respect to each State on  
11 whether the State has adopted, for each of the other  
12 specified substance use disorder treatment services  
13 identified in this section and for recovery residences,  
14 standards that are in compliance in all material re-  
15 spects with the model standards promulgated in ac-  
16 cordance with this subsection.

17 “(c) ENSURING ACCESS TO MEDICATION FOR SUB-  
18 STANCE USE DISORDER TREATMENT.—

19 “(1) MEDICATION FOR ADDICTION TREAT-  
20 MENT.—The Secretary may not make a grant under  
21 this section unless the applicant for the grant agrees  
22 to require all entities offering substance use disorder  
23 treatment services under the grant to offer all drugs  
24 approved by the Food and Drug Administration for

1 the treatment of substance use disorder for which  
2 the applicant offers treatment.

3 “(2) WAIVER.—The Secretary may grant a  
4 waiver with respect to any requirement of this sec-  
5 tion if the grant applicant involved—

6 “(A) submits to the Secretary a justifica-  
7 tion for such waiver containing such informa-  
8 tion as the Secretary shall require; and

9 “(B) agrees to require all entities offering  
10 substance use disorder treatment services under  
11 the grant to—

12 “(i) offer, on site, at least 2 drugs ap-  
13 proved by the Food and Drug Administra-  
14 tion for the treatment of substance use dis-  
15 order;

16 “(ii) provide counseling to patients on  
17 the benefits and risks of all drugs ap-  
18 proved by the Food and Drug Administra-  
19 tion for the treatment of substance use dis-  
20 order; and

21 “(iii) maintain an affiliation agree-  
22 ment with a provider that can prescribe or  
23 otherwise dispense all other forms of drugs  
24 approved by the Food and Drug Adminis-

1                   tration for the treatment of substance use  
2                   disorder.

3                   “(3) GAO STUDY.—Not later than 1 year after  
4                   the date of enactment of this title, the Comptroller  
5                   General of the United States shall submit to Con-  
6                   gress a comprehensive report describing any rela-  
7                   tionship between substance use rates, pain manage-  
8                   ment practices of the Indian Health Service, and pa-  
9                   tient request denials through the purchased/referred  
10                  care program of the Indian Health Service.

11                  “(d) ENSURING A FULL CONTINUUM OF SERV-  
12                  ICES.—

13                  “(1) IN GENERAL.—Not later than 6 months  
14                  after the date of the enactment of this title, the Ad-  
15                  ministrator of the Centers for Medicare & Medicaid  
16                  Services shall issue a State Medicaid Director letter  
17                  and Tribal leader letter explaining how States and  
18                  tribes can ensure access to a continuum of services  
19                  for adults with substance use disorders who are re-  
20                  ceiving medical assistance under title XIX of the So-  
21                  cial Security Act. Such letter shall describe how  
22                  States can cover the continuum of community-based,  
23                  residential, and inpatient substance use disorder  
24                  services and care coordination between different lev-  
25                  els of care as medical assistance, as defined in sec-

1       tion 1905(a) of such Act, including through section  
2       1915 of such Act and through demonstration  
3       projects under section 1115 of such Act.

4               “(2) MACPAC ANALYSIS.—Not later than 1  
5       year after the date of the enactment of this title, the  
6       Medicaid and CHIP Payment and Access Commis-  
7       sion shall conduct an analysis, and make publicly  
8       available a report containing the results of such  
9       analysis, of States’ coverage of substance use serv-  
10      ices for Medicaid beneficiaries. Such report shall in-  
11      clude examples of promising strategies States use to  
12      cover a continuum of community-based substance  
13      use services.

14              “(3) ANNUAL ASSESSMENT.—Beginning with  
15      respect to fiscal year 2026, the Secretary shall make  
16      a determination with respect to each State on  
17      whether the State has carried out the requirements  
18      to ensure a continuum of services as described in  
19      section 1915(l)(4)(C) of the Social Security Act.

20   **“SEC. 3436. NALOXONE DISTRIBUTION PROGRAM.**

21              “(a) ESTABLISHMENT OF PROGRAM.—

22                      “(1) IN GENERAL.—The Secretary shall provide  
23      for the purchase and delivery of federally approved  
24      opioid overdose reversal drug products on behalf of  
25      each State (or Indian tribe as defined in section 4

1 of the Indian Health Care Improvement Act) that  
2 receives a grant under subtitle B. This paragraph  
3 constitutes budget authority in advance of appro-  
4 priations Acts, and represents the obligation of the  
5 Federal Government to provide for the purchase and  
6 delivery to States and Indian tribes of the opioid  
7 overdose reversal drug products in accordance with  
8 this paragraph.

9 “(2) SPECIAL RULES WHERE OPIOID OVERDOSE  
10 REVERSAL DRUG PRODUCTS ARE UNAVAILABLE.—To  
11 the extent that a sufficient quantity of opioid over-  
12 dose reversal drug products are not available for  
13 purchase or delivery under paragraph (1), the Sec-  
14 retary shall provide for the purchase and delivery of  
15 the available opioid overdose reversal drug products  
16 in accordance with priorities established by the Sec-  
17 retary, with priority given to States with at least one  
18 local area eligible for funding under section 3401(a).

19 “(b) NEGOTIATION OF CONTRACTS WITH MANUFAC-  
20 TURERS.—

21 “(1) IN GENERAL.—For the purpose of car-  
22 rying out this section, the Secretary shall negotiate  
23 and enter into contracts with manufacturers of  
24 opioid overdose reversal drug products consistent  
25 with the requirements of this subsection and, to the

1 maximum extent practicable, consolidate such con-  
2 tracting with any other contracting activities con-  
3 ducted by the Secretary to purchase opioid overdose  
4 reversal drug products. The Secretary may enter  
5 into such contracts under which the Federal Govern-  
6 ment is obligated to make outlays, the budget au-  
7 thority for which is not provided for in advance in  
8 appropriations Acts, for the purchase and delivery of  
9 opioid overdose reversal drug products under sub-  
10 section (a).

11 “(2) AUTHORITY TO DECLINE CONTRACTS.—  
12 The Secretary may decline to enter into contracts  
13 under this subsection and may modify or extend  
14 such contracts.

15 “(3) CONTRACT PRICE.—

16 “(A) IN GENERAL.—The Secretary, in ne-  
17 gotiating the prices at which opioid overdose re-  
18 versal drug products will be purchased and de-  
19 livered from a manufacturer under this sub-  
20 section, shall take into account quantities of  
21 opioid overdose reversal drug products to be  
22 purchased by States under the option under  
23 paragraph (4)(B).

24 “(B) NEGOTIATION OF DISCOUNTED PRICE  
25 FOR OPIOID OVERDOSE REVERSAL DRUG PROD-

1           UCTS.—With respect to contracts entered into  
2           for the purchase of opioid overdose reversal  
3           drug products on behalf of States under this  
4           subsection, the price for the purchase of such  
5           drug product shall be a discounted price nego-  
6           tiated by the Secretary.

7           “(4) QUANTITIES AND TERMS OF DELIVERY.—

8           Under contracts under this subsection—

9                   “(A) the Secretary shall provide, consistent  
10                  with paragraph (6), for the purchase and deliv-  
11                  ery on behalf of States and Indian tribes of  
12                  quantities of opioid overdose reversal drug  
13                  products; and

14                   “(B) each State and Indian tribe, at the  
15                  option of the State or tribe, shall be permitted  
16                  to obtain additional quantities of opioid over-  
17                  dose reversal drug products (subject to amounts  
18                  specified to the Secretary by the State or tribe  
19                  in advance of negotiations) through purchasing  
20                  the opioid overdose reversal drug products from  
21                  the manufacturers at the applicable price nego-  
22                  tiated by the Secretary consistent with para-  
23                  graph (3), if the State or tribe provides to the  
24                  Secretary such information (at a time and man-  
25                  ner specified by the Secretary, including in ad-

1 vance of negotiations under paragraph (1)) as  
2 the Secretary determines to be necessary, to  
3 provide for quantities of opioid overdose rever-  
4 sal drug products for the State or tribe to pur-  
5 chase pursuant to this subsection and to deter-  
6 mine annually the percentage of the opioid over-  
7 dose reversal drug market that is purchased  
8 pursuant to this section and this subparagraph.

9 The Secretary shall enter into the initial negotia-  
10 tions not later than 180 days after the date of the  
11 enactment of this title.

12 “(5) CHARGES FOR SHIPPING AND HAN-  
13 DLING.—The Secretary may enter into a contract  
14 referred to in paragraph (1) only if the manufac-  
15 turer involved agrees to submit to the Secretary  
16 such reports as the Secretary determines to be ap-  
17 propriate to assure compliance with the contract and  
18 if, with respect to a State program under this sec-  
19 tion that does not provide for the direct delivery of  
20 qualified opioid overdose reversal drug products, the  
21 manufacturer involved agrees that the manufacturer  
22 will provide for the delivery of the opioid overdose  
23 reversal drug products on behalf of the State in ac-  
24 cordance with such program and will not impose any  
25 charges for the costs of such delivery (except to the

1 extent such costs are provided for in the price estab-  
2 lished under paragraph (3)).

3 “(6) MULTIPLE SUPPLIERS.—In the case of the  
4 opioid overdose reversal drug product involved, the  
5 Secretary may, as appropriate, enter into a contract  
6 referred to in paragraph (1) with each manufacturer  
7 of the opioid overdose reversal drug product that  
8 meets the terms and conditions of the Secretary for  
9 an award of such a contract (including terms and  
10 conditions regarding safety and quality). With re-  
11 spect to multiple contracts entered into pursuant to  
12 this paragraph, the Secretary may have in effect dif-  
13 ferent prices under each of such contracts and, with  
14 respect to a purchase by States pursuant to para-  
15 graph (4)(B), each eligible State may choose which  
16 of such contracts will be applicable to the purchase.

17 “(c) USE OF OPIOID OVERDOSE REVERSAL DRUG  
18 PRODUCT LIST.—Beginning not later than one year after  
19 the first contract has been entered into under this section,  
20 the Secretary shall use, for the purpose of the purchase,  
21 delivery, and administration of opioid overdose reversal  
22 drug products under this section, the list established (and  
23 periodically reviewed and, as appropriate, revised) by an  
24 advisory committee, established by the Secretary and lo-  
25 cated within the Centers for Disease Control and Preven-

1 tion, which considers the cost effectiveness of each opioid  
2 overdose reversal drug product.

3 “(d) STATE DISTRIBUTION OF OPIOID OVERDOSE  
4 REVERSAL DRUG PRODUCTS.—States shall distribute  
5 opioid overdose reversal drug products received under this  
6 section to the following:

7 “(1) First responders and local emergency med-  
8 ical services organizations, including volunteer emer-  
9 gency medical services organizations.

10 “(2) Public entities with authority to administer  
11 local public health services, including all local health  
12 departments;

13 “(3) Nonprofit entities, including—

14 “(A) community-based organizations that  
15 provide substance use disorder treatments or  
16 harm reduction services;

17 “(B) nonprofit entities that provide sub-  
18 stance use disorder treatments or harm reduc-  
19 tion services; and

20 “(C) faith based organizations that provide  
21 substance use disorder treatments or harm re-  
22 duction services;

23 “(4) Other entities in areas of high need.

24 “(5) The general public.

1       “(e) STATE REQUIREMENTS.—To be eligible to re-  
2 ceive opioid overdose reversal drugs under this section,  
3 each State shall—

4           “(1) establish a program for distributing opioid  
5 overdose reversal drug products to first responders,  
6 nonprofit entities, the general public, and entities  
7 with authority to administer local public health serv-  
8 ices, including local health departments;

9           “(2) beginning in the second year of the pro-  
10 gram, demonstrate a distribution rate of a minimum  
11 of 90 percent of the opioid overdose reversal drug  
12 products received under this program;

13           “(3) certify to the Secretary that the State has  
14 in place a Good Samaritan Law that ensures immu-  
15 nity from arrest and prosecution, including from pa-  
16 role and probation violations, except that the State  
17 may apply to the Secretary for a waiver of the re-  
18 quirement of this paragraph, and such waiver if  
19 granted shall not be longer than 3 years in duration  
20 and may not be renewed unless the State can show  
21 progress being made towards instituting a Good Sa-  
22 maritan Law; and

23           “(4) certify to the Secretary that the State has  
24 in place additional measures that enhance access to  
25 opioid overdose reversal drug products, such as laws

1 that provide civil or disciplinary immunity for med-  
2 ical personnel who prescribe an opioid overdose re-  
3 versal drug product, Third Party Prescription Laws,  
4 Collaborative Practice Agreements, and Standing  
5 Orders.

6 “(f) INDIAN TRIBE REQUIREMENTS.—The Indian  
7 Health Service, in consultation with Indian tribes, shall  
8 determine any requirements that shall apply to Indian  
9 tribes receiving opioid overdose reversal drug products  
10 made available under this section.

11 “(g) DEFINITIONS.—For purposes of this section:

12 “(1) COLLABORATIVE PRACTICE AGREEMENT.—  
13 The term ‘Collaborative Practice Agreement’ means  
14 an agreement under which a pharmacist operates  
15 under authority delegated by another licensed practi-  
16 tioner with prescribing authority.

17 “(2) EMERGENCY MEDICAL SERVICE.—The  
18 term ‘emergency medical service’ means resources  
19 used by a public or private licensed entity to deliver  
20 medical care outside of a medical facility under  
21 emergency conditions that occur as a result of the  
22 condition of the patient and includes services deliv-  
23 ered (either on a compensated or volunteer basis) by  
24 an emergency medical services provider or other pro-  
25 vider that is licensed or certified by the State in-

1       volved as an emergency medical technician, a para-  
2       medic, or an equivalent professional (as determined  
3       by the State).

4               “(3) GOOD SAMARITAN LAW.—The term ‘Good  
5       Samaritan Law’ means a law that provides criminal  
6       immunity for a person who administers an opioid  
7       overdose reversal drug product, a person who, in  
8       good faith, seeks medical assistance for someone ex-  
9       periencing a drug-related overdose, or a person who  
10      experiences a drug-related overdose and is in need of  
11      medical assistance and, in good faith, seeks such  
12      medical assistance, or is the subject of such a good  
13      faith request for medical assistance.

14              “(4) INDIANS.—The terms ‘Indian’, ‘Indian  
15      tribe’, ‘tribal organization’, and ‘urban Indian orga-  
16      nization’ have the meanings given such terms in sec-  
17      tion 4 of the Indian Health Care Improvement Act.

18              “(5) MANUFACTURER.—The term ‘manufac-  
19      turer’ means any corporation, organization, or insti-  
20      tution, whether public or private (including Federal,  
21      State, and local departments, agencies, and instru-  
22      mentalities), which manufactures, imports, proc-  
23      esses, or distributes under its label any opioid over-  
24      dose reversal drug product. The term ‘manufacture’

1 means to manufacture, import, process, or distribute  
2 an opioid overdose reversal drug.

3 “(6) OPIOID OVERDOSE REVERSAL DRUG PROD-  
4 UCT.—The term ‘opioid overdose reversal drug prod-  
5 uct’ means a finished dosage form that has been ap-  
6 proved by the Food and Drug Administration and  
7 that contains an active pharmaceutical ingredient  
8 that acts as an opioid receptor antagonist. The term  
9 ‘opioid overdose reversal drug product’ includes a  
10 combination product, as defined in section 3.2(e) of  
11 title 21, Code of Federal Regulations.

12 “(7) STANDING ORDER.—The term ‘standing  
13 order’ means a non-patient-specific order covering  
14 administration of medication by others to a patient  
15 who may be unknown to the prescriber at the time  
16 of the order.

17 “(8) THIRD PARTY PRESCRIPTION.—The term  
18 ‘third party prescription’ means an order written for  
19 medication dispensed to one person with the inten-  
20 tion that it will be administered to another person.

21 “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
22 is authorized to be appropriated to carry out this suc-  
23 tion—

24 “(1) \$1,000,000,000 for fiscal year 2024;

25 “(2) \$1,000,000,000 for fiscal year 2025;

- 1 “(3) \$1,000,000,000 for fiscal year 2026;  
2 “(4) \$1,000,000,000 for fiscal year 2027;  
3 “(5) \$1,000,000,000 for fiscal year 2028;  
4 “(6) \$1,000,000,000 for fiscal year 2029;  
5 “(7) \$1,000,000,000 for fiscal year 2030;  
6 “(8) \$1,000,000,000 for fiscal year 2031;  
7 “(9) \$1,000,000,000 for fiscal year 2032; and  
8 “(10) \$1,000,000,000 for fiscal year 2033.

9 **“SEC. 3437. ADDITIONAL FUNDING FOR THE NATIONAL IN-**  
10 **STITUTES OF HEALTH.**

11 “There is authorized to be appropriated to the Na-  
12 tional Institutes of Health for the purpose of conducting  
13 research on addiction and pain, including research to de-  
14 velop overdose reversal drug products, non-opioid drug  
15 products and non-pharmacological treatments for address-  
16 ing pain and substance use disorder, and drug products  
17 used to treat substance use disorder—

- 18 “(1) \$1,000,000,000 for fiscal year 2024;  
19 “(2) \$1,000,000,000 for fiscal year 2025;  
20 “(3) \$1,000,000,000 for fiscal year 2026;  
21 “(4) \$1,000,000,000 for fiscal year 2027;  
22 “(5) \$1,000,000,000 for fiscal year 2028;  
23 “(6) \$1,000,000,000 for fiscal year 2029;  
24 “(7) \$1,000,000,000 for fiscal year 2030;  
25 “(8) \$1,000,000,000 for fiscal year 2031;

1 “(9) \$1,000,000,000 for fiscal year 2032; and

2 “(10) \$1,000,000,000 for fiscal year 2033.

3 **“SEC. 3438. ADDITIONAL FUNDING FOR THE CENTERS FOR**  
4 **DISEASE CONTROL AND PREVENTION.**

5 “(a) IMPROVED DATA COLLECTION AND PREVEN-  
6 TION OF INFECTIOUS DISEASE TRANSMISSION.—

7 “(1) DATA COLLECTION.—The Centers for Dis-  
8 ease Control and Prevention shall use a portion of  
9 the funding appropriated under this section to en-  
10 sure that all States participate in the Enhanced  
11 State Opioid Overdose Surveillance program and to  
12 provide technical assistance to medical examiners  
13 and coroners to facilitate improved data collection on  
14 fatal overdoses through such program.

15 “(2) CENTERS FOR DISEASE CONTROL AND  
16 PREVENTION.—The Centers for Disease Control and  
17 Prevention shall use amounts appropriated under  
18 this section for the purpose of improving data on  
19 drug overdose deaths and non-fatal drug overdoses,  
20 surveillance related to addiction and substance use  
21 disorder, and the prevention of transmission of infec-  
22 tious diseases related to substance use.

23 “(3) TRIBAL DATA.—Not later than 6 months  
24 after the date of enactment of this title, the Director  
25 of the Centers for Disease Control and Prevention

1 shall consult with Indian tribes and confer with  
2 urban Indian organizations to develop and imple-  
3 ment strategies that improve surveillance and re-  
4 porting of fatal overdose deaths among American In-  
5 dians and Alaska Natives, including strategies that  
6 reduce the underestimation of fatal overdose deaths  
7 among American Indians and Alaska Natives due to  
8 undersampling or racial misclassification in State  
9 and Federal public health surveillance systems.

10 “(b) CHILDHOOD TRAUMA.—The Centers for Disease  
11 Control and Prevention shall use a portion of the funding  
12 appropriated under this section to fund the surveillance  
13 and data collection activities described in section 7131 of  
14 the SUPPORT for Patients and Communities Act, includ-  
15 ing to encourage all States to participate in collecting and  
16 reporting data on adverse childhood experiences through  
17 the Behavioral Risk Factor Surveillance System, the  
18 Youth Risk Behavior Surveillance System, and other rel-  
19 evant public health surveys or questionnaires.

20 “(c) WORKER HEALTH RISKS.—The Centers for Dis-  
21 ease Control and Prevention shall use a portion of the  
22 funding appropriated under this section for data collection  
23 and surveillance activities on substance use, substance use  
24 disorders, drug overdose deaths, and non-fatal drug  
25 overdoses among workers, and the factors and practices

1 that contribute to such use, disorders, and overdoses, in-  
2 cluding occupational injuries and illness as well as occupa-  
3 tional exposure to opioids and other illicit and licit drugs.

4 “(d) TRIBAL EPIDEMIOLOGY CENTERS.—There shall  
5 be made available to the Indian Health Service for the  
6 purpose of funding efforts by Indian tribes and tribal epi-  
7 demiology centers to improve data on drug overdose  
8 deaths and non-fatal drug overdoses, surveillance related  
9 to addiction and substance use disorder, and prevention  
10 of childhood trauma, not less than 1.5 percent of the total  
11 amount appropriated under this section for each fiscal  
12 year.

13 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
14 is authorized to be appropriated to carry out this section—

15 “(1) \$500,000,000 for fiscal year 2024;

16 “(2) \$500,000,000 for fiscal year 2025;

17 “(3) \$500,000,000 for fiscal year 2026;

18 “(4) \$500,000,000 for fiscal year 2027;

19 “(5) \$500,000,000 for fiscal year 2028;

20 “(6) \$500,000,000 for fiscal year 2029;

21 “(7) \$500,000,000 for fiscal year 2030;

22 “(8) \$500,000,000 for fiscal year 2031;

23 “(9) \$500,000,000 for fiscal year 2032; and

24 “(10) \$500,000,000 for fiscal year 2033.

1 **“SEC. 3439. DEFINITIONS.**

2 “In this title:

3 “(1) **PLANNING COUNCIL.**—The term ‘planning  
4 council’ means the substance use planning council  
5 established under section 3402.

6 “(2) **RECOVERY RESIDENCE.**—The term ‘recov-  
7 ery residence’ means a residential dwelling unit, or  
8 other form of group housing, that is offered or ad-  
9 vertised through any means, including oral, written,  
10 electronic, or printed means, by any individual or en-  
11 tity as a residence that provides an evidence-based,  
12 peer-supported living environment for individuals un-  
13 dergoing any type of substance use disorder treat-  
14 ment or who have received any type of substance use  
15 disorder treatment in the past 3 years, including  
16 medication for addiction treatment.

17 “(3) **STATE.**—

18 “(A) **IN GENERAL.**—The term ‘State’  
19 means each of the 50 States, the District of Co-  
20 lumbia, and each of the territories.

21 “(B) **TERRITORIES.**—The term ‘territory’  
22 means each of American Samoa, Guam, the  
23 Commonwealth of Puerto Rico, the Common-  
24 wealth of the Northern Mariana Islands, the  
25 Virgin Islands, the Republic of the Marshall Is-

1 lands, the Federated States of Micronesia, and  
2 Palau.

3 “(4) SUBSTANCE USE DISORDER TREAT-  
4 MENT.—

5 “(A) IN GENERAL.—The term ‘substance  
6 use disorder treatment’ means an evidence-  
7 based, professionally directed, deliberate, and  
8 planned regimen including evaluation, observa-  
9 tion, medical monitoring, and rehabilitative  
10 services and interventions such as  
11 pharmacotherapy, mental health services, and  
12 individual and group counseling, on an inpa-  
13 tient or outpatient basis, to help patients with  
14 substance use disorder reach remission and  
15 maintain recovery.

16 “(B) TYPES OF TREATMENT.—Substance  
17 use disorder treatments shall include the fol-  
18 lowing:

19 “(i) Clinical stabilization services,  
20 which are evidence-based services provided  
21 in secure, acute care facilities (which may  
22 be referred to as ‘addictions receiving fa-  
23 cilities’) that, at a minimum—

24 “(I) provide intoxication manage-  
25 ment and stabilization services;

1                   “(II) are operated 24 hours per  
2                   day, 7 days per week; and

3                   “(III) that serve individuals  
4                   found to be substance use impaired.  
5                   These can also be referred to as ‘Ad-  
6                   dictions receiving facilities’.

7                   “(ii) Withdrawal management and de-  
8                   toxification, which is a medical service that  
9                   is provided on an inpatient or an out-  
10                  patient basis to assist an individual in  
11                  managing the process of withdrawal from  
12                  the physiological and psychological effects  
13                  of substance use disorder.

14                  “(iii) All outpatient, residential, and  
15                  inpatient services described in section  
16                  1915(l)(4)(C) of the Social Security Act.

17                  “(C) LIMITATION.—Substance use disorder  
18                  treatment providers shall not include—

19                         “(i) prevention only providers; and

20                         “(ii) a private practitioner who is li-  
21                         censed by a State licensing board and  
22                         whose practice is limited to non-intensive  
23                         outpatient care.

24                  “(5) SUBSTANCE USE DISORDER TREATMENT  
25                  SERVICES.—The term ‘substance use disorder treat-



1           “(A) that is required to register under sec-  
2           tion 302(a)(1); and

3           “(B) distributes a controlled substance in  
4           schedule II;

5           “(3) the term ‘covered manufacturer’ means a  
6           manufacturer—

7           “(A) that is required to register under sec-  
8           tion 302(a)(1); and

9           “(B) manufactures a controlled substance  
10          in schedule II;

11          “(4) the term ‘covered officer’, with respect to  
12          a covered person means—

13          “(A) in the case of a covered person that  
14          is not an individual—

15                  “(i) the chief executive officer of the  
16                  covered person;

17                  “(ii) the president of the covered per-  
18                  son;

19                  “(iii) the chief medical officer of the  
20                  covered person; or

21                  “(iv) the chief counsel of the covered  
22                  person; and

23          “(B) in the case of a covered person that  
24          is an individual, that individual; and

25          “(5) the term ‘covered person’ means—

1                   “(A) a covered dispenser;

2                   “(B) a covered distributor; or

3                   “(C) a covered manufacturer.

4           “(b) CERTIFICATIONS RELATING TO DIVERSION  
5 CONTROLS.—Not later than 180 days after the date of  
6 enactment of this section, and each year thereafter, each  
7 covered officer of a covered person shall submit to the At-  
8 torney General, for each controlled substance in schedule  
9 II dispensed, distributed, or manufactured by the covered  
10 person, a certification—

11                   “(1) signed by the covered officer; and

12                   “(2) certifying that—

13                   “(A) the covered person maintains effective  
14 controls against diversion of the controlled sub-  
15 stance into channels other than legitimate med-  
16 ical, scientific, research, or industrial channels;

17                   “(B) all information contained in any  
18 record, inventory, or report required to be kept  
19 or submitted to the Attorney General by the  
20 covered person under section 307, or under any  
21 regulation issued under that section, is accu-  
22 rate; and

23                   “(C) the covered person is in compliance  
24 with all applicable requirements under Federal

1 law relating to reporting suspicious orders for  
2 controlled substances.

3 “(c) CERTIFICATIONS RELATING TO MIS-  
4 BRANDING.—

5 “(1) IN GENERAL.—Not later than 180 days  
6 after the date of enactment of this section, and each  
7 year thereafter, each covered officer of a covered  
8 manufacturer shall submit to the Secretary, for each  
9 controlled substance in schedule II manufactured by  
10 the covered manufacturer, a certification—

11 “(A) signed by the covered officer; and

12 “(B) certifying that the controlled sub-  
13 stance is not misbranded, as described in sec-  
14 tion 502 of the Federal Food, Drug, and Cos-  
15 metic Act (21 U.S.C. 352).

16 “(2) NOTIFICATION TO THE ATTORNEY GEN-  
17 ERAL.—

18 “(A) FAILURE TO SUBMIT CERTIFI-  
19 CATIONS.—Not later than 30 days after the  
20 date on which a covered officer of a covered  
21 manufacturer is required to submit a certifi-  
22 cation under paragraph (1) and fails to do so,  
23 the Secretary shall notify the Attorney General  
24 of the failure by the covered officer to submit  
25 the certification.

1           “(B) FALSE CERTIFICATIONS RELATING  
2 TO MISBRANDING.—Not later than 30 days  
3 after the date on which the Secretary becomes  
4 aware that a certification submitted under  
5 paragraph (1) contains a materially false state-  
6 ment or representation relating to the mis-  
7 branding of a controlled substance with respect  
8 to the year for which the certification is sub-  
9 mitted, the Secretary shall notify the Attorney  
10 General that the certification contains the ma-  
11 terially false statement or representation.”.

12           (b) OFFENSES.—Part D of title II of the Controlled  
13 Substances Act (21 U.S.C. 841 et seq.) is amended by  
14 adding at the end the following:

15           “CERTIFICATIONS BY COVERED OFFICERS  
16           “SEC. 424. (a) DEFINITIONS.—In this section, the  
17 terms ‘covered dispenser’, ‘covered distributor’, ‘covered  
18 manufacturer’, ‘covered officer’, and ‘covered person’ have  
19 the meanings given those terms in section 313.

20           “(b) OFFENSES.—

21           “(1) FAILURE TO SUBMIT CERTIFICATIONS.—

22           “(A) CERTIFICATIONS RELATING TO DI-  
23 VERSION CONTROLS.—It shall be unlawful for a  
24 covered officer of a covered person to fail to  
25 submit a certification required under section

1           313(b), without regard to the state of mind of  
2           the covered officer.

3           “(B) CERTIFICATIONS RELATING TO MIS-  
4           BRANDING.—It shall be unlawful for a covered  
5           officer of a covered manufacturer to fail to sub-  
6           mit a certification required under section  
7           313(c)(1), without regard to the state of mind  
8           of the covered officer.

9           “(2) SUBMISSION OF FALSE CERTIFICATIONS.—

10           “(A) FALSE CERTIFICATIONS RELATING TO  
11           DIVERSION CONTROLS.—It shall be unlawful for  
12           a covered officer of a covered person to submit  
13           a certification required under section 313(b),  
14           without regard to the state of mind of the cov-  
15           ered officer, that contains a materially false  
16           statement or representation relating to the in-  
17           formation required to be certified under that  
18           section for the year for which the certification  
19           is submitted.

20           “(B) FALSE CERTIFICATIONS RELATING  
21           TO MISBRANDING.—It shall be unlawful for a  
22           covered officer of a covered manufacturer to  
23           submit a certification required under section  
24           313(c)(1), without regard to the state of mind  
25           of the covered officer, that contains a materially

1 false statement or representation relating to the  
2 misbranding of a controlled substance with re-  
3 spect to the year for which the certification is  
4 submitted.

5 “(c) PENALTIES.—

6 “(1) CIVIL PENALTIES.—Except as provided in  
7 paragraph (2), a covered officer who violates sub-  
8 section (b) shall be subject to a civil penalty of not  
9 more than \$25,000.

10 “(2) CRIMINAL PENALTIES.—A covered officer  
11 who knowingly violates subsection (b)(2) shall be  
12 subject to criminal penalties under section 403(d).

13 “(d) COMPREHENSIVE ADDICTION RESOURCES  
14 FUND.—

15 “(1) ESTABLISHMENT.—There is established in  
16 the Treasury a fund to be known as the ‘Com-  
17 prehensive Addiction Resources Fund’.

18 “(2) TRANSFER OF AMOUNTS.—There shall be  
19 transferred to the Comprehensive Addiction Re-  
20 sources Fund 100 percent of—

21 “(A) any civil penalty paid to the United  
22 States under this section; and

23 “(B) any fine paid to the United States  
24 under section 403(d) for a knowing violation of  
25 subsection (b)(2) of this section.

1           “(3) AVAILABILITY AND USE OF FUNDS.—  
2           Amounts transferred to the Comprehensive Addic-  
3           tion Fund under paragraph (2) shall—

4                   “(A) remain available until expended; and

5                   “(B) be made available to supplement  
6           amounts appropriated to carry out title XXXIV  
7           of the Public Health Service Act.”.

8           (c) CRIMINAL PENALTIES.—Section 403 of the Con-  
9           trolled Substances Act (21 U.S.C. 843) is amended—

10           (1) in subsection (d)(1)—

11                   (A) by inserting “or knowingly violates sec-  
12           tion 424(b)(2)” after “any person who violates  
13           this section”; and

14                   (B) by striking “violation of this section”  
15           and inserting “such a violation”; and

16           (2) in subsection (f)—

17                   (A) in paragraph (1), by striking “or 416”  
18           and inserting “or section 416, or knowing viola-  
19           tions of section 424(b)(2)”; and

20                   (B) in paragraph (3), by inserting “or  
21           knowing violations of section 424(b)(2)” before  
22           the period at the end.

23           (d) TECHNICAL AND CONFORMING AMENDMENTS.—

24           The table of contents for the Comprehensive Drug Abuse

1 Prevention and Control Act of 1970 (Public Law 91–513;  
2 84 Stat. 1236) is amended—

3 (1) by inserting after the item relating to sec-  
4 tion 311 the following:

“Sec. 312. Suspicious orders.

“Sec. 313. Certifications relating to diversion controls and misbranding.”;

5 and

6 (2) by inserting after the item relating to sec-  
7 tion 423 the following:

“Sec. 424. Certifications by covered officers.”.

8 (e) EFFECTIVE DATE.—The amendments made by  
9 subsections (b) and (c) of this section shall take effect on  
10 the date that is 180 days after the date of enactment of  
11 this Act.

12 **SEC. 5. GENERAL LIMITATION ON USE OF FUNDS.**

13 Amounts appropriated or provided under this Act, or  
14 an amendment made by this Act—

15 (1) shall be used only for the public health pur-  
16 poses described in this Act (including the amend-  
17 ments made by this Act); and

18 (2) shall not be used to—

19 (A) fund the incarceration, institutionaliza-  
20 tion, or involuntary treatment of individuals to  
21 address the illicit use of substances; or

22 (B) procure equipment or support activi-  
23 ties inconsistent with the public health purposes

1 described in this Act (including the amend-  
2 ments made by this Act).

3 **SEC. 6. FEDERAL DRUG DEMAND REDUCTION ACTIVITIES.**

4 (a) PUBLICATION OF LIST.—

5 (1) AMENDMENT.—Section 705(f) of the Office  
6 of National Drug Control Policy Reauthorization Act  
7 of 1998 (21 U.S.C. 1704(f)) is amended by inserting  
8 at the end the following new paragraph:

9 “(5) PUBLICATION OF LIST.—The Director  
10 shall publish online a complete list of all drug con-  
11 trol program grant programs and any other relevant  
12 information included in the system developed under  
13 paragraph (1).”.

14 (2) DEADLINE AND FREQUENCY.—Not later  
15 than one year after the date of the enactment of this  
16 Act, and annually thereafter, the Director of Na-  
17 tional Drug Control Policy shall publish the list re-  
18 quired under section 705(f)(5) of the National Drug  
19 Control Act of 1998, as added by paragraph (1).

20 (b) NATIONAL DRUG CONTROL STRATEGY.—Section  
21 706(c)(1) of the National Drug Control Act of 1998 (21  
22 U.S.C. 1705(c)(1)) is amended by adding at the end the  
23 following new subparagraph:

