

AMENDMENT NO. _____ Calendar No. _____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—115th Cong., 2d Sess.

H. R. 6

To provide for opioid use disorder prevention, recovery, and treatment, and for other purposes.

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended to be proposed by _____

Viz:

1 Strike all after the enacting clause and insert the following:
2

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

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Opioid Crisis Response Act of 2018”.

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

Sec. 1. Short title; table of contents.

TITLE I—OPIOID CRISIS RESPONSE ACT

Sec. 1001. Definitions.

Subtitle A—Reauthorization of Cures Funding

Sec. 1101. State response to the opioid abuse crisis.

Subtitle B—Research and Innovation

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- Sec. 1201. Advancing cutting-edge research.
- Sec. 1202. Pain research.

Subtitle C—Medical Products and Controlled Substances Safety

- Sec. 1301. Clarifying FDA regulation of non-addictive pain products.
- Sec. 1302. Clarifying FDA packaging authorities.
- Sec. 1303. Strengthening FDA and CBP coordination and capacity.
- Sec. 1304. Clarifying FDA post-market authorities.
- Sec. 1305. Restricting entrance of illicit drugs.
- Sec. 1306. First responder training.
- Sec. 1307. Disposal of controlled substances of hospice patients.
- Sec. 1308. GAO study and report on hospice safe drug management.
- Sec. 1309. Delivery of a controlled substance by a pharmacy to be administered by injection or implantation.

Subtitle D—Treatment and Recovery

- Sec. 1401. Comprehensive opioid recovery centers.
- Sec. 1402. Program to support coordination and continuation of care for drug overdose patients.
- Sec. 1403. Alternatives to opioids.
- Sec. 1404. Building communities of recovery.
- Sec. 1405. Peer support technical assistance center.
- Sec. 1406. Medication-assisted treatment for recovery from addiction.
- Sec. 1407. Grant program.
- Sec. 1408. Allowing for more flexibility with respect to medication-assisted treatment for opioid use disorders.
- Sec. 1409. National recovery housing best practices.
- Sec. 1410. Addressing economic and workforce impacts of the opioid crisis.
- Sec. 1411. Career Act.
- Sec. 1412. Pilot program to help individuals in recovery from a substance use disorder become stably housed.
- Sec. 1413. Youth prevention and recovery.
- Sec. 1414. Plans of safe care.
- Sec. 1415. Regulations relating to special registration for telemedicine.
- Sec. 1416. National Health Service Corps behavioral and mental health professionals providing obligated service in schools and other community-based settings.
- Sec. 1417. Loan repayment for substance use disorder treatment providers.
- Sec. 1418. Protecting moms and infants.
- Sec. 1419. Early interventions for pregnant women and infants.
- Sec. 1420. Report on investigations regarding parity in mental health and substance use disorder benefits.

Subtitle E—Prevention

- Sec. 1501. Study on prescribing limits.
- Sec. 1502. Programs for health care workforce.
- Sec. 1503. Education and awareness campaigns.
- Sec. 1504. Enhanced controlled substance overdoses data collection, analysis, and dissemination.
- Sec. 1505. Preventing overdoses of controlled substances.
- Sec. 1506. CDC surveillance and data collection for child, youth, and adult trauma.
- Sec. 1507. Reauthorization of NASPER.

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- Sec. 1508. Jessie's law.
- Sec. 1509. Development and dissemination of model training programs for substance use disorder patient records.
- Sec. 1510. Communication with families during emergencies.
- Sec. 1511. Prenatal and postnatal health.
- Sec. 1512. Surveillance and education regarding infections associated with illicit drug use and other risk factors.
- Sec. 1513. Task force to develop best practices for trauma-informed identification, referral, and support.
- Sec. 1514. Grants to improve trauma support services and mental health care for children and youth in educational settings.
- Sec. 1515. National Child Traumatic Stress Initiative.
- Sec. 1516. National milestones to measure success in curtailing the opioid crisis.

TITLE II—FINANCE

- Sec. 2001. Short title.

Subtitle A—Medicare

- Sec. 2101. Medicare opioid safety education.
- Sec. 2102. Expanding the use of telehealth services for the treatment of opioid use disorder and other substance use disorders.
- Sec. 2103. Comprehensive screenings for seniors.
- Sec. 2104. Every prescription conveyed securely.
- Sec. 2105. Standardizing electronic prior authorization for safe prescribing.
- Sec. 2106. Strengthening partnerships to prevent opioid abuse.
- Sec. 2107. Commit to opioid medical prescriber accountability and safety for seniors.
- Sec. 2108. Fighting the opioid epidemic with sunshine.
- Sec. 2109. Demonstration testing coverage of certain services furnished by opioid treatment programs.
- Sec. 2110. Encouraging appropriate prescribing under Medicare for victims of opioid overdose.
- Sec. 2111. Automatic escalation to external review under a Medicare part D drug management program for at-risk beneficiaries.
- Sec. 2112. Testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology.
- Sec. 2113. Medicare Improvement Fund.

Subtitle B—Medicaid

- Sec. 2201. Caring recovery for infants and babies.
- Sec. 2202. Peer support enhancement and evaluation review.
- Sec. 2203. Medicaid substance use disorder treatment via telehealth.
- Sec. 2204. Enhancing patient access to non-opioid treatment options.
- Sec. 2205. Assessing barriers to opioid use disorder treatment.
- Sec. 2206. Help for moms and babies.
- Sec. 2207. Securing flexibility to treat substance use disorders.
- Sec. 2208. MACPAC study and report on MAT utilization controls under State Medicaid programs.
- Sec. 2209. Opioid addiction treatment programs enhancement.
- Sec. 2210. Better data sharing to combat the opioid crisis.

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- Sec. 2211. Mandatory reporting with respect to adult behavioral health measures.
- Sec. 2212. Report on innovative State initiatives and strategies to provide housing-related services and supports to individuals struggling with substance use disorders under Medicaid.
- Sec. 2213. Technical assistance and support for innovative State strategies to provide housing-related supports under Medicaid.

Subtitle C—Human Services

- Sec. 2301. Supporting family-focused residential treatment.
- Sec. 2302. Improving recovery and reunifying families.
- Sec. 2303. Building capacity for family-focused residential treatment.

Subtitle D—Synthetics Trafficking and Overdose Prevention

- Sec. 2401. Short title.
- Sec. 2402. Customs fees.
- Sec. 2403. Mandatory advance electronic information for postal shipments.
- Sec. 2404. International postal agreements.
- Sec. 2405. Cost recoupment.
- Sec. 2406. Development of technology to detect illicit narcotics.
- Sec. 2407. Civil penalties for postal shipments.
- Sec. 2408. Report on violations of arrival, reporting, entry, and clearance requirements and falsity or lack of manifest.
- Sec. 2409. Effective date; regulations.

TITLE III—JUDICIARY

Subtitle A—Access to Increased Drug Disposal

- Sec. 3101. Short title.
- Sec. 3102. Definitions.
- Sec. 3103. Authority to make grants.
- Sec. 3104. Application.
- Sec. 3105. Use of grant funds.
- Sec. 3106. Eligibility for grant.
- Sec. 3107. Duration of grants.
- Sec. 3108. Accountability and oversight.
- Sec. 3109. Duration of program.
- Sec. 3110. Authorization of appropriations.

Subtitle B—Using Data To Prevent Opioid Diversion

- Sec. 3201. Short title.
- Sec. 3202. Purpose.
- Sec. 3203. Amendments.
- Sec. 3204. Report.

Subtitle C—Substance Abuse Prevention

- Sec. 3301. Short title.
- Sec. 3302. Reauthorization of the Office of National Drug Control Policy.
- Sec. 3303. Reauthorization of the Drug-Free Communities Program.
- Sec. 3304. Reauthorization of the National Community Anti-Drug Coalition Institute.
- Sec. 3305. Reauthorization of the High-Intensity Drug Trafficking Area Program.

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- Sec. 3306. Reauthorization of drug court program.
- Sec. 3307. Drug court training and technical assistance.
- Sec. 3308. Drug overdose response strategy.
- Sec. 3309. Protecting law enforcement officers from accidental exposure.
- Sec. 3310. COPS Anti-Meth Program.
- Sec. 3311. COPS anti-heroin task force program.
- Sec. 3312. Comprehensive Addiction and Recovery Act education and awareness.
- Sec. 3313. Protecting children with addicted parents.
- Sec. 3314. Reimbursement of substance use disorder treatment professionals.
- Sec. 3315. Sobriety Treatment and Recovery Teams (START).
- Sec. 3316. Provider education.
- Sec. 3317. Demand reduction.
- Sec. 3318. Anti-drug media campaign.
- Sec. 3319. Technical corrections to the office of national drug control policy reauthorization act of 1998.

Subtitle D—Synthetic Abuse and Labeling of Toxic Substances

- Sec. 3401. Short title.
- Sec. 3402. Controlled substance analogues.

Subtitle E—Opioid Quota Reform

- Sec. 3501. Short title.
- Sec. 3502. Strengthening considerations for DEA opioid quotas.

Subtitle F—Preventing Drug Diversion

- Sec. 3601. Short title.
- Sec. 3602. Improvements to prevent drug diversion.

TITLE IV—COMMERCE

Subtitle A—Fighting Opioid Abuse in Transportation

- Sec. 4101. Short title.
- Sec. 4102. Rail mechanical employee controlled substances and alcohol testing.
- Sec. 4103. Rail yardmaster controlled substances and alcohol testing.
- Sec. 4104. Department of Transportation public drug and alcohol testing database.
- Sec. 4105. GAO report on Department of Transportation's collection and use of drug and alcohol testing data.
- Sec. 4106. Transportation Workplace Drug and Alcohol Testing Program; addition of fentanyl.
- Sec. 4107. Status reports on hair testing guidelines.
- Sec. 4108. Mandatory Guidelines for Federal Workplace Drug Testing Programs Using Oral Fluid.
- Sec. 4109. Electronic recordkeeping.
- Sec. 4110. Status reports on Commercial Driver's License Drug and Alcohol Clearinghouse.

Subtitle B—Opioid Addiction Recovery Fraud Prevention

- Sec. 4201. Short title.
- Sec. 4202. Definitions.
- Sec. 4203. False or misleading representations with respect to opioid treatment programs and products.

1 **TITLE I—OPIOID CRISIS**
2 **RESPONSE ACT**

3 **SEC. 1001. DEFINITIONS.**

4 In this title—

5 (1) the terms “Indian Tribe” and “tribal orga-
6 nization” have the meanings given the terms “In-
7 dian tribe” and “tribal organization” in section 4 of
8 the Indian Self-Determination and Education Assist-
9 ance Act (25 U.S.C. 5304); and

10 (2) the term “Secretary” means the Secretary
11 of Health and Human Services, unless otherwise
12 specified.

13 **Subtitle A—Reauthorization of**
14 **Cures Funding**

15 **SEC. 1101. STATE RESPONSE TO THE OPIOID ABUSE CRISIS.**

16 (a) IN GENERAL.—Section 1003 of the 21st Century
17 Cures Act (Public Law 114–255) is amended—

18 (1) in subsection (a)—

19 (A) by striking “the authorization of ap-
20 propriations under subsection (b) to carry out
21 the grant program described in subsection (c)”
22 and inserting “subsection (h) to carry out the
23 grant program described in subsection (b)”;
24 and

1 (B) by inserting “and Indian Tribes” after
2 “States”;

3 (2) by striking subsection (b);

4 (3) by redesignating subsections (c) through (e)
5 as subsections (b) through (d), respectively;

6 (4) by redesignating subsection (f) as sub-
7 section (j);

8 (5) in subsection (b), as so redesignated—

9 (A) in paragraph (1)—

10 (i) in the paragraph heading, by in-
11 sserting “AND INDIAN TRIBE” after
12 “STATE”;

13 (ii) by striking “States for the pur-
14 pose of addressing the opioid abuse crisis
15 within such States” and inserting “States
16 and Indian Tribes for the purpose of ad-
17 dressing the opioid abuse crisis within such
18 States and Indian Tribes”;

19 (iii) by inserting “or Indian Tribes”
20 after “preference to States”; and

21 (iv) by inserting before the period of
22 the second sentence “or other Indian
23 Tribes, as applicable”;

24 (B) in paragraph (2)—

1 (i) in the matter preceding subpara-
2 graph (A), by striking “to a State”;

3 (ii) in subparagraph (A), by striking
4 “State”;

5 (iii) in subparagraph (C), by inserting
6 “preventing diversion of controlled sub-
7 stances,” after “treatment programs,”
8 and

9 (iv) in subparagraph (E), by striking
10 “as the State determines appropriate, re-
11 lated to addressing the opioid abuse crisis
12 within the State” and inserting “as the
13 State or Indian Tribe determines appro-
14 priate, related to addressing the opioid
15 abuse crisis within the State, including di-
16 recting resources in accordance with local
17 needs related to substance use disorders”;

18 (6) in subsection (c), as so redesignated, by
19 striking “subsection (c)” and inserting “subsection
20 (b)”;

21 (7) in subsection (d), as so redesignated—

22 (A) in the matter preceding paragraph (1),
23 by striking “the authorization of appropriations
24 under subsection (b)” and inserting “subsection
25 (h)”;

1 (B) in paragraph (1), by striking “sub-
2 section (c)” and inserting “subsection (b)”; and
3 (8) by inserting after subsection (d), as so re-
4 designated, the following:

5 “(e) INDIAN TRIBES.—

6 “(1) DEFINITION.—For purposes of this sec-
7 tion, the term ‘Indian Tribe’ has the meaning given
8 the term ‘Indian tribe’ in section 4 of the Indian
9 Self-Determination and Education Assistance Act
10 (25 U.S.C. 5304).

11 “(2) APPROPRIATE MECHANISMS.—The Sec-
12 retary, in consultation with Indian Tribes, shall
13 identify and establish appropriate mechanisms for
14 Tribes to demonstrate or report the information as
15 required under subsections (b), (c), and (d).

16 “(f) REPORT TO CONGRESS.—Not later than 1 year
17 after the date on which amounts are first awarded after
18 the date of enactment of the Opioid Crisis Response Act
19 of 2018, pursuant to subsection (b), and annually there-
20 after, the Secretary shall submit to the Committee on
21 Health, Education, Labor, and Pensions of the Senate and
22 the Committee on Energy and Commerce of the House
23 of Representatives a report summarizing the information
24 provided to the Secretary in reports made pursuant to
25 subsection (c), including the purposes for which grant

1 funds are awarded under this section and the activities
2 of such grant recipients.

3 “(g) TECHNICAL ASSISTANCE.—The Secretary, in-
4 cluding through the Tribal Training and Technical Assist-
5 ance Center of the Substance Abuse and Mental Health
6 Services Administration, shall provide State agencies and
7 Indian Tribes, as applicable, with technical assistance con-
8 cerning grant application and submission procedures
9 under this section, award management activities, and en-
10 hancing outreach and direct support to rural and under-
11 served communities and providers in addressing the opioid
12 crisis.

13 “(h) AUTHORIZATION OF APPROPRIATIONS.—For
14 purposes of carrying out the grant program under sub-
15 section (b), there is authorized to be appropriated
16 \$500,000,000 for each of fiscal years 2019 through 2021,
17 to remain available until expended.

18 “(i) SET ASIDE.—Of the amounts made available for
19 each fiscal year to award grants under subsection (b) for
20 a fiscal year, 5 percent of such amount for such fiscal year
21 shall be made available to Indian Tribes, and up to 15
22 percent of such amount for such fiscal year may be set
23 aside for States with the highest age-adjusted rate of drug
24 overdose death based on the ordinal ranking of States ac-

1 cording to the Director of the Centers for Disease Control
2 and Prevention.”.

3 (b) CONFORMING AMENDMENT.—Section 1004(c) of
4 the 21st Century Cures Act (Public Law 114–255) is
5 amended by striking “, the FDA Innovation Account, or
6 the Account For the State Response to the Opioid Abuse
7 Crisis” and inserting “or the FDA Innovation Account”.

8 **Subtitle B—Research and** 9 **Innovation**

10 **SEC. 1201. ADVANCING CUTTING-EDGE RESEARCH.**

11 Section 402(n)(1) of the Public Health Service Act
12 (42 U.S.C. 282(n)(1)) is amended—

13 (1) in subparagraph (A), by striking “or”;

14 (2) in subparagraph (B), by striking the period
15 and inserting “; or”; and

16 (3) by adding at the end the following:

17 “(C) high impact cutting-edge research
18 that fosters scientific creativity and increases
19 fundamental biological understanding leading to
20 the prevention, diagnosis, or treatment of dis-
21 eases and disorders, or research urgently re-
22 quired to respond to a public health threat.”.

23 **SEC. 1202. PAIN RESEARCH.**

24 Section 409J(b) of the Public Health Service Act (42
25 U.S.C. 284q(b)) is amended—

1 (1) in paragraph (5)—

2 (A) in subparagraph (A), by striking “and
3 treatment of pain and diseases and disorders
4 associated with pain” and inserting “treatment,
5 and management of pain and diseases and dis-
6 orders associated with pain, including informa-
7 tion on best practices for utilization of non-
8 pharmacologic treatments, non-addictive med-
9 ical products, and other drugs or devices ap-
10 proved or cleared by the Food and Drug Ad-
11 ministration”;

12 (B) in subparagraph (B), by striking “on
13 the symptoms and causes of pain;” and insert-
14 ing the following: “on—

15 “(i) the symptoms and causes of pain,
16 including the epidemiology of acute and
17 chronic pain;

18 “(ii) the diagnosis, prevention, treat-
19 ment, and management of acute or chronic
20 pain, including with respect to non-phar-
21 macologic treatments, non-addictive med-
22 ical products, and other drugs or devices
23 approved or cleared by the Food and Drug
24 Administration; and

1 “(iii) risk factors for, and early warn-
2 ing signs of, substance use disorders; and”;
3 and

4 (C) by striking subparagraphs (C) through
5 (E) and inserting the following:

6 “(C) make recommendations to the Direc-
7 tor of NIH—

8 “(i) to ensure that the activities of the
9 National Institutes of Health and other
10 Federal agencies are free of unnecessary
11 duplication of effort;

12 “(ii) on how best to disseminate infor-
13 mation on pain care and epidemiological
14 data related to pain; and

15 “(iii) on how to expand partnerships
16 between public entities and private entities
17 to expand collaborative, cross-cutting re-
18 search.”;

19 (2) by redesignating paragraph (6) as para-
20 graph (7); and

21 (3) by inserting after paragraph (5) the fol-
22 lowing:

23 “(6) REPORT.—The Director of NIH shall en-
24 sure that recommendations and actions taken by the
25 Director with respect to the topics discussed at the

1 meetings described in paragraph (4) are included in
2 appropriate reports to Congress.”.

3 **Subtitle C—Medical Products and**
4 **Controlled Substances Safety**

5 **SEC. 1301. CLARIFYING FDA REGULATION OF NON-ADDICT-**
6 **IVE PAIN PRODUCTS.**

7 (a) PUBLIC MEETINGS.—Not later than one year
8 after the date of enactment of this Act, the Secretary, act-
9 ing through the Commissioner of Food and Drugs, shall
10 hold not less than one public meeting to address the chal-
11 lenges and barriers of developing non-addictive medical
12 products intended to treat pain or addiction, which may
13 include—

14 (1) the manner by which the Secretary may in-
15 corporate the risks of misuse and abuse of a con-
16 trolled substance (as defined in section 102 of the
17 Controlled Substances Act (21 U.S.C. 802) into the
18 risk benefit assessments under subsections (d) and
19 (e) of section 505 of the Federal Food, Drug, and
20 Cosmetic Act (21 U.S.C. 355), section 510(k) of
21 such Act (21 U.S.C. 360(k)), or section 515(c) of
22 such Act (21 U.S.C. 360e(c)), as applicable;

23 (2) the application of novel clinical trial designs
24 (consistent with section 3021 of the 21st Century
25 Cures Act (Public Law 114–255)), use of real world

1 evidence (consistent with section 505F of the Fed-
2 eral Food, Drug, and Cosmetic Act (21 U.S.C.
3 355g)), and use of patient experience data (con-
4 sistent with section 569C of the Federal Food,
5 Drug, and Cosmetic Act (21 U.S.C. 360bbb–8c)) for
6 the development of non-addictive medical products
7 intended to treat pain or addiction;

8 (3) the evidentiary standards and the develop-
9 ment of opioid sparing data for inclusion in the la-
10 beling of medical products; and

11 (4) the application of eligibility criteria under
12 sections 506 and 515B of the Federal Food, Drug,
13 and Cosmetic Act (21 U.S.C. 356, 360e–3) for non-
14 addictive medical products intended to treat pain or
15 addiction.

16 (b) GUIDANCE.—Not less than one year after the
17 public meetings are conducted under subsection (a) the
18 Secretary shall issue one or more final guidance docu-
19 ments, or update existing guidance documents, to help ad-
20 dress challenges to developing non-addictive medical prod-
21 ucts to treat pain or addiction. Such guidance documents
22 shall include information regarding—

23 (1) how the Food and Drug Administration
24 may apply sections 506 and 515B of the Federal
25 Food, Drug, and Cosmetic Act (21 U.S.C. 356,

1 360e–3) to non-addictive medical products intended
2 to treat pain or addiction, including the cir-
3 cumstances under which the Secretary—

4 (A) may apply the eligibility criteria under
5 such sections 506 and 515B to non-addictive
6 medical products intended to treat pain or ad-
7 diction;

8 (B) considers the risk of addiction of con-
9 trolled substances approved to treat pain when
10 establishing unmet medical need; and

11 (C) considers pain, pain control, or pain
12 management in assessing whether a disease or
13 condition is a serious or life-threatening disease
14 or condition;

15 (2) the methods by which sponsors may evalu-
16 ate acute and chronic pain, endpoints for non-addict-
17 ive medical products intended to treat pain, the
18 manner in which endpoints and evaluations of effi-
19 cacy will be applied across and within review divi-
20 sions, taking into consideration the etiology of the
21 underlying disease, and the manner in which spon-
22 sors may use surrogate endpoints, intermediate
23 endpoints, and real world evidence;

24 (3) the manner in which the Food and Drug
25 Administration will assess evidence to support the

1 inclusion of opioid sparing data in the labeling of
2 non-addictive medical products intended to treat
3 pain, including—

4 (A) data collection methodologies, includ-
5 ing the use of novel clinical trial designs (con-
6 sistent with section 3021 of the 21st Century
7 Cures Act (Public Law 114–255)) and real
8 world evidence (consistent with section 505F of
9 the Federal Food, Drug, and Cosmetic Act (21
10 U.S.C. 355g)), as appropriate, to support prod-
11 uct labeling;

12 (B) ethical considerations of exposing sub-
13 jects to controlled substances in clinical trials to
14 develop opioid sparing data and considerations
15 on data collection methods that reduce harm,
16 which may include the reduction of opioid use
17 as a clinical benefit;

18 (C) endpoints, including primary, sec-
19 ondary, and surrogate endpoints, to evaluate
20 the reduction of opioid use;

21 (D) best practices for communication be-
22 tween sponsors and the agency on the develop-
23 ment of data collection methods, including the
24 initiation of data collection; and

1 (E) the appropriate format in which to
2 submit such data results to the Secretary; and
3 (4) the circumstances under which the Food
4 and Drug Administration considers misuse and
5 abuse of a controlled substance (as defined in sec-
6 tion 102 of the Controlled Substances Act (21
7 U.S.C. 802) in making the risk benefit assessment
8 under paragraphs (2) and (4) of subsection (d) of
9 section 505 of the Federal Food, Drug, and Cos-
10 metic Act (21 U.S.C. 355) and in finding that a
11 drug is unsafe under paragraph (1) or (2) of sub-
12 section (e) of such section.

13 (c) DEFINITIONS.—In this section—

14 (1) the term “medical product” means a drug
15 (as defined in section 201(g)(1) of the Federal
16 Food, Drug, and Cosmetic Act (21 U.S.C.
17 321(g)(1))), biological product (as defined in section
18 351(i) of the Public Health Service Act (42 U.S.C.
19 262(i))), or device (as defined in section 201(h) of
20 the Federal Food, Drug, and Cosmetic Act (21
21 U.S.C. 321(h))); and

22 (2) the term “opioid sparing” means reducing,
23 replacing, or avoiding the use of opioids or other
24 controlled substances.

1 **SEC. 1302. CLARIFYING FDA PACKAGING AUTHORITIES.**

2 (a) ADDITIONAL POTENTIAL ELEMENTS OF STRAT-
3 EGY.—Section 505–1(e) of the Federal Food, Drug, and
4 Cosmetic Act (21 U.S.C. 355–1(e)) is amended by adding
5 at the end the following:

6 “(4) PACKAGING AND DISPOSAL.—The Sec-
7 retary may require a risk evaluation mitigation
8 strategy for a drug for which there is a serious risk
9 of an adverse drug experience described in subpara-
10 graph (B) or (C) of subsection (b)(1), taking into
11 consideration the factors described in subparagraphs
12 (C) and (D) of subsection (f)(2) and in consultation
13 with other relevant Federal agencies with authorities
14 over drug packaging, which may include requiring
15 that—

16 “(A) the drug be made available for dis-
17 pensing to certain patients in unit dose pack-
18 aging, packaging that provides a set duration,
19 or another packaging system that the Secretary
20 determines may mitigate such serious risk; or

21 “(B) the drug be dispensed to certain pa-
22 tients with a safe disposal packaging or safe
23 disposal system for purposes of rendering drugs
24 non-retrievable (as defined in section 1300.05
25 of title 21, Code of Federal Regulations (or any
26 successor regulation)) if the Secretary has de-

1 termines that such safe disposal packaging or
2 system may mitigate such serious risk and ex-
3 ists in sufficient quantities.”.

4 (b) ASSURING ACCESS AND MINIMIZING BURDEN.—
5 Section 505–1(f)(2)(C) of the Federal Food, Drug, and
6 Cosmetic Act (21 U.S.C. 355–1(f)(2)(C)) is amended—

7 (1) in clause (i) by striking “and” at the end;

8 and

9 (2) by adding at the end the following:

10 “(iii) patients with functional needs;

11 and”.

12 (c) APPLICATION TO ABBREVIATED NEW DRUG AP-
13 PPLICATIONS.—Section 505–1(i) of the Federal Food,
14 Drug, and Cosmetic Act (21 U.S.C. 355–1(i)) is amend-
15 ed—

16 (1) in paragraph (1)—

17 (A) by redesignating subparagraph (B) as
18 subparagraph (C); and

19 (B) inserting after subparagraph (A) the
20 following:

21 “(B) A packaging or disposal requirement,
22 if required under subsection (e)(4) for the ap-
23 plicable listed drug.”; and

24 (2) in paragraph (2)—

1 (A) in subparagraph (A), by striking
2 “and” at the end;

3 (B) by redesignating subparagraph (B) as
4 subparagraph (C); and

5 (C) by inserting after subparagraph (A)
6 the following:

7 “(B) shall permit packaging systems and
8 safe disposal packaging or safe disposal systems
9 that are different from those required for the
10 applicable listed drug under subsection (e)(4);
11 and”.

12 **SEC. 1303. STRENGTHENING FDA AND CBP COORDINATION**
13 **AND CAPACITY.**

14 (a) IN GENERAL.—The Secretary, acting through the
15 Commissioner of Food and Drugs, shall coordinate with
16 the Secretary of Homeland Security to carry out activities
17 related to customs and border protection and response to
18 illegal controlled substances and drug imports, including
19 at sites of import (such as international mail facilities).
20 Such Secretaries may carry out such activities through a
21 memorandum of understanding between the Food and
22 Drug Administration and the U.S. Customs and Border
23 Protection.

24 (b) FDA IMPORT FACILITIES AND INSPECTION CA-
25 PACITY.—

1 (1) IN GENERAL.—In carrying out this section,
2 the Secretary shall, in collaboration with the Sec-
3 retary of Homeland Security and the Postmaster
4 General of the United States Postal Service, provide
5 that import facilities in which the Food and Drug
6 Administration operates or carries out activities re-
7 lated to drug imports within the international mail
8 facilities include—

9 (A) facility upgrades and improved capac-
10 ity in order to increase and improve inspection
11 and detection capabilities, which may include,
12 as the Secretary determines appropriate—

13 (i) improvements to facilities, such as
14 upgrades or renovations, and support for
15 the maintenance of existing import facili-
16 ties and sites to improve coordination be-
17 tween Federal agencies;

18 (ii) the construction of, or upgrades
19 to, laboratory capacity for purposes of de-
20 tection and testing of imported goods;

21 (iii) upgrades to the security of import
22 facilities; and

23 (iv) innovative technology and equip-
24 ment to facilitate improved and near-real-
25 time information sharing between the Food

1 and Drug Administration, the Department
2 of Homeland Security, and the United
3 States Postal Service; and

4 (B) innovative technology, including con-
5 trolled substance detection and testing equip-
6 ment and other applicable technology, in order
7 to collaborate with the U.S. Customs and Bor-
8 der Protection to share near-real-time informa-
9 tion, including information about test results,
10 as appropriate.

11 (2) INNOVATIVE TECHNOLOGY.—Any tech-
12 nology used in accordance with paragraph (1)(B)
13 shall be interoperable with technology used by other
14 relevant Federal agencies, including the U.S. Cus-
15 toms and Border Protection, as the Secretary deter-
16 mines appropriate.

17 (c) REPORT.—Not later than 6 months after the date
18 of enactment of this Act, the Secretary, in consultation
19 with the Secretary of Homeland Security and the Post-
20 master General of the United States Postal Service, shall
21 report to the relevant committees of Congress on the im-
22 plementation of this section, including a summary of
23 progress made towards near-real-time information sharing
24 and the interoperability of such technologies.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—Out of
2 amounts otherwise available to the Secretary, the Sec-
3 retary may allocate such sums as may be necessary for
4 purposes of carrying out this section.

5 **SEC. 1304. CLARIFYING FDA POST-MARKET AUTHORITIES.**

6 Section 505–1(b)(1)(E) of the Federal Food, Drug,
7 and Cosmetic Act (21 U.S.C. 355–1(b)(1)(E)) is amended
8 by striking “of the drug” and inserting “of the drug,
9 which may include reduced effectiveness under the condi-
10 tions of use prescribed in the labeling of such drug, but
11 which may not include reduced effectiveness that is in ac-
12 cordance with such labeling”.

13 **SEC. 1305. RESTRICTING ENTRANCE OF ILLICIT DRUGS.**

14 (a) IN GENERAL.—The Secretary, acting through the
15 Commissioner of Food and Drugs, upon discovering or re-
16 ceiving, in a package being offered for import, a controlled
17 substance that is offered for import in violation of any
18 requirement of the Controlled Substances Act (21 U.S.C.
19 801 et seq.), the Controlled Substances Import and Ex-
20 port Act (21 U.S.C. 951 et seq.), the Federal Food, Drug,
21 and Cosmetic Act (21 U.S.C. 301 et seq.), or any other
22 applicable law, shall transfer such package to the U.S.
23 Customs and Border Protection. If the Secretary identifies
24 additional packages that appear to be the same as such
25 package containing a controlled substance, such additional

1 packages may also be transferred to U.S. Customs and
2 Border Protection. The U.S. Customs and Border Protec-
3 tion shall receive such packages consistent with the re-
4 quirements of the Controlled Substances Act (21 U.S.C.
5 801 et seq.).

6 (b) DEBARMENT, TEMPORARY DENIAL OF AP-
7 PROVAL, AND SUSPENSION.—

8 (1) IN GENERAL.—Section 306(b) of the Fed-
9 eral Food, Drug, and Cosmetic Act (21 U.S.C.
10 335a(b)) is amended—

11 (A) in paragraph (1)—

12 (i) in the matter preceding subpara-
13 graph (A), by inserting “or (3)” after
14 “paragraph (2)”;

15 (ii) in subparagraph (A), by striking
16 the comma at the end and inserting a
17 semicolon;

18 (iii) in subparagraph (B), by striking
19 “, or” and inserting a semicolon;

20 (iv) in subparagraph (C), by striking
21 the period and inserting “; or”; and

22 (v) by adding at the end the following:

23 “(D) a person from importing or offering
24 for import into the United States a drug.”; and

25 (B) in paragraph (3)—

1 (i) in the heading, by striking
2 “FOOD”;

3 (ii) in subparagraph (A), by striking
4 “; or” and inserting a semicolon;

5 (iii) in subparagraph (B), by striking
6 the period and inserting a semicolon; and

7 (iv) by adding at the end the fol-
8 lowing:

9 “(C) the person has been convicted of a
10 felony for conduct relating to the importation
11 into the United States of any drug or controlled
12 substance (as defined in section 102 of the Con-
13 trolled Substances Act);

14 “(D) the person has engaged in a pattern
15 of importing or offering for import—

16 “(i) controlled substances that are
17 prohibited from importation under section
18 401(m) of the Tariff Act of 1930 (19
19 U.S.C. 1401(m)); or

20 “(ii) adulterated or misbranded drugs
21 that are—

22 “(I) not designated in an author-
23 ized electronic data interchange sys-
24 tem as a product that is regulated by
25 the Secretary; or

1 “(II) knowingly or intentionally
2 falsely designated in an authorized
3 electronic data interchange system as
4 a product that is regulated by the
5 Secretary.”.

6 (2) PROHIBITED ACT.—Section 301(cc) of the
7 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
8 331(cc)) is amended by inserting “or a drug” after
9 “food”.

10 (c) IMPORTS AND EXPORTS.—Section 801(a) of the
11 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a))
12 is amended—

13 (1) by striking the second sentence;

14 (2) by striking “If it appears” and inserting
15 “Subject to subsection (b), if it appears”;

16 (3) by striking “regarding such article, then
17 such article shall be refused” and inserting the fol-
18 lowing: “regarding such article, or (5) such article is
19 being imported or offered for import in violation of
20 section 301(cc), then any such article described in
21 any of clauses (1) through (5) may be refused ad-
22 mission. If it appears from the examination of such
23 samples or otherwise that the article is a counterfeit
24 drug, such article shall be refused admission.”;

1 (4) by striking “this Act, then such article shall
2 be refused admission” and inserting “this Act, then
3 such article may be refused admission”; and

4 (5) by striking “Clause (2) of the third sen-
5 tence” and all that follows through the period at the
6 end and inserting the following: “Neither clause (2)
7 nor clause (5) of the second sentence of this sub-
8 section shall be construed to prohibit the admission
9 of narcotic drugs, the importation of which is per-
10 mitted under the Controlled Substances Import and
11 Export Act.”.

12 (d) CERTAIN ILLICIT ARTICLES.—Section 801 of the
13 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381)
14 is amended by adding at the end the following—

15 “(t) ILLICIT ARTICLES CONTAINING ACTIVE PHAR-
16 MACEUTICAL INGREDIENTS.—

17 “(1) IN GENERAL.—For purposes of this sec-
18 tion, an article that is being imported or offered for
19 import into the United States may be treated by the
20 Secretary as a drug if the article—

21 “(A) is not—

22 “(i) accompanied by an electronic im-
23 port entry for such article submitted using
24 an authorized electronic data interchange
25 system; and

1 “(ii) designated in such a system as
2 an article regulated by the Secretary
3 (which may include regulation as a drug, a
4 device, or a dietary supplement; and

5 “(B) is an ingredient that presents signifi-
6 cant public health concern and is, or contains—

7 “(i) an active ingredient in a drug—

8 “(I) that is approved under sec-
9 tion 505 or licensed under section 351
10 of the Public Health Service Act; or

11 “(II) for which—

12 “(aa) an investigational use
13 exemption is in effect under sec-
14 tion 505(i) of this Act or section
15 351(a) of the Public Health Serv-
16 ice Act; and

17 “(bb) a substantial clinical
18 investigation has been instituted,
19 and such investigation has been
20 made public; or

21 “(ii) a substance that has a chemical
22 structure that is substantially similar to
23 the chemical structure of an active ingre-
24 dient in a drug or biological product de-

1 scribed in subclause (I) or (II) of clause
2 (i).

3 “(2) EFFECT.—This subsection shall not be
4 construed to bear upon any determination of wheth-
5 er an article is a drug within the meaning of section
6 201(g), other than for the purposes described in
7 paragraph (1).”.

8 **SEC. 1306. FIRST RESPONDER TRAINING.**

9 Section 546 of the Public Health Service Act (42
10 U.S.C. 290ee-1) is amended—

11 (1) in subsection (c)—

12 (A) in paragraph (2), by striking “and” at
13 the end;

14 (B) in paragraph (3), by striking the pe-
15 riod and inserting “; and”; and

16 (C) by adding at the end the following:

17 “(4) train and provide resources for first re-
18 sponders and members of other key community sec-
19 tors on safety around fentanyl, carfentanil, and
20 other dangerous licit and illicit drugs to protect
21 themselves from exposure to such drugs and respond
22 appropriately when exposure occurs.”;

23 (2) in subsection (d), by striking “and mecha-
24 nisms for referral to appropriate treatment for an
25 entity receiving a grant under this section” and in-

1 serting “mechanisms for referral to appropriate
2 treatment, and safety around fentanyl, carfentanil,
3 and other dangerous licit and illicit drugs”;

4 (3) in subsection (f)—

5 (A) in paragraph (3), by striking “and” at
6 the end;

7 (B) in paragraph (4), by striking the pe-
8 riod and inserting “; and”; and

9 (C) by adding at the end the following:

10 “(5) the number of first responders and mem-
11 bers of other key community sectors trained on safe-
12 ty around fentanyl, carfentanil, and other dangerous
13 licit and illicit drugs.”;

14 (4) by redesignating subsection (g) as sub-
15 section (h);

16 (5) by inserting after subsection (f) the fol-
17 lowing:

18 “(g) OTHER KEY COMMUNITY SECTORS.—In this
19 section, the term ‘other key community sectors’ includes
20 substance abuse treatment providers, emergency medical
21 services agencies, agencies and organizations working with
22 prison and jail populations and offender reentry programs,
23 health care providers, harm reduction groups, pharmacies,
24 community health centers, and mental health providers.”;
25 and

1 (6) in subsection (h), as so redesignated, by
2 striking “\$12,000,000 for each of fiscal years 2017
3 through 2021” and inserting “\$36,000,000 for each
4 of fiscal years 2019 through 2023”.

5 **SEC. 1307. DISPOSAL OF CONTROLLED SUBSTANCES OF**
6 **HOSPICE PATIENTS.**

7 (a) IN GENERAL.—Section 302(g) of the Controlled
8 Substances Act (21 U.S.C. 822(g)) is amended by adding
9 at the end the following:

10 “(5)(A) An employee of a qualified hospice program
11 acting within the scope of employment may handle, in the
12 place of residence of a hospice patient, any controlled sub-
13 stance that was lawfully dispensed to the hospice patient,
14 for the purpose of assisting in the disposal of the con-
15 trolled substance—

16 “(i) after the hospice patient’s death;

17 “(ii) if the controlled substance is expired; or

18 “(iii) if—

19 “(I) the employee is—

20 “(aa) the physician of the hospice pa-
21 tient; and

22 “(bb) registered under section 303(f);

23 and

1 “(II) the hospice patient no longer requires
2 the controlled substance because the plan of
3 care of the hospice patient has been modified.

4 “(B) In this paragraph:

5 “(i) The term ‘employee of a qualified hospice
6 program’ means a physician, physician assistant,
7 registered nurse, or nurse practitioner who—

8 “(I) is employed by, or is acting pursuant
9 to arrangements made with, a qualified hospice
10 program; and

11 “(II) is licensed or certified to perform
12 such employment, or such activities arranged by
13 the qualified hospice program, in accordance
14 with applicable State law.

15 “(ii) The terms ‘hospice care’ and ‘hospice pro-
16 gram’ have the meanings given those terms in sec-
17 tion 1861(dd) of the Social Security Act (42 U.S.C.
18 1395x(dd)).

19 “(iii) The term ‘hospice patient’ means an indi-
20 vidual receiving hospice care.

21 “(iv) The term ‘qualified hospice program’
22 means a hospice program that—

23 “(I) has written policies and procedures for
24 employees of the hospice program to use when
25 assisting in the disposal of the controlled sub-

1 stances of a hospice patient in a circumstance
2 described in clause (i), (ii), or (iii) of subpara-
3 graph (A);

4 “(II) at the time when the controlled sub-
5 stances are first ordered—

6 “(aa) provides a copy of the written
7 policies and procedures to the hospice pa-
8 tient or hospice patient representative and
9 the family of the hospice patient;

10 “(bb) discusses the policies and proce-
11 dures with the hospice patient or hospice
12 patient’s representative and the hospice
13 patient’s family in a language and manner
14 that such individuals understand to ensure
15 that such individuals are informed regard-
16 ing the safe disposal of controlled sub-
17 stances; and

18 “(cc) documents in the clinical record
19 of the hospice patient that the written poli-
20 cies and procedures were provided and dis-
21 cussed with the hospice patient or hospice
22 patient’s representative; and

23 “(III) at the time when an employee of the
24 hospice program assists in the disposal of con-
25 trolled substances of a hospice patient, docu-

1 ments in the clinical record of the hospice pa-
2 tient a list of all controlled substances disposed
3 of.

4 “(C) The Attorney General may, by regulation, in-
5 clude additional types of licensed medical professionals in
6 the definition of the term ‘employee of a qualified hospice
7 program’ under subparagraph (B).”.

8 (b) NO REGISTRATION REQUIRED.—Section 302(c)
9 of the Controlled Substances Act (21 U.S.C. 822(c)) is
10 amended by adding at the end the following:

11 “(4) An employee of a qualified hospice pro-
12 gram for the purpose of assisting in the disposal of
13 a controlled substance in accordance with subsection
14 (g)(5), except as provided in subparagraph (A)(iii)
15 of that subsection.”.

16 (c) GUIDANCE.—The Attorney General may issue
17 guidance to qualified hospice programs to assist the pro-
18 grams in satisfying the requirements under paragraph (5)
19 of section 302(g) of the Controlled Substances Act (21
20 U.S.C. 822(g)), as added by subsection (a).

21 (d) STATE AND LOCAL AUTHORITY.—Nothing in this
22 section or the amendments made by this section shall be
23 construed to prevent a State or local government from im-
24 posing additional controls or restrictions relating to the

1 regulation of the disposal of controlled substances in hos-
2 pice care or hospice programs.

3 **SEC. 1308. GAO STUDY AND REPORT ON HOSPICE SAFE**
4 **DRUG MANAGEMENT.**

5 (a) STUDY.—

6 (1) IN GENERAL.—The Comptroller General of
7 the United States (in this section referred to as the
8 “Comptroller General”) shall conduct a study on the
9 requirements applicable to and challenges of hospice
10 programs with regard to the management and dis-
11 posal of controlled substances in the home of an in-
12 dividual.

13 (2) CONTENTS.—In conducting the study under
14 paragraph (1), the Comptroller General shall in-
15 clude—

16 (A) an overview of challenges encountered
17 by hospice programs regarding the disposal of
18 controlled substances, such as opioids, in a
19 home setting, including any key changes in poli-
20 cies, procedures, or best practices for the dis-
21 posal of controlled substances over time; and

22 (B) a description of Federal requirements,
23 including requirements under the Medicare pro-
24 gram, for hospice programs regarding the dis-
25 posal of controlled substances in a home set-

1 ting, and oversight of compliance with those re-
2 quirements.

3 (b) REPORT.—Not later than 18 months after the
4 date of enactment of this Act, the Comptroller General
5 shall submit to Congress a report containing the results
6 of the study conducted under subsection (a), together with
7 recommendations, if any, for such legislation and adminis-
8 trative action as the Comptroller General determines ap-
9 propriate.

10 **SEC. 1309. DELIVERY OF A CONTROLLED SUBSTANCE BY A**
11 **PHARMACY TO BE ADMINISTERED BY INJEC-**
12 **TION OR IMPLANTATION.**

13 (a) IN GENERAL.—The Controlled Substances Act is
14 amended by inserting after section 309 (21 U.S.C. 829)
15 the following:

16 “DELIVERY OF A CONTROLLED SUBSTANCE BY A
17 PHARMACY TO AN ADMINISTERING PRACTITIONER

18 “SEC. 309A. (a) IN GENERAL.—Notwithstanding
19 section 102(10), a pharmacy may deliver a controlled sub-
20 stance to a practitioner in accordance with a prescription
21 that meets the requirements of this title and the regula-
22 tions issued by the Attorney General under this title, for
23 the purpose of administering the controlled substance by
24 the practitioner if—

25 “(1) the controlled substance is delivered by the
26 pharmacy to the prescribing practitioner or the prac-

1 titioner administering the controlled substance, as
2 applicable, at the location listed on the practitioner’s
3 certificate of registration issued under this title;

4 “(2) in the case of administering of the con-
5 trolled substance for the purpose of maintenance or
6 detoxification treatment under section 303(g)(2)—

7 “(A) the practitioner who issued the pre-
8 scription is a qualifying practitioner authorized
9 under, and acting within the scope of that sec-
10 tion; and

11 “(B) the controlled substance is to be ad-
12 ministered by injection or implantation;

13 “(3) the pharmacy and the practitioner are au-
14 thorized to conduct the activities specified in this
15 section under the law of the State in which such ac-
16 tivities take place;

17 “(4) the prescription is not issued to supply any
18 practitioner with a stock of controlled substances for
19 the purpose of general dispensing to patients;

20 “(5) except as provided in subsection (b), the
21 controlled substance is to be administered only to
22 the patient named on the prescription not later than
23 14 days after the date of receipt of the controlled
24 substance by the practitioner; and

1 “(6) notwithstanding any exceptions under sec-
2 tion 307, the prescribing practitioner, and the prac-
3 titioner administering the controlled substance, as
4 applicable, maintain complete and accurate records
5 of all controlled substances delivered, received, ad-
6 ministered, or otherwise disposed of under this sec-
7 tion, including the persons to whom controlled sub-
8 stances were delivered and such other information as
9 may be required by regulations of the Attorney Gen-
10 eral.

11 “(b) MODIFICATION OF NUMBER OF DAYS BEFORE
12 WHICH CONTROLLED SUBSTANCE SHALL BE ADMINIS-
13 TERED.—

14 “(1) INITIAL 2-YEAR PERIOD.—During the 2-
15 year period beginning on the date of enactment of
16 this section, the Attorney General, in coordination
17 with the Secretary, may reduce the number of days
18 described in subsection (a)(5) if the Attorney Gen-
19 eral determines that such reduction will—

20 “(A) reduce the risk of diversion; or

21 “(B) protect the public health.

22 “(2) MODIFICATIONS AFTER SUBMISSION OF
23 REPORT.—After the date on which the report de-
24 scribed in subsection (c) is submitted, the Attorney
25 General, in coordination with the Secretary, may

1 modify the number of days described in subsection
2 (a)(5).

3 “(3) MINIMUM NUMBER OF DAYS.—Any modi-
4 fication under this subsection shall be for a period
5 of not less than 7 days.”.

6 (b) STUDY AND REPORT.—Not later than 2 years
7 after the date of enactment of this section, the Comp-
8 troller General of the United States shall conduct a study
9 and submit to Congress a report on access to and potential
10 diversion of controlled substances administered by injec-
11 tion or implantation.

12 (c) TECHNICAL AND CONFORMING AMENDMENT.—
13 The table of contents for the Comprehensive Drug Abuse
14 Prevention and Control Act of 1970 is amended by insert-
15 ing after the item relating to section 309 the following:

“Sec. 309A. Delivery of a controlled substance by a pharmacy to an admin-
istering practitioner.”.

16 **Subtitle D—Treatment and**
17 **Recovery**

18 **SEC. 1401. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

19 (a) IN GENERAL.—The Secretary shall award grants
20 on a competitive basis to eligible entities to establish or
21 operate a comprehensive opioid recovery center (referred
22 to in this section as a “Center”). A Center may be a single
23 entity or an integrated delivery network.

24 (b) GRANT PERIOD.—

1 (1) IN GENERAL.—A grant awarded under sub-
2 section (a) shall be for a period not more than 5
3 years.

4 (2) RENEWAL.—A grant awarded under sub-
5 section (a) may be renewed, on a competitive basis,
6 for additional periods of time, as determined by the
7 Secretary. In determining whether to renew a grant
8 under this paragraph, the Secretary shall consider
9 the data submitted under subsection (h).

10 (c) MINIMUM NUMBER OF GRANTS.—The Secretary
11 shall allocate the amounts made available under sub-
12 section (j) such that not fewer than 10 grants may be
13 awarded. Not more than one grant shall be made to enti-
14 ties in a single State for any one period.

15 (d) APPLICATION.—

16 (1) ELIGIBLE ENTITY.—An entity is eligible for
17 a grant under this section if the entity offers treat-
18 ment and other services for individuals with a sub-
19 stance use disorder.

20 (2) SUBMISSION OF APPLICATION.—In order to
21 be eligible for a grant under subsection (a), an enti-
22 ty shall submit an application to the Secretary at
23 such time and in such manner as the Secretary may
24 require. Such application shall include—

1 (A) evidence that such entity carries out,
2 or is capable of coordinating with other entities
3 to carry out, the activities described in sub-
4 section (g); and

5 (B) such other information as the Sec-
6 retary may require.

7 (e) PRIORITY.—In awarding grants under subsection
8 (a), the Secretary shall give priority to eligible entities lo-
9 cated in a State or Indian Tribe with an age-adjusted rate
10 of drug overdose deaths that is above the national over-
11 dose mortality rate, as determined by the Director of the
12 Centers for Disease Control and Prevention.

13 (f) PREFERENCE.—In awarding grants under sub-
14 section (a), the Secretary may give preference to eligible
15 entities utilizing technology-enabled collaborative learning
16 and capacity building models, including such models as de-
17 fined in section 2 of the Expanding Capacity for Health
18 Outcomes Act (Public Law 114–270; 130 Stat. 1395), to
19 conduct the activities described in this section.

20 (g) CENTER ACTIVITIES.—Each Center shall, at a
21 minimum, carry out the following activities directly,
22 through referral, or through contractual arrangements,
23 which may include carrying out such activities through
24 technology-enabled collaborative learning and capacity
25 building models described in subsection (f):

1 (1) TREATMENT AND RECOVERY SERVICES.—

2 Each Center shall—

3 (A) ensure that intake and evaluations
4 meet the individualized clinical needs of pa-
5 tients, including by offering assessments for
6 services and care recommendations through
7 independent, evidence-based verification proc-
8 esses for reviewing patient placement in treat-
9 ment settings;

10 (B) provide the full continuum of treat-
11 ment services, including—

12 (i) all drugs approved by the Food
13 and Drug Administration to treat sub-
14 stance use disorders, pursuant to Federal
15 and State law;

16 (ii) medically supervised withdrawal
17 management that includes patient evalua-
18 tion, stabilization, and readiness for and
19 entry into treatment;

20 (iii) counseling provided by a program
21 counselor or other certified professional
22 who is licensed and qualified by education,
23 training, or experience to assess the psy-
24 chological and sociological background of
25 patients, to contribute to the appropriate

1 treatment plan for the patient, and to
2 monitor patient progress;

3 (iv) treatment, as appropriate, for pa-
4 tients with co-occurring substance use and
5 mental disorders;

6 (v) testing, as appropriate, for infec-
7 tions commonly associated with illicit drug
8 use;

9 (vi) residential rehabilitation, and out-
10 patient and intensive outpatient programs;

11 (vii) recovery housing;

12 (viii) community-based and peer re-
13 covery support services;

14 (ix) job training, job placement assist-
15 ance, and continuing education assistance
16 to support reintegration into the work-
17 force; and

18 (x) other best practices to provide the
19 full continuum of treatment and services,
20 as determined by the Secretary;

21 (C) ensure that all programs covered by
22 the Center include medication-assisted treat-
23 ment, as appropriate, and do not exclude indi-
24 viduals receiving medication-assisted treatment
25 from any service;

1 (D) periodically conduct patient assess-
2 ments to support sustained and clinically sig-
3 nificant recovery, as defined by the Assistant
4 Secretary for Mental Health and Substance
5 Use;

6 (E) administer an onsite pharmacy and
7 provide toxicology services, for purposes of car-
8 rying out this section; and

9 (F) operate a secure, confidential, and
10 interoperable electronic health information sys-
11 tem.

12 (2) OUTREACH.—Each Center shall carry out
13 outreach activities to publicize the services offered
14 through the Centers, which may include—

15 (A) training and supervising outreach
16 staff, as appropriate, to work with State and
17 local health departments, health care providers,
18 the Indian Health Service, State and local edu-
19 cational agencies, schools funded by the Indian
20 Bureau of Education, institutions of higher
21 education, State and local workforce develop-
22 ment boards, State and local community action
23 agencies, public safety officials, first respond-
24 ers, Indian Tribes, child welfare agencies, as
25 appropriate, and other community partners and

1 the public, including patients, to identify and
2 respond to community needs;

3 (B) ensuring that the entities described in
4 subparagraph (A) are aware of the services of
5 the Center; and

6 (C) disseminating and making publicly
7 available, including through the internet, evi-
8 dence-based resources that educate profes-
9 sionals and the public on opioid use disorder
10 and other substance use disorders, including co-
11 occurring substance use and mental disorders.

12 (h) DATA REPORTING AND PROGRAM OVERSIGHT.—
13 With respect to a grant awarded under subsection (a), not
14 later than 90 days after the end of the first year of the
15 grant period, and annually thereafter for the duration of
16 the grant period (including the duration of any renewal
17 period for such grant), the entity shall submit data, as
18 appropriate, to the Secretary regarding—

19 (1) the programs and activities funded by the
20 grant;

21 (2) health outcomes of the population of indi-
22 viduals with a substance use disorder who received
23 services from the Center, evaluated by an inde-
24 pendent program evaluator through the use of out-
25 comes measures, as determined by the Secretary;

1 (3) the retention rate of program participants;
2 and

3 (4) any other information that the Secretary
4 may require for the purpose of ensuring that the
5 Center is complying with all the requirements of the
6 grant, including providing the full continuum of
7 services described in subsection (g)(1)(B).

8 (i) **PRIVACY.**—The provisions of this section, includ-
9 ing with respect to data reporting and program oversight,
10 shall be subject to all applicable Federal and State privacy
11 laws.

12 (j) **AUTHORIZATION OF APPROPRIATIONS.**—There is
13 authorized to be appropriated \$10,000,000 for each of fis-
14 cal years 2019 through 2023 for purposes of carrying out
15 this section.

16 (k) **REPORTS TO CONGRESS.**—

17 (1) **PRELIMINARY REPORT.**—Not later than 3
18 years after the date of the enactment of this Act, the
19 Secretary shall submit to Congress a preliminary re-
20 port that analyzes data submitted under subsection
21 (h).

22 (2) **FINAL REPORT.**—Not later than 2 years
23 after submitting the preliminary report required
24 under paragraph (1), the Secretary shall submit to
25 Congress a final report that includes—

1 (A) an evaluation of the effectiveness of
2 the comprehensive services provided by the Cen-
3 ters established or operated pursuant to this
4 section with respect to health outcomes of the
5 population of individuals with substance use
6 disorder who receive services from the Center,
7 which shall include an evaluation of the effec-
8 tiveness of services for treatment and recovery
9 support and to reduce relapse, recidivism, and
10 overdose; and

11 (B) recommendations, as appropriate, re-
12 garding ways to improve Federal programs re-
13 lated to substance use disorders, which may in-
14 clude dissemination of best practices for the
15 treatment of substance use disorders to health
16 care professionals.

17 **SEC. 1402. PROGRAM TO SUPPORT COORDINATION AND**
18 **CONTINUATION OF CARE FOR DRUG OVER-**
19 **DOSE PATIENTS.**

20 (a) IN GENERAL.—The Secretary shall identify or fa-
21 cilitate the development of best practices for—

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

24 (2) the use of recovery coaches, as appropriate,
25 to encourage individuals who experience a non-fatal

1 overdose to seek treatment for substance use dis-
2 order and to support coordination and continuation
3 of care;

4 (3) coordination and continuation of care and
5 treatment, including, as appropriate, through refer-
6 rals, of individuals after an opioid overdose; and

7 (4) the provision of overdose reversal medica-
8 tion, as appropriate.

9 (b) GRANT ESTABLISHMENT AND PARTICIPATION.—

10 (1) IN GENERAL.—The Secretary shall award
11 grants on a competitive basis to eligible entities to
12 support implementation of voluntary programs for
13 care and treatment of individuals after an opioid
14 overdose, as appropriate, which may include imple-
15 mentation of the best practices described in sub-
16 section (a).

17 (2) ELIGIBLE ENTITY.—In this section, the
18 term “eligible entity” means—

19 (A) a State alcohol or drug agency;

20 (B) an Indian Tribe or tribal organization;

21 or

22 (C) an entity that offers treatment or
23 other services for individuals in response to, or
24 following, drug overdoses or a drug overdose, in

1 consultation with a State alcohol and drug
2 agency.

3 (3) APPLICATION.—An eligible entity desiring a
4 grant under this section shall submit an application
5 to the Secretary, at such time and in such manner
6 as the Secretary may require, that includes—

7 (A) evidence that such eligible entity car-
8 ries out, or is capable of contracting and coordi-
9 nating with other community entities to carry
10 out, the activities described in paragraph (4);

11 (B) evidence that such eligible entity will
12 work with a recovery community organization to
13 recruit, train, hire, mentor, and supervise recov-
14 ery coaches and fulfill the requirements de-
15 scribed in paragraph (4)(A); and

16 (C) such additional information as the Sec-
17 retary may require.

18 (4) USE OF GRANT FUNDS.—An eligible entity
19 awarded a grant under this section shall use such
20 grant funds to—

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

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

- 1 (I) treatment and recovery sup-
2 port programs;
- 3 (II) programs that provide non-
4 clinical recovery support services;
- 5 (III) peer support networks;
- 6 (IV) recovery community organi-
7 zations;
- 8 (V) health care providers, includ-
9 ing physicians and other providers of
10 behavioral health and primary care;
- 11 (VI) education and training pro-
12 viders;
- 13 (VII) employers;
- 14 (VIII) housing services; and
- 15 (IX) child welfare agencies;
- 16 (ii) providing education on overdose
17 prevention and overdose reversal to pa-
18 tients and families, as appropriate;
- 19 (iii) providing follow-up services for
20 patients after an overdose to ensure con-
21 tinued recovery and connection to support
22 services;
- 23 (iv) collecting and evaluating outcome
24 data for patients receiving recovery coach-
25 ing services; and

1 (v) providing other services the Sec-
2 retary determines necessary to help ensure
3 continued connection with recovery support
4 services;

5 (B) establish policies and procedures that
6 address the provision of overdose reversal medi-
7 cation, the administration of all drugs approved
8 by the Food and Drug Administration to treat
9 substance use disorder, and subsequent continu-
10 ation of, or referral to, evidence-based treat-
11 ment for patients with a substance use disorder
12 who have experienced a non-fatal drug over-
13 dose, in order to support long-term treatment,
14 prevent relapse, and reduce recidivism and fu-
15 ture overdose; and

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

21 (5) ADDITIONAL PERMISSIBLE USES.—In addi-
22 tion to the uses described in paragraph (4), a grant
23 awarded under this section may be used, directly or
24 through contractual arrangements, to provide—

1 (A) all drugs approved by the Food and
2 Drug Administration to treat substance use dis-
3 orders, pursuant to Federal and State law;

4 (B) withdrawal and detoxification services
5 that include patient evaluation, stabilization,
6 and preparation for treatment of substance use
7 disorder, including treatment described in sub-
8 paragraph (A), as appropriate; or

9 (C) mental health services provided by a
10 program counselor, social worker, therapist, or
11 other certified professional who is licensed and
12 qualified by education, training, or experience
13 to assess the psychosocial background of pa-
14 tients, to contribute to the appropriate treat-
15 ment plan for patients with substance use dis-
16 order, and to monitor patient progress.

17 (6) PREFERENCE.—In awarding grants under
18 this section, the Secretary shall give preference to el-
19 igible entities that meet any or all of the following
20 criteria:

21 (A) The eligible entity is a critical access
22 hospital (as defined in section 1861(mm)(1) of
23 the Social Security Act (42 U.S.C.
24 1395x(mm)(1))), a low volume hospital (as de-
25 fined in section 1886(d)(12)(C)(i) of such Act

1 (42 U.S.C. 1395ww(d)(12)(C)(i))), or a sole
2 community hospital (as defined in section
3 1886(d)(5)(D)(iii) of such Act (42 U.S.C.
4 1395ww(d)(5)(D)(iii))).

5 (B) The eligible entity is located in a
6 State, or under the jurisdiction of an Indian
7 Tribe, with an age-adjusted rate of drug over-
8 dose deaths that is above the national overdose
9 mortality rate, as determined by the Director of
10 the Centers for Disease Control and Prevention.

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

14 (7) PERIOD OF GRANT.—A grant awarded to an
15 eligible entity under this section shall be for a period
16 of not more than 5 years.

17 (e) DEFINITIONS.—In this section:

18 (1) RECOVERY COACH.—the term “recovery
19 coach” means an individual—

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

22 (B) who has completed training from, and
23 is determined to be in good standing by, a re-
24 recovery services organization capable of con-

1 ducting such training and making such deter-
2 mination.

3 (2) RECOVERY COMMUNITY ORGANIZATION.—

4 The term “recovery community organization” has
5 the meaning given such term in section 547(a) of
6 the Public Health Service Act (42 U.S.C. 290ee-
7 2(a)).

8 (3) STATE ALCOHOL AND DRUG AGENCY.—The

9 term “State alcohol and drug agency” means the
10 principal agency of a State that is responsible for
11 carrying out the block grant for prevention and
12 treatment of substance abuse under subpart II of
13 part B of title XIX of the Public Health Service Act
14 (42 U.S.C. 300x-21 et seq.)

15 (d) REPORTING REQUIREMENTS.—

16 (1) REPORTS BY GRANTEEES.—Each eligible en-
17 tity awarded a grant under this section shall submit
18 to the Secretary an annual report for each year for
19 which the entity has received such grant that in-
20 cludes information on—

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

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

3 (C) the number of individuals referred by
4 the entity to other treatment facilities after a
5 non-fatal overdose, the types of such other fa-
6 cilities, and the number of such individuals ad-
7 mitted to such other facilities pursuant to such
8 referrals; and

9 (D) the frequency and number of patients
10 with reoccurrences, including readmissions for
11 non-fatal overdoses and evidence of relapse re-
12 lated to substance use disorder.

13 (2) REPORT BY SECRETARY.—Not later than 5
14 years after the date of enactment of this Act, the
15 Secretary shall submit to Congress a report that in-
16 cludes an evaluation of the effectiveness of the grant
17 program carried out under this section with respect
18 to long term health outcomes of the population of in-
19 dividuals who have experienced a drug overdose, the
20 percentage of patients treated or referred to treat-
21 ment by grantees, and the frequency and number of
22 patients who experienced relapse, were readmitted
23 for treatment, or experienced another overdose.

24 (e) PRIVACY.—The requirements of this section, in-
25 cluding with respect to data reporting and program over-

1 sight, shall be subject to all applicable Federal and State
2 privacy laws.

3 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated to carry out this section
5 such sums as may be necessary for each of fiscal years
6 2019 through 2023.

7 **SEC. 1403. ALTERNATIVES TO OPIOIDS.**

8 (a) IN GENERAL.—The Secretary shall, directly or
9 through grants to, or contracts with, public and private
10 entities, provide technical assistance to hospitals and other
11 acute care settings on alternatives to opioids for pain man-
12 agement. The technical assistance provided shall be for the
13 purpose of—

14 (1) utilizing information from acute care pro-
15 viders including emergency departments and other
16 providers that have successfully implemented alter-
17 natives to opioids programs, promoting non-addictive
18 protocols and medications while appropriately lim-
19 iting the use of opioids;

20 (2) identifying or facilitating the development of
21 best practices on the use of alternatives to opioids,
22 which may include pain-management strategies that
23 involve non-addictive medical products, non-pharma-
24 cologic treatments, and technologies or techniques to
25 identify patients at risk for opioid use disorder;

1 (3) identifying or facilitating the development of
2 best practices on the use of alternatives to opioids
3 that target common painful conditions and include
4 certain patient populations, such as geriatric pa-
5 tients, pregnant women, and children;

6 (4) disseminating information on the use of al-
7 ternatives to opioids to providers in acute care set-
8 tings, which may include emergency departments,
9 outpatient clinics, critical access hospitals, Federally
10 qualified health centers, Indian Health Service
11 health facilities, and tribal hospitals; and

12 (5) collecting data and reporting on health out-
13 comes associated with the use of alternatives to
14 opioids.

15 (b) PAIN MANAGEMENT AND FUNDING.—

16 (1) IN GENERAL.—The Secretary shall award
17 grants to hospitals and other acute care settings re-
18 lating to alternatives to opioids for pain manage-
19 ment.

20 (2) AUTHORIZATION OF APPROPRIATIONS.—

21 There is authorized to be appropriated \$5,000,000
22 for each of fiscal years 2019 through 2023 for pur-
23 poses of carrying out this section.

1 **SEC. 1404. BUILDING COMMUNITIES OF RECOVERY.**

2 Section 547 of the Public Health Service Act (42
3 U.S.C. 290ee-2) is amended to read as follows:

4 **“SEC. 547. BUILDING COMMUNITIES OF RECOVERY.**

5 “(a) DEFINITION.—In this section, the term ‘recov-
6 ery community organization’ means an independent non-
7 profit organization that—

8 “(1) mobilizes resources within and outside of
9 the recovery community, which may include through
10 a peer support network, to increase the prevalence
11 and quality of long-term recovery from substance
12 use disorders; and

13 “(2) is wholly or principally governed by people
14 in recovery for substance use disorders who reflect
15 the community served.

16 “(b) GRANTS AUTHORIZED.—The Secretary shall
17 award grants to recovery community organizations to en-
18 able such organizations to develop, expand, and enhance
19 recovery services.

20 “(c) FEDERAL SHARE.—The Federal share of the
21 costs of a program funded by a grant under this section
22 may not exceed 85 percent.

23 “(d) USE OF FUNDS.—Grants awarded under sub-
24 section (b)—

1 “(1) shall be used to develop, expand, and en-
2 hance community and statewide recovery support
3 services; and

4 “(2) may be used to—

5 “(A) build connections between recovery
6 networks, including between recovery commu-
7 nity organizations and peer support networks,
8 and with other recovery support services, in-
9 cluding—

10 “(i) behavioral health providers;

11 “(ii) primary care providers and phy-
12 sicians;

13 “(iii) educational and vocational
14 schools;

15 “(iv) employers;

16 “(v) housing services;

17 “(vi) child welfare agencies; and

18 “(vii) other recovery support services
19 that facilitate recovery from substance use
20 disorders, including non-clinical community
21 services;

22 “(B) reduce the stigma associated with
23 substance use disorders; and

1 “(C) conduct outreach on issues relating to
2 substance use disorders and recovery, includ-
3 ing—

4 “(i) identifying the signs of substance
5 use disorder;

6 “(ii) the resources available to individ-
7 uals with substance use disorder and to
8 families of an individual with a substance
9 use disorder, including programs that men-
10 tor and provide support services to chil-
11 dren;

12 “(iii) the resources available to help
13 support individuals in recovery; and

14 “(iv) related medical outcomes of sub-
15 stance use disorders, the potential of ac-
16 quiring an infection commonly associated
17 with illicit drug use, and neonatal absti-
18 nence syndrome among infants exposed to
19 opioids during pregnancy.

20 “(e) SPECIAL CONSIDERATION.—In carrying out this
21 section, the Secretary shall give special consideration to
22 the unique needs of rural areas, including areas with an
23 age-adjusted rate of drug overdose deaths that is above
24 the national average and areas with a shortage of preven-
25 tion and treatment services.

1 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section
3 \$5,000,000 for each of fiscal years 2019 through 2023.”.

4 **SEC. 1405. PEER SUPPORT TECHNICAL ASSISTANCE CEN-**
5 **TER.**

6 (a) ESTABLISHMENT.—The Secretary, acting
7 through the Assistant Secretary for Mental Health and
8 Substance Abuse, shall establish or operate a National
9 Peer-Run Training and Technical Assistance Center for
10 Addiction Recovery Support (referred to in this subsection
11 as the “Center”).

12 (b) FUNCTIONS.—The Center established under sub-
13 section (a) shall provide technical assistance and support
14 to recovery community organizations and peer support
15 networks, including such assistance and support related
16 to—

17 (1) training on identifying—

18 (A) signs of substance use disorder;

19 (B) resources to assist individuals with a
20 substance use disorder, or resources for families
21 of an individual with a substance use disorder;
22 and

23 (C) best practices for the delivery of recov-
24 ery support services;

1 (2) the provision of translation services, inter-
2 pretation, or other such services for clients with lim-
3 ited English speaking proficiency;

4 (3) data collection to support research, includ-
5 ing for translational research;

6 (4) capacity building; and

7 (5) evaluation and improvement, as necessary,
8 of the effectiveness of such services provided by re-
9 covery community organizations (as defined in sec-
10 tion 547 of the Public Health Service Act).

11 (c) BEST PRACTICES.—The Center established under
12 subsection (a) shall periodically issue best practices for use
13 by recovery community organizations and peer support
14 networks.

15 (d) RECOVERY COMMUNITY ORGANIZATION.—In this
16 section, the term “recovery community organization” has
17 the meaning given such term in section 547 of the Public
18 Health Service Act.

19 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to carry out this section
21 such sums as may be necessary for each of fiscal years
22 2019 through 2023.

1 **SEC. 1406. MEDICATION-ASSISTED TREATMENT FOR RE-**
2 **COVERY FROM ADDICTION.**

3 (a) WAIVERS FOR MAINTENANCE TREATMENT OR
4 DETOXIFICATION.—Section 303(g)(2)(G)(ii) of the Con-
5 trolled Substances Act (21 U.S.C. 823(g)(2)(G)(ii)) is
6 amended by adding at the end the following:

7 “(VIII) The physician graduated in good
8 standing from an accredited school of allopathic
9 medicine or osteopathic medicine in the United
10 States during the 5-year period immediately
11 preceding the date on which the physician sub-
12 mits to the Secretary a written notification
13 under subparagraph (B) and successfully com-
14 pleted a comprehensive allopathic or osteopathic
15 medicine curriculum or accredited medical resi-
16 dency that—

17 “(aa) included not less than 24 hours
18 of training on treating and managing
19 opioid-dependent patients; and

20 “(bb) included, at a minimum—

21 “(AA) the training described in
22 items (aa) through (gg) of subclause
23 (IV); and

24 “(BB) training with respect to
25 any other best practice the Secretary
26 determines should be included in the

1 curriculum, which may include train-
2 ing on pain management, including
3 assessment and appropriate use of
4 opioid and non-opioid alternatives.”.

5 (b) TREATMENT FOR CHILDREN.—The Secretary
6 shall consider ways to ensure that an adequate number
7 of physicians who meet the requirements under the
8 amendment made by subsection (a) and have a specialty
9 in pediatrics, or the treatment of children or of adoles-
10 cents, are granted a waiver under section 303(g)(2) of the
11 Controlled Substances Act (21 U.S.C. 823(g)(2)) to treat
12 children and adolescents with substance use disorders.

13 (c) TECHNICAL AMENDMENT.—Section 102(24) of
14 the Controlled Substances Act (21 U.S.C. 802(24)) is
15 amended by striking “Health, Education, and Welfare”
16 and inserting “Health and Human Services”.

17 **SEC. 1407. GRANT PROGRAM.**

18 (a) IN GENERAL.—The Secretary shall establish a
19 grant program under which the Secretary may make
20 grants to accredited schools of allopathic medicine or os-
21 teopathic medicine and teaching hospitals located in the
22 United States to support the development of curricula that
23 meet the requirements under subclause (VIII) of section
24 303(g)(2)(G)(ii) of the Controlled Substances Act, as
25 added by section 1406(a) of this Act.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated for grants under subsection
3 (a), \$4,000,000 for each of fiscal years 2019 through
4 2023.

5 **SEC. 1408. ALLOWING FOR MORE FLEXIBILITY WITH RE-**
6 **SPECT TO MEDICATION-ASSISTED TREAT-**
7 **MENT FOR OPIOID USE DISORDERS.**

8 Subclause (II) of section 303(g)(2)(B)(iii) of the
9 Controlled Substances Act (21 U.S.C. 823(g)(2)(B)(iii))
10 is amended to read as follows:

11 “(II) The applicable number is—

12 “(aa) 100 if, not sooner than 1 year after
13 the date on which the practitioner submitted
14 the initial notification, the practitioner submits
15 a second notification to the Secretary of the
16 need and intent of the practitioner to treat up
17 to 100 patients; or

18 “(bb) 275 if the practitioner meets the re-
19 quirements specified in section 8.610 of title
20 42, Code of Federal Regulations (or successor
21 regulations).”.

22 **SEC. 1409. NATIONAL RECOVERY HOUSING BEST PRAC-**
23 **TICES.**

24 (a) BEST PRACTICES FOR OPERATING RECOVERY
25 HOUSING.—

1 (1) IN GENERAL.—The Secretary, in consulta-
2 tion with the individuals and entities described in
3 paragraph (2), shall identify or facilitate the devel-
4 opment of best practices, which may include model
5 laws for implementing suggested minimum stand-
6 ards, for operating recovery housing.

7 (2) CONSULTATION.—In carrying out the activi-
8 ties described in paragraph (1) the Secretary shall
9 consult with, as appropriate—

10 (A) relevant divisions of the Department of
11 Health and Human Services, including the Sub-
12 stance Abuse and Mental Health Services Ad-
13 ministration, the Office of Inspector General,
14 the Indian Health Service, and the Centers for
15 Medicare & Medicaid Services;

16 (B) the Secretary of Housing and Urban
17 Development;

18 (C) directors or commissioners, as applica-
19 ble, of State health departments, tribal health
20 departments, State Medicaid programs, and
21 State insurance agencies;

22 (D) representatives of health insurance
23 issuers;

24 (E) national accrediting entities and rep-
25 utable providers of, and analysts of, recovery

1 housing services, including Indian Tribes, tribal
2 organizations, and tribally designated housing
3 entities that provide recovery housing services,
4 as applicable;

5 (F) individuals with a history of substance
6 use disorder; and

7 (G) other stakeholders identified by the
8 Secretary.

9 (b) IDENTIFICATION OF FRAUDULENT RECOVERY
10 HOUSING OPERATORS.—

11 (1) IN GENERAL.—The Secretary, in consulta-
12 tion with the individuals and entities described in
13 paragraph (2), shall identify or facilitate the devel-
14 opment of common indicators that could be used to
15 identify potentially fraudulent recovery housing oper-
16 ators.

17 (2) CONSULTATION.—In carrying out the activi-
18 ties described in paragraph (1), the Secretary shall
19 consult with, as appropriate—

20 (A) relevant divisions of the Department of
21 Health and Human Services, including the Sub-
22 stance Abuse and Mental Health Services Ad-
23 ministration, the Office of Inspector General,
24 the Indian Health Service, and the Centers for
25 Medicare & Medicaid Services;

1 (B) the Attorney General;

2 (C) the Secretary of Housing and Urban
3 Development;

4 (D) directors or commissioners, as applica-
5 ble, of State health departments, tribal health
6 departments, State Medicaid programs, and
7 State insurance agencies;

8 (E) representatives of health insurance
9 issuers;

10 (F) national accrediting entities and rep-
11 utable providers of, and analysts of, recovery
12 housing services, including Indian Tribes, tribal
13 organizations, and tribally designated housing
14 entities that provide recovery housing services,
15 as applicable;

16 (G) individuals with a history of substance
17 use disorder; and

18 (H) other stakeholders identified by the
19 Secretary.

20 (3) REQUIREMENTS.—

21 (A) PRACTICES FOR IDENTIFICATION AND
22 REPORTING.—In carrying out the activities de-
23 scribed in this subsection, the Secretary shall
24 consider how law enforcement, public and pri-
25 vate payers, and the public can best identify

1 and report fraudulent recovery housing opera-
2 tors.

3 (B) FACTORS TO BE CONSIDERED.—In
4 carrying out the activities described in this sub-
5 section, the Secretary shall consider identifying
6 or developing indicators regarding—

7 (i) unusual billing practices;

8 (ii) average lengths of stays;

9 (iii) excessive levels of drug testing (in
10 terms of cost or frequency);

11 (iv) unusually high levels of recidi-
12 vism; and

13 (v) any other factors identified by the
14 Secretary.

15 (c) DISSEMINATION.—The Secretary shall, as appro-
16 priate, disseminate the best practices identified or devel-
17 oped under subsection (a), and the common indicators
18 identified or developed under subsection (b), to—

19 (1) State agencies, which may include the provi-
20 sion of technical assistance to State agencies seeking
21 to adopt or implement such best practices;

22 (2) Indian Tribes, tribal organizations, and
23 tribally designated housing entities;

24 (3) the Attorney General;

25 (4) the Secretary of Labor;

1 (5) the Secretary of Housing and Urban Devel-
2 opment;

3 (6) State and local law enforcement agencies;

4 (7) health insurance issuers;

5 (8) recovery housing entities; and

6 (9) the public.

7 (d) REQUIREMENTS.—In carrying out the activities
8 under subsections (a) and (b), the Secretary, in consulta-
9 tion with appropriate stakeholders as described in each
10 such subsection, shall consider how recovery housing is
11 able to support recovery and prevent relapse, recidivism,
12 or overdose (including overdose death), including by im-
13 proving access and adherence to treatment, including
14 medication-assisted treatment.

15 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
16 tion shall be construed to provide the Secretary with the
17 authority to require States to adhere to minimum stand-
18 ards in the State oversight of recovery housing.

19 (f) DEFINITIONS.—In this section—

20 (1) the term “recovery housing” means a
21 shared living environment free from alcohol and il-
22 licit drug use and centered on peer support and con-
23 nection to services that promote sustained recovery
24 from substance use disorders; and

1 (2) the term “tribally designated housing enti-
2 ty” has the meaning given such term in section 4 of
3 the Native American Housing Assistance and Self-
4 Determination Act of 1996 (25 U.S.C. 4103).

5 **SEC. 1410. ADDRESSING ECONOMIC AND WORKFORCE IM-**
6 **PACTS OF THE OPIOID CRISIS.**

7 (a) DEFINITIONS.—Except as otherwise expressly
8 provided, in this section:

9 (1) WIOA DEFINITIONS.—The terms “core pro-
10 gram”, “individual with a barrier to employment”,
11 “local area”, “local board”, “one-stop operator”,
12 “outlying area”, “State”, “State board”, and “sup-
13 portive services” have the meanings given the terms
14 in section 3 of the Workforce Innovation and Oppor-
15 tunity Act (29 U.S.C. 3102).

16 (2) EDUCATION PROVIDER.—The term “edu-
17 cation provider” means—

18 (A) an institution of higher education, as
19 defined in section 101 of the Higher Education
20 Act of 1965 (20 U.S.C. 1001); or

21 (B) a postsecondary vocational institution,
22 as defined in section 102(e) of such Act (20
23 U.S.C. 1002(e)).

24 (3) ELIGIBLE ENTITY.—The term “eligible enti-
25 ty” means—

1 (A) a State workforce agency;

2 (B) an outlying area; or

3 (C) a Tribal entity.

4 (4) PARTICIPATING PARTNERSHIP.—The term
5 “participating partnership” means a partnership—

6 (A) evidenced by a written contract or
7 agreement; and

8 (B) including, as members of the partner-
9 ship, a local board receiving a subgrant under
10 subsection (d) and 1 or more of the following:

11 (i) The eligible entity.

12 (ii) A treatment provider.

13 (iii) An employer or industry organi-
14 zation.

15 (iv) An education provider.

16 (v) A legal service or law enforcement
17 organization.

18 (vi) A faith-based or community-based
19 organization.

20 (vii) Other State or local agencies, in-
21 cluding counties or local governments.

22 (viii) Other organizations, as deter-
23 mined to be necessary by the local board.

24 (ix) Indian Tribes or tribal organiza-
25 tions.

1 (5) PROGRAM PARTICIPANT.—The term “pro-
2 gram participant” means an individual who—

3 (A) is a member of a population of workers
4 described in subsection (e)(2) that is served by
5 a participating partnership through the pilot
6 program under this section; and

7 (B) enrolls with the applicable partici-
8 pating partnership to receive any of the services
9 described in subsection (e)(3).

10 (6) PROVIDER OF PEER RECOVERY SUPPORT
11 SERVICES.—The term “provider of peer recovery
12 support services” means a provider that delivers
13 peer recovery support services through an organiza-
14 tion described in section 547(a) of the Public Health
15 Service Act (42 U.S.C. 290ee–2(a)).

16 (7) SECRETARY.—The term “Secretary” means
17 the Secretary of Labor.

18 (8) STATE WORKFORCE AGENCY.—The term
19 “State workforce agency” means the lead State
20 agency with responsibility for the administration of
21 a program under chapter 2 or 3 of subtitle B of title
22 I of the Workforce Innovation and Opportunity Act
23 (29 U.S.C. 3161 et seq., 3171 et seq.).

24 (9) SUBSTANCE USE DISORDER.—The term
25 “substance use disorder” has the meaning given

1 such term by the Assistant Secretary for Mental
2 Health and Substance Use.

3 (10) TREATMENT PROVIDER.—The term “treat-
4 ment provider”—

5 (A) means a health care provider that—

6 (i) offers services for treating sub-
7 stance use disorders and is licensed in ac-
8 cordance with applicable State law to pro-
9 vide such services; and

10 (ii) accepts health insurance for such
11 services, including coverage under title
12 XIX of the Social Security Act (42 U.S.C.
13 1396 et seq.); and

14 (B) may include—

15 (i) a nonprofit provider of peer recov-
16 ery support services;

17 (ii) a community health care provider;

18 (iii) a Federally qualified health cen-
19 ter (as defined in section 1861(aa) of the
20 Social Security Act (42 U.S.C. 1395x));

21 (iv) an Indian health program (as de-
22 fined in section 3 of the Indian Health
23 Care Improvement Act (25 U.S.C. 1603)),
24 including an Indian health program that

1 serves an urban center (as defined in such
2 section); and

3 (v) a Native Hawaiian health center
4 (as defined in section 12 of the Native Ha-
5 waiian Health Care Improvement Act (42
6 U.S.C. 11711)).

7 (11) TRIBAL ENTITY.—The term “Tribal enti-
8 ty” includes any Indian Tribe, tribal organization,
9 Indian-controlled organization serving Indians, Na-
10 tive Hawaiian organization, or Alaska Native entity,
11 as such terms are defined or used in section 166 of
12 the Workforce Innovation and Opportunity Act (29
13 U.S.C. 3221).

14 (b) PILOT PROGRAM AND GRANTS AUTHORIZED.—

15 (1) IN GENERAL.—The Secretary, in consulta-
16 tion with the Secretary of Health and Human Serv-
17 ices, shall carry out a pilot program to address eco-
18 nomic and workforce impacts associated with a high
19 rate of a substance use disorder. In carrying out the
20 pilot program, the Secretary shall make grants, on
21 a competitive basis, to eligible entities to enable such
22 entities to make subgrants to local boards to address
23 the economic and workforce impacts associated with
24 a high rate of a substance use disorder.

1 referred to in this section as a “serv-
2 ice area”); and

3 (II) demonstrating for each such
4 service area, an increase equal to or
5 greater than the national increase in
6 such problems, between—

7 (aa) 1999; and

8 (bb) 2016 or the latest year
9 for which data are available; and

10 (ii) a description of how the eligible
11 entity will prioritize support for signifi-
12 cantly impacted service areas described in
13 clause (i)(I).

14 (B) INFORMATION.—To meet the require-
15 ments described in subparagraph (A)(i)(II), the
16 eligible entity may use information including
17 data on—

18 (i) the incidence or prevalence of
19 opioid abuse and other substance use dis-
20 orders;

21 (ii) the age-adjusted rate of drug
22 overdose deaths, as determined by the Di-
23 rector of the Centers for Disease Control
24 and Prevention;

1 (iii) the rate of non-fatal hospitaliza-
2 tions related to opioid abuse or other sub-
3 stance use disorders;

4 (iv) the number of arrests or convic-
5 tions, or a relevant law enforcement sta-
6 tistic, that reasonably shows an increase in
7 opioid abuse or another substance use dis-
8 order; or

9 (v) in the case of an eligible entity de-
10 scribed in subsection (a)(3)(C), other alter-
11 native relevant data as determined appro-
12 priate by the Secretary.

13 (C) SUPPORT FOR STATE STRATEGY.—The
14 eligible entity may include in the application in-
15 formation describing how the proposed services
16 and activities are aligned with the State, out-
17 lying area, or Tribal strategy, as applicable, for
18 addressing problems described in subparagraph
19 (A) in specific service areas or across the State,
20 outlying area, or Tribal land.

21 (3) ECONOMIC AND EMPLOYMENT CONDITIONS
22 DEMONSTRATE ADDITIONAL FEDERAL SUPPORT
23 NEEDED.—

24 (A) DEMONSTRATION.—An eligible entity
25 shall include in the application information that

1 demonstrates that a high rate of a substance
2 use disorder has caused, or is coincident to—

3 (i) an economic or employment down-
4 turn in the service area; or

5 (ii) persistent economically depressed
6 conditions in such service area.

7 (B) INFORMATION.—To meet the require-
8 ments of subparagraph (A), an eligible entity
9 may use information including—

10 (i) documentation of any layoff, an-
11 nounced future layoff, legacy industry de-
12 cline, decrease in an employment or labor
13 market participation rate, or economic im-
14 pact, whether or not the result described in
15 this clause is overtly related to a high rate
16 of a substance use disorder;

17 (ii) documentation showing decreased
18 economic activity related to, caused by, or
19 contributing to a high rate of a substance
20 use disorder, including a description of
21 how the service area has been impacted, or
22 will be impacted, by such a decrease;

23 (iii) information on economic indica-
24 tors, labor market analyses, information

1 from public announcements, and demo-
2 graphic and industry data;

3 (iv) information on rapid response ac-
4 tivities (as defined in section 3 of the
5 Workforce Innovation and Opportunity Act
6 (29 U.S.C. 3102)) that have been or will
7 be conducted, including demographic data
8 gathered by employer or worker surveys or
9 through other methods;

10 (v) data or documentation, beyond an-
11 ecdotal evidence, showing that employers
12 face challenges filling job vacancies due to
13 a lack of skilled workers able to pass a
14 drug test; or

15 (vi) any additional relevant data or in-
16 formation on the economy, workforce, or
17 another aspect of the service area to sup-
18 port the application.

19 (d) SUBGRANT AUTHORIZATION AND APPLICATION
20 PROCESS.—

21 (1) SUBGRANTS AUTHORIZED.—

22 (A) IN GENERAL.—An eligible entity re-
23 ceiving a grant under subsection (b)—

1 (i) may use not more than 5 percent
2 of the grant funds for the administrative
3 costs of carrying out the grant;

4 (ii) in the case of an eligible entity de-
5 scribed in subparagraph (A) or (B) of sub-
6 section (a)(3), shall use the remaining
7 grant funds to make subgrants to local en-
8 tities in the service area to carry out the
9 services and activities described in sub-
10 section (e); and

11 (iii) in the case of an eligible entity
12 described in subsection (a)(3)(C), shall use
13 the remaining grant funds to carry out the
14 services and activities described in sub-
15 section (e).

16 (B) **EQUITABLE DISTRIBUTION.**—In mak-
17 ing subgrants under this subsection, an eligible
18 entity shall ensure, to the extent practicable,
19 the equitable distribution of subgrants, based
20 on—

21 (i) geography (such as urban and
22 rural distribution); and

23 (ii) significantly impacted service
24 areas as described in subsection (c)(2).

1 (C) TIMING OF SUBGRANT FUNDS DIS-
2 TRIBUTION.—An eligible entity making sub-
3 grants under this subsection shall disburse
4 subgrant funds to a local board receiving a
5 subgrant from the eligible entity by the later
6 of—

7 (i) the date that is 90 days after the
8 date on which the Secretary makes the
9 funds available to the eligible entity; or

10 (ii) the date that is 15 days after the
11 date that the eligible entity makes the
12 subgrant under subparagraph (A)(ii).

13 (2) SUBGRANT APPLICATION.—

14 (A) IN GENERAL.—A local board desiring
15 to receive a subgrant under this subsection
16 from an eligible entity shall submit an applica-
17 tion at such time and in such manner as the el-
18 igible entity may reasonably require, including
19 the information described in this paragraph.

20 (B) CONTENTS.—Each application de-
21 scribed in subparagraph (A) shall include—

22 (i) an analysis of the estimated per-
23 formance of the local board in carrying out
24 the proposed services and activities under
25 the subgrant—

1 (I) based on—

2 (aa) primary indicators of
3 performance described in section
4 116(c)(1)(A)(i) of the Workforce
5 Innovation and Opportunity Act
6 (29 U.S.C. 3141(c)(1)(A)(i), to
7 assess estimated effectiveness of
8 the proposed services and activi-
9 ties, including the estimated
10 number of individuals with a sub-
11 stance use disorder who may be
12 served by the proposed services
13 and activities;

14 (bb) the record of the local
15 board in serving individuals with
16 a barrier to employment; and

17 (cc) the ability of the local
18 board to establish a participating
19 partnership; and

20 (II) which may include or uti-
21 lize—

22 (aa) data from the National
23 Center for Health Statistics of
24 the Centers for Disease Control
25 and Prevention;

1 (bb) data from the Center
2 for Behavioral Health Statistics
3 and Quality of the Substance
4 Abuse and Mental Health Serv-
5 ices Administration;

6 (cc) State vital statistics;

7 (dd) municipal police depart-
8 ment records;

9 (ee) reports from local coro-
10 ners; or

11 (ff) other relevant data; and

12 (ii) in the case of a local board pro-
13 posing to serve a population described in
14 subsection (e)(2)(B), a demonstration of
15 the workforce shortage in the professional
16 area to be addressed under the subgrant
17 (which may include substance use disorder
18 treatment and related services, non-addict-
19 ive pain therapy and pain management
20 services, mental health care treatment
21 services, emergency response services, or
22 mental health care), which shall include in-
23 formation that can demonstrate such a
24 shortage, such as—

25 (I) the distance between—

1 (aa) communities affected by
2 opioid abuse or another sub-
3 stance use disorder; and

4 (bb) facilities or profes-
5 sionals offering services in the
6 professional area; or

7 (II) the maximum capacity of fa-
8 cilities or professionals to serve indi-
9 viduals in an affected community, or
10 increases in arrests related to opioid
11 or another substance use disorder,
12 overdose deaths, or nonfatal overdose
13 emergencies in the community.

14 (e) SUBGRANT SERVICES AND ACTIVITIES.—

15 (1) IN GENERAL.—Each local board that re-
16 ceives a subgrant under subsection (d) shall carry
17 out the services and activities described in this sub-
18 section through a participating partnership.

19 (2) SELECTION OF POPULATION TO BE
20 SERVED.—A participating partnership shall elect to
21 provide services and activities under the subgrant to
22 one or both of the following populations of workers:

23 (A) Workers, including dislocated workers,
24 individuals with barriers to employment, new
25 entrants in the workforce, or incumbent work-

1 ers (employed or underemployed), each of
2 whom—

3 (i) is directly or indirectly affected by
4 a high rate of a substance use disorder;
5 and

6 (ii) voluntarily confirms that the
7 worker, or a friend or family member of
8 the worker, has a history of opioid abuse
9 or another substance use disorder.

10 (B) Workers, including dislocated workers,
11 individuals with barriers to employment, new
12 entrants in the workforce, or incumbent work-
13 ers (employed or underemployed), who—

14 (i) seek to transition to professions
15 that support individuals with a substance
16 use disorder or at risk for developing such
17 disorder, such as professions that pro-
18 vide—

19 (I) substance use disorder treat-
20 ment and related services;

21 (II) services offered through pro-
22 viders of peer recovery support serv-
23 ices;

24 (III) non-addictive pain therapy
25 and pain management services;

1 (IV) emergency response services;

2 or

3 (V) mental health care; and

4 (ii) need new or upgraded skills to
5 better serve such a population of strug-
6 gling or at-risk individuals.

7 (3) SERVICES AND ACTIVITIES.—Each partici-
8 pating partnership shall use funds available through
9 a subgrant under this subsection to carry out 1 or
10 more of the following:

11 (A) ENGAGING EMPLOYERS.—Engaging
12 with employers to—

13 (i) learn about the skill and hiring re-
14 quirements of employers;

15 (ii) learn about the support needed by
16 employers to hire and retain program par-
17 ticipants, and other individuals with a sub-
18 stance use disorder, and the support need-
19 ed by such employers to obtain their com-
20 mitment to testing creative solutions to
21 employing program participants and such
22 individuals;

23 (iii) connect employers and workers to
24 on-the-job or customized training programs

1 before or after layoff to help facilitate re-
2 employment;

3 (iv) connect employers with an edu-
4 cation provider to develop classroom in-
5 struction to complement on-the-job learn-
6 ing for program participants and such in-
7 dividuals;

8 (v) help employers develop the cur-
9 riculum design of a work-based learning
10 program for program participants and
11 such individuals;

12 (vi) help employers employ program
13 participants or such individuals engaging
14 in a work-based learning program for a
15 transitional period before hiring such a
16 program participant or individual for full-
17 time employment of not less than 30 hours
18 a week; or

19 (vii) connect employers to program
20 participants receiving concurrent out-
21 patient treatment and job training services.

22 (B) SCREENING SERVICES.—Providing
23 screening services, which may include—

24 (i) using an evidence-based screening
25 method to screen each individual seeking

1 participation in the pilot program to deter-
2 mine whether the individual has a sub-
3 stance use disorder;

4 (ii) conducting an assessment of each
5 such individual to determine the services
6 needed for such individual to obtain or re-
7 tain employment, including an assessment
8 of strengths and general work readiness; or

9 (iii) accepting walk-ins or referrals
10 from employers, labor organizations, or
11 other entities recommending individuals to
12 participate in such program.

13 (C) INDIVIDUAL TREATMENT AND EM-
14 PLOYMENT PLAN.—Developing an individual
15 treatment and employment plan for each pro-
16 gram participant—

17 (i) in coordination, as appropriate,
18 with other programs serving the partici-
19 pant such as the core programs within the
20 workforce development system under the
21 Workforce Innovation and Opportunity Act
22 (29 U.S.C. 3101 et seq.); and

23 (ii) which shall include providing a
24 case manager to work with each partici-

1 pant to develop the plan, which may in-
2 clude—

3 (I) identifying employment and
4 career goals;

5 (II) exploring career pathways
6 that lead to in-demand industries and
7 sectors, as determined by the State
8 board and the head of the State work-
9 force agency or, as applicable, the
10 Tribal entity;

11 (III) setting appropriate achieve-
12 ment objectives to attain the employ-
13 ment and career goals identified
14 under subclause (I); or

15 (IV) developing the appropriate
16 combination of services to enable the
17 participant to achieve the employment
18 and career goals identified under sub-
19 clause (I).

20 (D) OUTPATIENT TREATMENT AND RECOV-
21 ERY CARE.—In the case of a participating part-
22 nership serving program participants described
23 in paragraph (2)(A) with a substance use dis-
24 order, providing individualized and group out-
25 patient treatment and recovery services for such

1 program participants that are offered during
2 the day and evening, and on weekends. Such
3 treatment and recovery services—

4 (i) shall be based on a model that uti-
5 lizes combined behavioral interventions and
6 other evidence-based or evidence-informed
7 interventions; and

8 (ii) may include additional services
9 such as—

10 (I) health, mental health, addic-
11 tion, or other forms of outpatient
12 treatment that may impact a sub-
13 stance use disorder and co-occurring
14 conditions;

15 (II) drug testing for a current
16 substance use disorder prior to enroll-
17 ment in career or training services or
18 prior to employment;

19 (III) linkages to community serv-
20 ices, including services offered by
21 partner organizations designed to sup-
22 port program participants; or

23 (IV) referrals to health care, in-
24 cluding referrals to substance use dis-

1 order treatment and mental health
2 services.

3 (E) SUPPORTIVE SERVICES.—Providing
4 supportive services, which shall include services
5 such as—

6 (i) coordinated wraparound services to
7 provide maximum support for program
8 participants to assist the program partici-
9 pants in maintaining employment and re-
10 covery for not less than 12 months, as ap-
11 propriate;

12 (ii) assistance in establishing eligi-
13 bility for assistance under Federal, State,
14 Tribal, and local programs providing
15 health services, mental health services, vo-
16 cational services, housing services, trans-
17 portation services, social services, or serv-
18 ices through early childhood education pro-
19 grams (as defined in section 103 of the
20 Higher Education Act of 1965 (20 U.S.C.
21 1003));

22 (iii) services offered through providers
23 of peer recovery support services;

24 (iv) networking and mentorship op-
25 portunities; or

1 (v) any supportive services determined
2 necessary by the local board.

3 (F) CAREER AND JOB TRAINING SERV-
4 ICES.—Offering career services and training
5 services, and related services, concurrently or
6 sequentially with the services provided under
7 subparagraphs (B) through (E). Such services
8 shall include the following:

9 (i) Services provided to program par-
10 ticipants who are in a pre-employment
11 stage of the program, which may include—

12 (I) initial education and skills as-
13 sessments;

14 (II) traditional classroom train-
15 ing funded through individual training
16 accounts under chapter 3 of subtitle B
17 of title I of the Workforce Innovation
18 and Opportunity Act (29 U.S.C. 3171
19 et seq.);

20 (III) services to promote employ-
21 ability skills such as punctuality, per-
22 sonal maintenance skills, and profes-
23 sional conduct;

24 (IV) in-depth interviewing and
25 evaluation to identify employment bar-

1 riers and to develop individual em-
2 ployment plans;

3 (V) career planning that in-
4 cludes—

5 (aa) career pathways leading
6 to in-demand, high-wage jobs;
7 and

8 (bb) job coaching, job
9 matching, and job placement
10 services;

11 (VI) provision of payments and
12 fees for employment and training-re-
13 lated applications, tests, and certifi-
14 cations; or

15 (VII) any other appropriate ca-
16 reer service or training service de-
17 scribed in section 134(c) of the Work-
18 force Innovation and Opportunity Act
19 (29 U.S.C. 3174(c)).

20 (ii) Services provided to program par-
21 ticipants during their first 6 months of
22 employment to ensure job retention, which
23 may include—

1 (I) case management and support
2 services, including a continuation of
3 the services described in clause (i);

4 (II) a continuation of skills train-
5 ing, and career and technical edu-
6 cation, described in clause (i) that is
7 conducted in collaboration with the
8 employers of such participants;

9 (III) mentorship services and job
10 retention support for such partici-
11 pants; or

12 (IV) targeted training for man-
13 agers and workers working with such
14 participants (such as mentors), and
15 human resource representatives in the
16 business in which such participants
17 are employed.

18 (iii) Services to assist program partici-
19 pants in maintaining employment for not
20 less than 12 months, as appropriate.

21 (G) PROVEN AND PROMISING PRAC-
22 TICES.—Leading efforts in the service area to
23 identify and promote proven and promising
24 strategies and initiatives for meeting the needs
25 of employers and program participants.

1 (4) LIMITATIONS.—A participating partnership
2 may not use—

3 (A) more than 10 percent of the funds re-
4 ceived under a subgrant under subsection (d)
5 for the administrative costs of the partnership;

6 (B) more than 10 percent of the funds re-
7 ceived under such subgrant for the provision of
8 treatment and recovery services, as described in
9 paragraph (3)(D); and

10 (C) more than 10 percent of the funds re-
11 ceived under such subgrant for the provision of
12 supportive services described in paragraph
13 (3)(E) to program participants.

14 (f) PERFORMANCE ACCOUNTABILITY.—

15 (1) REPORTS.—The Secretary shall establish
16 quarterly reporting requirements for recipients of
17 grants and subgrants under this section that, to the
18 extent practicable, are based on the performance ac-
19 countability system under section 116 of the Work-
20 force Innovation and Opportunity Act (29 U.S.C.
21 3141) and, in the case of a grant awarded to an eli-
22 gible entity described in subsection (a)(3)(C), section
23 166(h) of such Act (29 U.S.C. 3221(h)), including
24 the indicators described in subsection (c)(1)(A)(i) of
25 such section 116 and the requirements for local area

1 performance reports under subsection (d) of such
2 section 116.

3 (2) EVALUATIONS.—

4 (A) AUTHORITY TO ENTER INTO AGREE-
5 MENTS.—The Secretary shall ensure that an
6 independent evaluation is conducted on the pilot
7 program carried out under this section to deter-
8 mine the impact of the program on employment
9 of individuals with substance use disorders. The
10 Secretary shall enter into an agreement with el-
11 igible entities receiving grants under this sec-
12 tion to pay for all or part of such evaluation.

13 (B) METHODOLOGIES TO BE USED.—The
14 independent evaluation required under this
15 paragraph shall use experimental designs using
16 random assignment or, when random assign-
17 ment is not feasible, other reliable, evidence-
18 based research methodologies that allow for the
19 strongest possible causal inferences.

20 (g) FUNDING.—

21 (1) COVERED FISCAL YEAR.—In this sub-
22 section, the term “covered fiscal year” means any of
23 fiscal years 2018 through 2023.

24 (2) USING FUNDING FOR NATIONAL DIS-
25 LOCATED WORKER GRANTS.—Subject to paragraph

1 (4) and notwithstanding section 132(a)(2)(A) and
2 subtitle D of the Workforce Innovation and Oppor-
3 tunity Act (29 U.S.C. 3172(a)(2)(A), 3221 et seq.),
4 the Secretary may use, to carry out the pilot pro-
5 gram under this section for a covered fiscal year—

6 (A) funds made available to carry out sec-
7 tion 170 of such Act (29 U.S.C. 3225) for that
8 fiscal year;

9 (B) funds made available to carry out sec-
10 tion 170 of such Act that remain available for
11 that fiscal year; and

12 (C) funds that remain available under sec-
13 tion 172(f) of such Act (29 U.S.C. 3227(f)).

14 (3) AVAILABILITY OF FUNDS.—Funds appro-
15 priated under section 136(e) of such Act (29 U.S.C.
16 3181(e)) and made available to carry out section
17 170 of such Act for a fiscal year shall remain avail-
18 able for use under paragraph (2) for a subsequent
19 fiscal year until expended.

20 (4) LIMITATION.—The Secretary may not use
21 more than \$100,000,000 of the funds described in
22 paragraph (2) for any covered fiscal year under this
23 section.

1 **SEC. 1411. CAREER ACT.**

2 (a) IN GENERAL.—The Secretary shall continue or
3 establish a program to support individuals in recovery
4 from a substance use disorder transition to independent
5 living and the workforce.

6 (b) GRANTS AUTHORIZED.—In carrying out the ac-
7 tivities under this section, the Secretary shall, on a com-
8 petitive basis, award grants for a period of not more than
9 five years to entities to enable such entities to carry out
10 evidence-based programs to help individuals in recovery
11 from a substance use disorder transition from treatment
12 to independent living and the workforce. Such entities
13 shall coordinate, as applicable, with Indian tribes and
14 State agencies responsible for carrying out substance use
15 disorder prevention and treatment programs.

16 (1) PRIORITY.—In awarding grants under this
17 section, the Secretary shall give priority to entities
18 located in a State with—

19 (A) an age-adjusted rate of drug overdose
20 deaths that is above the national overdose mor-
21 tality rate, as determined by the Director of the
22 Centers for Disease Control and Prevention;

23 (B) a rate of unemployment, based on data
24 provided by the Bureau of Labor Statistics for
25 calendar years 2013 through 2017, that is
26 above the national average; and

1 (C) a rate of labor force participation,
2 based on data provided by the Bureau of Labor
3 Statistics for calendar years 2013 through
4 2017, that is below the national average.

5 (2) PREFERENCE.—In awarding grants under
6 this section, the Secretary shall, as appropriate, give
7 preference to entities located in an area with an age-
8 adjusted rate of drug overdose deaths that is above
9 the national overdose mortality rate.

10 (3) APPLICATIONS.—An entity that desires a
11 grant under this subsection shall submit an applica-
12 tion at such time and in such manner as the Sec-
13 retary may require. In submitting an application,
14 the entity shall demonstrate the ability to partner
15 with local stakeholders, which may include local em-
16 ployers, community stakeholders, the local workforce
17 development board, and local and State govern-
18 ments, to—

19 (A) identify gaps in the workforce due to
20 the prevalence of substance use disorders;

21 (B) help individuals in recovery from a
22 substance use disorder transition into the work-
23 force, including by providing career services,
24 training services as described in paragraph (2)
25 of section 134(c) of the Workforce Innovation

1 and Opportunity Act (29 U.S.C. 3174(c)), and
2 related services described in section 134(a)(3)
3 of such Act (42 U.S.C. 3174(a)); and

4 (C) assist employers with informing their
5 employees of the resources, such as resources
6 related to substance use disorders that are
7 available to their employees.

8 (4) USE OF FUNDS.—An entity receiving a
9 grant under subsection (b) shall use the funds to—

10 (A) hire case managers, care coordinators,
11 providers of peer recovery support services, as
12 described in section 547(a) of the Public Health
13 Service Act (42 U.S.C. 290ee–2(a)), or other
14 professionals, as appropriate, to provide services
15 that support treatment, recovery, and rehabili-
16 tation, and prevent relapse, recidivism, and
17 overdose, including by encouraging—

18 (i) the development of daily living
19 skills; and

20 (ii) the use of counseling, care coordi-
21 nation, and other services, as appropriate,
22 to support short and long term recovery
23 from substance use disorders;

1 (B) implement or utilize innovative tech-
2 nologies, which may include the use of telemedi-
3 cine;

4 (C) provide short-term prevocational train-
5 ing services; and

6 (D) provide training services that are di-
7 rectly linked to the employment opportunities in
8 the local area or the planning region.

9 (5) AUTHORIZATION OF APPROPRIATIONS.—

10 There is authorized to be appropriated such sums as
11 may be necessary for each of fiscal years 2019
12 through 2023 for purposes of carrying out this sec-
13 tion.

14 **SEC. 1412. PILOT PROGRAM TO HELP INDIVIDUALS IN RE-**
15 **COVERY FROM A SUBSTANCE USE DISORDER**
16 **BECOME STABLY HOUSED.**

17 (a) AUTHORIZATION OF APPROPRIATIONS.—There is
18 authorized to be appropriated under this section such
19 sums as may be necessary for each of fiscal years 2019
20 through 2023 for assistance to States to provide individ-
21 uals in recovery from a substance use disorder stable, tem-
22 porary housing for a period of not more than 2 years or
23 until the individual secures permanent housing, whichever
24 is earlier.

25 (b) ALLOCATION OF APPROPRIATED AMOUNTS.—

1 (1) IN GENERAL.—The amounts appropriated
2 or otherwise made available to States under this sec-
3 tion shall be allocated based on a funding formula
4 established by the Secretary of Housing and Urban
5 Development (referred to in this section as the “Sec-
6 retary”) not later than 60 days after the date of en-
7 actment of this Act.

8 (2) CRITERIA.—The funding formula required
9 under paragraph (1) shall ensure that any amounts
10 appropriated or otherwise made available under this
11 section are allocated to States with an age-adjusted
12 rate of drug overdose deaths that is above the na-
13 tional overdose mortality rate, according to the Cen-
14 ters for Disease Control and Prevention. Among
15 such States, priority shall be given to States with
16 the greatest need, as such need is determined by the
17 Secretary based on—

18 (A) the highest average rates of unemploy-
19 ment based on data provided by the Bureau of
20 Labor Statistics for calendar years 2013
21 through 2017;

22 (B) the lowest average labor force partici-
23 pation rates based on data provided by the Bu-
24 reau of Labor Statistics for calendar years
25 2013 through 2017; and

1 (C) the highest prevalence of opioid use
2 disorder based on data provided by the Sub-
3 stance Abuse and Mental Health Services Ad-
4 ministration for calendar years 2013 through
5 2017.

6 (3) DISTRIBUTION.—Amounts appropriated or
7 otherwise made available under this section shall be
8 distributed according to the funding formula estab-
9 lished by the Secretary under paragraph (1) not
10 later than 30 days after the establishment of such
11 formula.

12 (c) USE OF FUNDS.—

13 (1) IN GENERAL.—Any State that receives
14 amounts pursuant to this section shall expend at
15 least 30 percent of such funds within one year of the
16 date funds become available to the grantee for obli-
17 gation.

18 (2) PRIORITY.—Any State that receives
19 amounts pursuant to this section shall distribute
20 such amounts giving priority to entities with the
21 greatest need and ability to deliver effective assist-
22 ance in a timely manner.

23 (3) ADMINISTRATIVE COSTS.—Any State that
24 receives amounts pursuant to this section may use

1 up to 5 percent of any grant for administrative
2 costs.

3 (d) RULES OF CONSTRUCTION.—

4 (1) IN GENERAL.—Except as otherwise pro-
5 vided by this section, amounts appropriated, or
6 amounts otherwise made available to States under
7 this section shall be treated as though such funds
8 were community development block grant funds
9 under title I of the Housing and Community Devel-
10 opment Act of 1974 (42 U.S.C. 5301 et seq.).

11 (2) NO MATCH.—No matching funds shall be
12 required in order for a State to receive any amounts
13 under this section.

14 (e) AUTHORITY TO WAIVE OR SPECIFY ALTER-
15 NATIVE REQUIREMENTS.—

16 (1) IN GENERAL.—In administering any
17 amounts appropriated or otherwise made available
18 under this section, the Secretary may waive or speci-
19 fy alternative requirements for any provision of any
20 statute or regulation in connection with the obliga-
21 tion by the Secretary or the use of funds except for
22 requirements related to fair housing, nondiscrimina-
23 tion, labor standards, and the environment, upon a
24 finding that such a waiver is necessary to expedite
25 or facilitate the use of such funds.

1 (2) NOTICE.—The Secretary shall provide writ-
2 ten notice of its intent to exercise the authority to
3 specify alternative requirements under paragraph (1)
4 to the Committee on Banking, Housing, and Urban
5 Affairs of the Senate and the Committee on Finan-
6 cial Services of the House of Representatives not
7 later than 5 business days before such exercise of
8 authority occurs.

9 (f) TECHNICAL ASSISTANCE.—For the 2-year period
10 following the date of enactment of this Act, the Secretary
11 may use not more than 2 percent of the funds made avail-
12 able under this section for technical assistance to grantees.

13 (g) STATE.—For purposes of this section the term
14 “State” includes any State as defined in section 102 of
15 the Housing and Community Development Act of 1974
16 (42 U.S.C. 5302) and the District of Columbia.

17 **SEC. 1413. YOUTH PREVENTION AND RECOVERY.**

18 (a) SUBSTANCE ABUSE TREATMENT SERVICES FOR
19 CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.—Sec-
20 tion 514 of the Public Health Service Act (42 U.S.C.
21 290bb-7) is amended—

22 (1) in the section heading, by striking “**CHIL-**
23 **DREN AND ADOLESCENTS**” and inserting “**CHIL-**
24 **DREN, ADOLESCENTS, AND YOUNG ADULTS**”;

1 (2) in subsection (a)(2), by striking “children,
2 including” and inserting “children, adolescents, and
3 young adults, including”; and

4 (3) by striking “children and adolescents” each
5 place it appears and inserting “children, adolescents,
6 and young adults”.

7 (b) YOUTH PREVENTION AND RECOVERY INITIA-
8 TIVE.—

9 (1) IN GENERAL.—The Secretary, in consulta-
10 tion with the Secretary of Education, shall admin-
11 ister a program to provide support for communities
12 to support the prevention of, treatment of, and re-
13 covery from, substance use disorders for children,
14 adolescents, and young adults.

15 (2) DEFINITIONS.—In this subsection:

16 (A) ELIGIBLE ENTITY.—The term “eligible
17 entity” means—

18 (i) a local educational agency that is
19 seeking to establish or expand substance
20 use prevention or recovery support services
21 at one or more high schools;

22 (ii) a State educational agency;

23 (iii) an institution of higher education
24 (or consortia of such institutions), which

1 may include a recovery program at an in-
2 stitution of higher education;

3 (iv) a local board or one-stop oper-
4 ator;

5 (v) a nonprofit organization with ap-
6 propriate expertise in providing services or
7 programs for children, adolescents, or
8 young adults, excluding a school;

9 (vi) a State, political subdivision of a
10 State, Indian Tribe, or tribal organization;

11 or

12 (vii) a high school or dormitory serv-
13 ing high school students that receives
14 funding from the Bureau of Indian Edu-
15 cation.

16 (B) EVIDENCE-BASED.—The term “evi-
17 dence-based” has the meaning given such term
18 in section 8101 of the Elementary and Sec-
19 ondary Education Act (20 U.S.C. 7801).

20 (C) FOSTER CARE.—The term “foster
21 care” has the meaning given such term in sec-
22 tion 1355.20(a) of title 45, Code of Federal
23 Regulations (or any successor regulations).

24 (D) HIGH SCHOOL.—The term “high
25 school” has the meaning given such term in

1 section 8101 of the Elementary and Secondary
2 Education Act of 1965 (20 U.S.C. 7801).

3 (E) HOMELESS YOUTH.—The term “home-
4 less youth” has the meaning given the term
5 “homeless children or youths” in section 725 of
6 the McKinney-Vento Homeless Assistance Act
7 (42 U.S.C. 11434a);

8 (F) INSTITUTION OF HIGHER EDU-
9 CATION.—The term “institution of higher edu-
10 cation” has the meaning given such term in
11 section 101 of the Higher Education Act of
12 1965 (20 U.S.C. 1001) and includes a “post-
13 secondary vocational institution” as defined in
14 section 102(c) of such Act (20 U.S.C. 1002(c)).

15 (G) LOCAL EDUCATIONAL AGENCY.—The
16 term “local educational agency” has the mean-
17 ing given the term in section 8101 of the Ele-
18 mentary and Secondary Education Act of 1965
19 (20 U.S.C. 7801).

20 (H) LOCAL BOARD; ONE-STOP OPER-
21 ATOR.—The terms “local board” and “one-stop
22 operator” have the meanings given such terms
23 in section 3 of the Workforce Innovation and
24 Opportunity Act (29 U.S.C. 3102).

1 (I) OUT OF SCHOOL YOUTH.—The term
2 “out-of-school youth” has the meaning given
3 such term in section 129(a)(1)(B) of the Work-
4 force Innovation and Opportunity Act (29
5 U.S.C. 3164(a)(1)(B)).

6 (J) RECOVERY PROGRAM.—The term “re-
7 covery program” means a program—

8 (i) to help children, adolescents, or
9 young adults who are recovering from sub-
10 stance use disorders to initiate, stabilize,
11 and maintain healthy and productive lives
12 in the community; and

13 (ii) that includes peer-to-peer support
14 delivered by individuals with lived experi-
15 ence in recovery, and communal activities
16 to build recovery skills and supportive so-
17 cial networks.

18 (K) STATE EDUCATIONAL AGENCY.—The
19 term “State educational agency” has the mean-
20 ing given the term in section 8101 of the Ele-
21 mentary and Secondary Education Act (20
22 U.S.C. 7801).

23 (3) BEST PRACTICES.—The Secretary, in con-
24 sultation with the Secretary of Education, shall—

1 (A) identify or facilitate the development of
2 evidence-based best practices for prevention of
3 substance misuse and abuse by children, adoles-
4 cents, and young adults, including for specific
5 populations such as youth in foster care, home-
6 less youth, out-of-school youth, and youth who
7 are at risk of or have experienced trafficking
8 that address—

9 (i) primary prevention;

10 (ii) appropriate recovery support serv-
11 ices;

12 (iii) appropriate use of medication-as-
13 sisted treatment for such individuals, if ap-
14 plicable, and ways of overcoming barriers
15 to the use of medication-assisted treatment
16 in such population; and

17 (iv) efficient and effective communica-
18 tion, which may include the use of social
19 media, to maximize outreach efforts;

20 (B) disseminate such best practices to
21 State educational agencies, local educational
22 agencies, schools and dormitories funded by the
23 Bureau of Indian Education, institutions of
24 higher education, recovery programs at institu-
25 tions of higher education, local boards, one-stop

1 operators, family and youth homeless providers,
2 and nonprofit organizations, as appropriate;

3 (C) conduct a rigorous evaluation of each
4 grant funded under this subsection, particularly
5 its impact on the indicators described in para-
6 graph (8)(B); and

7 (D) provide technical assistance for grant-
8 ees under this subsection.

9 (4) GRANTS AUTHORIZED.—The Secretary, in
10 consultation with the Secretary of Education, shall
11 award 3-year grants, on a competitive basis, to eligi-
12 ble entities to enable such entities, in coordination
13 with Indian Tribes, if applicable, and State agencies
14 responsible for carrying out substance use disorder
15 prevention and treatment programs, to carry out evi-
16 dence-based programs for—

17 (A) prevention of substance misuse and
18 abuse by children, adolescents, and young
19 adults, which may include primary prevention;

20 (B) recovery support services for children,
21 adolescents, and young adults, which may in-
22 clude counseling, job training, linkages to com-
23 munity-based services, family support groups,
24 peer mentoring, and recovery coaching; or

1 (C) treatment or referrals for treatment of
2 substance use disorders, which may include the
3 use of medication-assisted treatment, as appro-
4 priate.

5 (5) SPECIAL CONSIDERATION.—In awarding
6 grants under this subsection, the Secretary shall give
7 special consideration to the unique needs of tribal,
8 urban, suburban, and rural populations.

9 (6) APPLICATION.—To be eligible for a grant
10 under this subsection, an entity shall submit to the
11 Secretary an application at such time, in such man-
12 ner, and containing such information as the Sec-
13 retary may require. Such application shall include—

14 (A) a description of—

15 (i) the impact of substance use dis-
16 orders in the population that will be served
17 by the grant program;

18 (ii) how the eligible entity has solici-
19 ted input from relevant stakeholders,
20 which may include faculty, teachers, staff,
21 families, students, and experts in sub-
22 stance use prevention and treatment in de-
23 veloping such application;

24 (iii) the goals of the proposed project,
25 including the intended outcomes;

1 (iv) how the eligible entity plans to
2 use grant funds for evidence-based activi-
3 ties, in accordance with this subsection to
4 prevent, provide recovery support for, or
5 treat substance use disorders amongst
6 such individuals, or a combination of such
7 activities; and

8 (v) how the eligible entity will collabo-
9 rate with relevant partners, which may in-
10 clude State educational agencies, local edu-
11 cational agencies, institutions of higher
12 education, juvenile justice agencies, preven-
13 tion and recovery support providers, local
14 service providers, including substance use
15 disorder treatment programs, providers of
16 mental health services, youth serving orga-
17 nizations, family and youth homeless pro-
18 viders, child welfare agencies, and primary
19 care providers, in carrying out the grant
20 program; and

21 (B) an assurance that the eligible entity
22 will participate in the evaluation described in
23 paragraph (3)(C).

24 (7) PRIORITY.—In awarding grants under this
25 subsection, the Secretary shall give priority to eligi-

1 ble entities that propose to use grant funds for ac-
2 tivities that meet the criteria described in subclauses
3 (I) and (II) of section 8101(21)(A)(i) of the Elemen-
4 tary and Secondary Education Act (20 U.S.C.
5 7801(21)(A)(i)).

6 (8) REPORTS TO THE SECRETARY.—Each eligi-
7 ble entity awarded a grant under this subsection
8 shall submit to the Secretary a report at such time
9 and in such manner as the Secretary may require.
10 Such report shall include—

11 (A) a description of how the eligible entity
12 used grant funds, in accordance with this sub-
13 section, including the number of children, ado-
14 lescents, and young adults reached through pro-
15 gramming; and

16 (B) a description, including relevant data,
17 of how the grant program has made an impact
18 on the intended outcomes described in para-
19 graph (6)(A)(iii), including—

20 (i) indicators of student success,
21 which, if the eligible entity is an edu-
22 cational institution, shall include student
23 well-being and academic achievement;

24 (ii) substance use disorders amongst
25 children, adolescents, and young adults, in-

1 cluding the number of overdoses and
2 deaths amongst children, adolescents, and
3 young adults during the grant period; and
4 (iii) other indicators, as the Secretary
5 determines appropriate.

6 (9) REPORT TO CONGRESS.—The Secretary
7 shall, not later than October 1, 2022, submit a re-
8 port to the Committee on Health, Education, Labor,
9 and Pensions of the Senate, and the Committee on
10 Energy and Commerce and the Committee on Edu-
11 cation and the Workforce of the House of Rep-
12 resentatives, a report summarizing the effectiveness
13 of the grant program under this subsection, based
14 on the information submitted in reports required
15 under paragraph (8).

16 (10) AUTHORIZATION OF APPROPRIATIONS.—
17 There is authorized to be appropriated such sums as
18 may be necessary to carry out this subsection for
19 each of fiscal years 2019 through 2023.

20 **SEC. 1414. PLANS OF SAFE CARE.**

21 Section 105(a) of the Child Abuse Prevention and
22 Treatment Act (42 U.S.C. 5106(a)) is amended by adding
23 at the end the following:

24 “(7) GRANTS TO STATES TO IMPROVE AND CO-
25 ORDINATE THEIR RESPONSE TO ENSURE THE SAFE-

1 drawal symptoms resulting from pre-
2 natal drug exposure or a fetal alcohol
3 spectrum disorder and their families
4 or caregivers, which to the extent
5 practicable, shall be consistent with
6 the uses of funds described under sub-
7 paragraph (D).

8 “(ii) ALLOTMENTS TO STATES AND
9 TERRITORIES.—The Secretary shall allot
10 the amount appropriated under subpara-
11 graph (H) that remains after application
12 of clause (i) to each State that applies for
13 such a grant, in an amount equal to the
14 sum of—

15 “(I) \$500,000; and

16 “(II) an amount that bears the
17 same relationship to any funds appro-
18 priated under subparagraph (H) and
19 remaining after application of clause
20 (i), as the number of live births in the
21 State in the previous calendar year
22 bears to the number of live births in
23 all States in such year.

24 “(iii) RATABLE REDUCTION.—If the
25 amount appropriated under subparagraph

1 (H) is insufficient to satisfy the require-
2 ments of clause (ii), the Secretary shall
3 ratably reduce each allotment to a State.

4 “(C) APPLICATION.—A State desiring a
5 grant under this paragraph shall submit an ap-
6 plication to the Secretary at such time and in
7 such manner as the Secretary may require.
8 Such application shall include—

9 “(i) a description of—

10 “(I) the impact of substance use
11 disorder in such State, including with
12 respect to the substance or class of
13 substances with the highest incidence
14 of abuse in the previous year in such
15 State, including—

16 “(aa) the prevalence of sub-
17 stance use disorder in such State;

18 “(bb) the aggregate rate of
19 births in the State of infants af-
20 fected by substance abuse or
21 withdrawal symptoms or a fetal
22 alcohol spectrum disorder (as de-
23 termined by hospitals, insurance
24 claims, claims submitted to the
25 State Medicaid program, or other

1 records), if available and to the
2 extent practicable; and

3 “(cc) the number of infants
4 identified, for whom a plan of
5 safe care was developed, and for
6 whom a referral was made for
7 appropriate services, as reported
8 under section 106(d)(18);

9 “(II) the challenges the State
10 faces in developing, implementing, and
11 monitoring plans of safe care in ac-
12 cordance with section
13 106(b)(2)(B)(iii);

14 “(III) the State’s lead agency for
15 the grant program and how that agen-
16 cy will coordinate with relevant State
17 entities and programs, including the
18 child welfare agency, the substance
19 use disorder treatment agency, hos-
20 pitals with labor and delivery units,
21 health care providers, the public
22 health and mental health agencies,
23 programs funded by the Substance
24 Abuse and Mental Health Services
25 Administration that provide substance

1 use disorder treatment for women, the
2 State Medicaid program, the State
3 agency administering the block grant
4 program under title V of the Social
5 Security Act (42 U.S.C. 701 et seq.),
6 the State agency administering the
7 programs funded under part C of the
8 Individuals with Disabilities Edu-
9 cation Act (20 U.S.C. 1431 et seq.),
10 the maternal, infant, and early child-
11 hood home visiting program under
12 section 511 of the Social Security Act
13 (42 U.S.C. 711), the State judicial
14 system, and other agencies, as deter-
15 mined by the Secretary, and Indian
16 Tribes and tribal organizations, as ap-
17 propriate;

18 “(IV) how the State will monitor
19 local development and implementation
20 of plans of safe care, in accordance
21 with section 106(b)(2)(B)(iii)(II), in-
22 cluding how the State will monitor to
23 ensure plans of safe care address dif-
24 ferences between substance use dis-
25 order and medically supervised sub-

1 stance use, including for the treat-
2 ment of a substance use disorder;

3 “(V) how the State meets the re-
4 quirements of section 1927 of the
5 Public Health Service Act (42 U.S.C.
6 300x-27);

7 “(VI) how the State plans to uti-
8 lize funding authorized under part E
9 of title IV of the Social Security Act
10 (42 U.S.C. 670 et seq.) to assist in
11 carrying out any plan of safe care, in-
12 cluding such funding authorized under
13 section 471(e) of such Act (as in ef-
14 fect on October 1, 2018) for mental
15 health and substance abuse prevention
16 and treatment services and in-home
17 parent skill-based programs and fund-
18 ing authorized under such section
19 472(j) (as in effect on October 1,
20 2018) for children with a parent in a
21 licensed residential family-based treat-
22 ment facility for substance abuse; and

23 “(VII) an assessment of the
24 treatment and other services and pro-
25 grams available in the State, to effec-

1 tively carry out any plan of safe care
2 developed, including identification of
3 needed treatment, and other services
4 and programs to ensure the well-being
5 of young children and their families
6 affected by substance use disorder,
7 such as programs carried out under
8 part C of the Individuals with Disabil-
9 ities Education Act and comprehen-
10 sive early childhood development serv-
11 ices and programs such as Head Start
12 programs;

13 “(ii) a description of how the State
14 plans to use funds for activities described
15 in subparagraph (D) for the purposes of
16 ensuring State compliance with require-
17 ments under clauses (ii) and (iii) of section
18 106(b)(2)(B); and

19 “(iii) an assurance that the State
20 will—

21 “(I) comply with this Act and
22 parts B and E of title IV of the Social
23 Security Act (42 U.S.C. 621 et seq.,
24 670 et seq.); and

1 “(II) comply with requirements
2 to refer a child identified as sub-
3 stance-exposed to early intervention
4 services as required pursuant to a
5 grant under part C of the Individuals
6 with Disabilities Education Act (20
7 U.S.C. 1431 et seq.).

8 “(D) USES OF FUNDS.—Funds awarded to
9 a State under this paragraph may be used for
10 the following activities, which may be carried
11 out by the State directly, or through grants or
12 subgrants, contracts, or cooperative agreements:

13 “(i) Improving State and local sys-
14 tems with respect to the development and
15 implementation of plans of safe care,
16 which—

17 “(I) shall include parent and
18 caregiver engagement, as required
19 under section 106(b)(2)(B)(iii)(I), re-
20 garding available treatment and serv-
21 ice options, which may include re-
22 sources available for pregnant,
23 perinatal, and postnatal women; and

24 “(II) may include activities such
25 as—

1 “(aa) developing policies,
2 procedures, or protocols for the
3 administration or development of
4 evidence-based and validated
5 screening tools for infants who
6 may be affected by substance use
7 withdrawal symptoms or a fetal
8 alcohol spectrum disorder and
9 pregnant, perinatal, and post-
10 natal women whose infants may
11 be affected by substance use
12 withdrawal symptoms or a fetal
13 alcohol spectrum disorder;

14 “(bb) improving assessments
15 used to determine the needs of
16 the infant and family;

17 “(cc) improving ongoing
18 case management services; and

19 “(dd) improving access to
20 treatment services, which may be
21 prior to the pregnant woman’s
22 delivery date.

23 “(ii) Developing policies, procedures,
24 or protocols in consultation and coordina-
25 tion with health professionals, public and

1 private health facilities, and substance use
2 disorder treatment agencies to ensure
3 that—

4 “(I) appropriate notification to
5 child protective services is made in a
6 timely manner;

7 “(II) a plan of safe care is in
8 place, in accordance with section
9 106(b)(2)(B)(iii), before the infant is
10 discharged from the birth or health
11 care facility; and

12 “(III) such health and related
13 agency professionals are trained on
14 how to follow such protocols and are
15 aware of the supports that may be
16 provided under a plan of safe care.

17 “(iii) Training health professionals
18 and health system leaders, child welfare
19 workers, substance use disorder treatment
20 agencies, and other related professionals
21 such as home visiting agency staff and law
22 enforcement in relevant topics including—

23 “(I) State mandatory reporting
24 laws and the referral and process re-
25 quirements for notification to child

1 protective services when child abuse or
2 neglect reporting is not mandated;

3 “(II) the co-occurrence of preg-
4 nancy and substance use disorder, and
5 implications of prenatal exposure;

6 “(III) the clinical guidance about
7 treating substance use disorder in
8 pregnant and postpartum women;

9 “(IV) appropriate screening and
10 interventions for infants affected by
11 substance use disorder, withdrawal
12 symptoms, or a fetal alcohol spectrum
13 disorder and the requirements under
14 section 106(b)(2)(B)(iii); and

15 “(V) appropriate
16 multigenerational strategies to ad-
17 dress the mental health needs of the
18 parent and child together.

19 “(iv) Establishing partnerships, agree-
20 ments, or memoranda of understanding be-
21 tween the lead agency and health profes-
22 sionals, health facilities, child welfare pro-
23 fessionals, juvenile and family court
24 judges, substance use and mental disorder
25 treatment programs, early childhood edu-

1 cation programs, and maternal and child
2 health and early intervention professionals,
3 including home visiting providers, peer-to-
4 peer recovery programs such as parent
5 mentoring programs, and housing agencies
6 to facilitate the implementation of, and
7 compliance with section 106(b)(2) and
8 clause (ii) of this subparagraph, in areas
9 which may include—

10 “(I) developing a comprehensive,
11 multi-disciplinary assessment and
12 intervention process for infants, preg-
13 nant women, and their families who
14 are affected by substance use dis-
15 order, withdrawal symptoms, or a
16 fetal alcohol spectrum disorder, that
17 includes meaningful engagement with
18 and takes into account the unique
19 needs of each family and addresses
20 differences between medically super-
21 vised substance use, including for the
22 treatment of substance use disorder,
23 and substance use disorder;

24 “(II) ensuring that treatment ap-
25 proaches for serving infants, pregnant

1 women, and perinatal and postnatal
2 women whose infants may be affected
3 by substance use, withdrawal symp-
4 toms, or a fetal alcohol spectrum dis-
5 order, are designed to, where appro-
6 priate, keep infants with their moth-
7 ers during both inpatient and out-
8 patient treatment; and

9 “(III) increasing access to all evi-
10 dence-based medication-assisted treat-
11 ment approved by the Food and Drug
12 Administration, behavioral therapy,
13 and counseling services for the treat-
14 ment of substance use disorders, as
15 appropriate.

16 “(v) Developing and updating systems
17 of technology for improved data collection
18 and monitoring under section
19 106(b)(2)(B)(iii), including existing elec-
20 tronic medical records, to measure the out-
21 comes achieved through the plans of safe
22 care, including monitoring systems to meet
23 the requirements of this Act and submis-
24 sion of performance measures.

1 “(E) REPORTING.—Each State that re-
2 ceives funds under this paragraph, for each
3 year such funds are received, shall submit a re-
4 port to the Secretary, disaggregated by geo-
5 graphic location, economic status, and major
6 racial and ethnic groups, except that such
7 disaggregation shall not be required if the re-
8 sults would reveal personally identifiable infor-
9 mation on, with respect to infants identified
10 under section 106(b)(2)(B)(ii)—

11 “(i) the number who experienced re-
12 moval associated with parental substance
13 use;

14 “(ii) the number who experienced re-
15 moval and subsequently are reunified with
16 parents, and the length of time between
17 such removal and reunification;

18 “(iii) the number who are referred to
19 community providers without a child pro-
20 tection case;

21 “(iv) the number who receive services
22 while in the care of their birth parents;

23 “(v) the number who receive post-re-
24 unification services within 1 year after a
25 reunification has occurred; and

1 “(vi) the number who experienced a
2 return to out-of-home care within 1 year
3 after reunification.

4 “(F) SECRETARY’S REPORT TO CON-
5 GRESS.—The Secretary shall submit an annual
6 report to the Committee on Health, Education,
7 Labor, and Pensions and the Committee on Ap-
8 propriations of the Senate and the Committee
9 on Education and the Workforce and the Com-
10 mittee on Appropriations of the House of Rep-
11 resentatives that includes the information de-
12 scribed in subparagraph (E) and recommenda-
13 tions or observations on the challenges, suc-
14 cesses, and lessons derived from implementation
15 of the grant program.

16 “(G) RESERVATION OF FUNDS.—The Sec-
17 retary shall use the amount reserved under sub-
18 paragraph (B)(i)(I) for the purposes of—

19 “(i) providing technical assistance, in-
20 cluding programs of in-depth technical as-
21 sistance, to additional States, territories,
22 and Indian Tribes and tribal organizations
23 in accordance with the substance-exposed
24 infant initiative developed by the National

1 Center on Substance Abuse and Child Wel-
2 fare;

3 “(ii) issuing guidance on the require-
4 ments of this Act with respect to infants
5 born with and identified as being affected
6 by substance use or withdrawal symptoms
7 or fetal alcohol spectrum disorder, as de-
8 scribed in clauses (ii) and (iii) of section
9 106(b)(2)(B), including by—

10 “(I) clarifying key terms; and

11 “(II) disseminating best practices
12 on implementation of plans of safe
13 care, on such topics as differential re-
14 sponse, collaboration and coordina-
15 tion, and identification and delivery of
16 services for different populations;

17 “(iii) supporting State efforts to de-
18 velop information technology systems to
19 manage plans of safe care; and

20 “(iv) preparing the Secretary’s report
21 to Congress described in subparagraph
22 (F).

23 “(H) AUTHORIZATION OF APPROPRIA-
24 TIONS.—To carry out the program under this
25 paragraph, there is authorized to be appro-

1 priedated \$60,000,000 for each of fiscal years
2 2019 through 2023.”.

3 **SEC. 1415. REGULATIONS RELATING TO SPECIAL REG-**
4 **ISTRATION FOR TELEMEDICINE.**

5 Section 311(h) of the Controlled Substances Act (21
6 U.S.C. 831(h)) is amended by striking paragraph (2) and
7 inserting the following:

8 “(2) REGULATIONS.—

9 “(A) IN GENERAL.—Not later than 1 year
10 after the date of enactment of the Opioid Crisis
11 Response Act of 2018, in consultation with the
12 Secretary, and in accordance with the procedure
13 described in subparagraph (B), the Attorney
14 General shall promulgate final regulations
15 specifying—

16 “(i) the limited circumstances in
17 which a special registration under this sub-
18 section may be issued; and

19 “(ii) the procedure for obtaining a
20 special registration under this subsection.

21 “(B) PROCEDURE.—In promulgating final
22 regulations under subparagraph (A), the Attor-
23 ney General shall—

1 “(i) issue a notice of proposed rule-
2 making that includes a copy of the pro-
3 posed regulations;

4 “(ii) provide a period of not less than
5 60 days for comments on the proposed reg-
6 ulations;

7 “(iii) finalize the proposed regulation
8 not later than 6 months after the close of
9 the comment period; and

10 “(iv) publish the final regulations not
11 later than 30 days before the effective date
12 of the final regulations.”.

13 **SEC. 1416. NATIONAL HEALTH SERVICE CORPS BEHAV-**
14 **IORAL AND MENTAL HEALTH PROFES-**
15 **SIONALS PROVIDING OBLIGATED SERVICE IN**
16 **SCHOOLS AND OTHER COMMUNITY-BASED**
17 **SETTINGS.**

18 Subpart III of part D of title III of the Public Health
19 Service Act (42 U.S.C. 254*l* et seq.) is amended by adding
20 at the end the following:

1 **“SEC. 338N. BEHAVIORAL AND MENTAL HEALTH PROFES-**
2 **SIONALS PROVIDING OBLIGATED SERVICE IN**
3 **SCHOOLS AND OTHER COMMUNITY-BASED**
4 **SETTINGS.**

5 “(a) SCHOOLS AND COMMUNITY-BASED SETTINGS.—
6 An entity to which a participant in the Scholarship Pro-
7 gram or the Loan Repayment Program (referred to in this
8 section as a ‘participant’) is assigned under section 333
9 may direct such participant to provide service as a behav-
10 ioral or mental health professional at a school or other
11 community-based setting located in a health professional
12 shortage area.

13 “(b) OBLIGATED SERVICE.—

14 “(1) IN GENERAL.—Any service described in
15 subsection (a) that a participant provides may count
16 towards such participant’s completion of any obli-
17 gated service requirements under the Scholarship
18 Program or the Loan Repayment Program, subject
19 to any limitation imposed under paragraph (2).

20 “(2) LIMITATION.—The Secretary may impose
21 a limitation on the number of hours of service de-
22 scribed in subsection (a) that a participant may
23 credit towards completing obligated service require-
24 ments, provided that the limitation allows a member
25 to credit service described in subsection (a) for not

1 less than 50 percent of the total hours required to
2 complete such obligated service requirements.

3 “(c) **RULE OF CONSTRUCTION.**—The authorization
4 under subsection (a) shall be notwithstanding any other
5 provision of this subpart or subpart II.”.

6 **SEC. 1417. LOAN REPAYMENT FOR SUBSTANCE USE DIS-**
7 **ORDER TREATMENT PROVIDERS.**

8 (a) **LOAN REPAYMENT FOR SUBSTANCE USE TREAT-**
9 **MENT PROVIDERS.**—The Secretary shall enter into con-
10 tracts under section 338B of the Public Health Service
11 Act (42 U.S.C. 254l–1) with eligible health professionals
12 providing substance use disorder treatment services in
13 substance use disorder treatment facilities, as defined by
14 the Secretary.

15 (b) **PROVISION OF SUBSTANCE USE DISORDER**
16 **TREATMENT.**—In carrying out the activities described in
17 subsection (a)—

18 (1) each such facility shall be located in or serv-
19 ing a mental health professional shortage area des-
20 ignated under section 332 of the Public Health Serv-
21 ice Act (42 U.S.C. 254e), or, as the Secretary deter-
22 mines appropriate, an area with an age-adjusted
23 rate of drug overdose deaths that is above the na-
24 tional overdose mortality rate;

1 (2) section 331(a)(3)(D) of such Act (42 U.S.C.
2 254d(a)(3)(D)) shall be applied as if the term “pri-
3 mary health services” includes health services re-
4 garding substance use disorder treatment and infec-
5 tions associated with illicit drug use;

6 (3) section 331(a)(3)(E)(i) of such Act (42
7 U.S.C. 254d(a)(3)(E)(i)) shall be applied as if the
8 term “behavioral and mental health professionals”
9 includes master’s level, licensed substance use dis-
10 order treatment counselors, and other relevant pro-
11 fessionals or paraprofessionals, as the Secretary de-
12 termines appropriate; and

13 (4) such professionals and facilities shall pro-
14 vide—

15 (A) directly, or through the use of tele-
16 health technology, and pursuant to Federal and
17 State law, counseling by a program counselor or
18 other certified professional who is licensed and
19 qualified by education, training, or experience
20 to assess the psychological and sociological
21 background of patients, to contribute to the ap-
22 propriate treatment plan for the patient, and to
23 monitor progress; and

24 (B) medication-assisted treatment, includ-
25 ing, to the extent practicable, all drugs ap-

1 proved by the Food and Drug Administration to
2 treat substance use disorders, pursuant to Fed-
3 eral and State law.

4 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
5 authorized to be appropriated to carry out this section
6 \$25,000,000 for each of fiscal years 2019 through 2023.

7 **SEC. 1418. PROTECTING MOMS AND INFANTS.**

8 (a) REPORT.—

9 (1) IN GENERAL.—Not later than 60 days after
10 the date of enactment of this Act, the Secretary
11 shall submit to the appropriate committees of Con-
12 gress and make available to the public on the inter-
13 net website of the Department of Health and
14 Human Services a report regarding the implementa-
15 tion of the recommendations in the strategy relating
16 to prenatal opioid use, including neonatal abstinence
17 syndrome, developed pursuant to section 2 of the
18 Protecting Our Infants Act of 2015 (Public Law
19 114–91). Such report shall include—

20 (A) an update on the implementation of
21 the recommendations in the strategy, including
22 information regarding the agencies involved in
23 the implementation; and

24 (B) information on additional funding or
25 authority the Secretary requires, if any, to im-

1 plement the strategy, which may include au-
2 thorities needed to coordinate implementation
3 of such strategy across the Department of
4 Health and Human Services.

5 (2) PERIODIC UPDATES.—The Secretary shall
6 periodically update the report under paragraph (1).

7 (b) RESIDENTIAL TREATMENT PROGRAMS FOR
8 PREGNANT AND POSTPARTUM WOMEN.—Section 508(s)
9 of the Public Health Service Act (42 U.S.C. 290bb–1(s))
10 is amended by striking “\$16,900,000 for each of fiscal
11 years 2017 through 2021” and inserting “\$29,931,000 for
12 each of fiscal years 2019 through 2023”.

13 **SEC. 1419. EARLY INTERVENTIONS FOR PREGNANT WOMEN**
14 **AND INFANTS.**

15 (a) DEVELOPMENT OF EDUCATIONAL MATERIALS BY
16 CENTER FOR SUBSTANCE ABUSE PREVENTION.—Section
17 515(b) of the Public Health Service Act (42 U.S.C.
18 290bb–21(b)) is amended—

19 (1) in paragraph (13), by striking “and” at the
20 end;

21 (2) in paragraph (14), by striking the period at
22 the end and inserting “; and”; and

23 (3) by adding at the end the following:

24 “(15) in cooperation with relevant stakeholders
25 and the Director of the Centers for Disease Control

1 and Prevention, develop educational materials for
2 clinicians to use with pregnant women for shared de-
3 cisionmaking regarding pain management during
4 pregnancy.”.

5 (b) GUIDELINES AND RECOMMENDATIONS BY CEN-
6 TER FOR SUBSTANCE ABUSE TREATMENT.—Section
7 507(b) of the Public Health Service Act (42 U.S.C.
8 290bb(b)) is amended—

9 (1) in paragraph (13), by striking “and” at the
10 end;

11 (2) in paragraph (14), by striking the period at
12 the end and inserting a semicolon; and

13 (3) by adding at the end the following:

14 “(15) in cooperation with the Secretary, imple-
15 ment and disseminate, as appropriate, the rec-
16 ommendations in the report entitled ‘Protecting Our
17 Infants Act: Final Strategy’ issued by the Depart-
18 ment of Health and Human Services in 2017; and”.

19 (c) SUPPORT OF PARTNERSHIPS BY CENTER FOR
20 SUBSTANCE ABUSE TREATMENT.—Section 507(b) of the
21 Public Health Service Act (42 U.S.C. 290bb(b)), as
22 amended by subsection (b), is further amended by adding
23 at the end the following:

24 “(16) in cooperation with relevant stakeholders,
25 support public-private partnerships to assist with

1 education about, and support with respect to, sub-
2 stance use disorder for pregnant women and health
3 care providers who treat pregnant women and ba-
4 bies.”.

5 **SEC. 1420. REPORT ON INVESTIGATIONS REGARDING PAR-**
6 **ITY IN MENTAL HEALTH AND SUBSTANCE**
7 **USE DISORDER BENEFITS.**

8 (a) IN GENERAL.—Section 13003 of the 21st Cen-
9 tury Cures Act (Public Law 114–255) is amended—

10 (1) in subsection (a), by striking “with findings
11 of any serious violation regarding” and inserting
12 “concerning”; and

13 (2) in subsection (b)(1)—

14 (A) by inserting “complaints received and
15 number of” before “closed”; and

16 (B) by inserting before the period “, and,
17 for each such investigation closed, which agency
18 conducted the investigation, whether the health
19 plan that is the subject of the investigation is
20 fully insured or not fully insured and a sum-
21 mary of any coordination between the applicable
22 State regulators and the Department of Labor,
23 the Department of Health and Human Services,
24 or the Department of the Treasury, and ref-
25 erences to any guidance provided by the agen-

1 cies addressing the category of violation com-
2 mitted”.

3 (b) APPLICABILITY.—The amendments made by sub-
4 section (a) shall apply with respect to the second annual
5 report required under such section 13003 and each such
6 annual report thereafter.

7 **Subtitle E—Prevention**

8 **SEC. 1501. STUDY ON PRESCRIBING LIMITS.**

9 Not later than 2 years after the date of enactment
10 of this Act, the Secretary, in consultation with the Attor-
11 ney General, shall submit to the Committee on Health,
12 Education, Labor, and Pensions of the Senate and the
13 Committee on Energy and Commerce of the House of
14 Representatives a report on the impact of Federal and
15 State laws and regulations that limit the length, quantity,
16 or dosage of opioid prescriptions. Such report shall ad-
17 dress—

18 (1) the impact of such limits on—

19 (A) the incidence and prevalence of over-
20 dose related to prescription opioids;

21 (B) the incidence and prevalence of over-
22 dose related to illicit opioids;

23 (C) the prevalence of opioid use disorders;

24 (D) medically appropriate use of, and ac-
25 cess to, opioids, including any impact on travel

1 expenses and pain management outcomes for
2 patients, whether such limits are associated
3 with significantly higher rates of negative
4 health outcomes, including suicide, and whether
5 the impact of such limits differs based on the
6 clinical indication for which opioids are pre-
7 scribed;

8 (2) whether such limits lead to a significant in-
9 crease in burden for prescribers of opioids or pre-
10 scribers of treatments for opioid use disorder, in-
11 cluding any impact on patient access to treatment,
12 and whether any such burden is mitigated by any
13 factors such as electronic prescribing or telemedi-
14 cine; and

15 (3) the impact of such limits on diversion or
16 misuse of any controlled substance in schedule II,
17 III, or IV of section 202(c) of the Controlled Sub-
18 stances Act (21 U.S.C. 812(c)).

19 **SEC. 1502. PROGRAMS FOR HEALTH CARE WORKFORCE.**

20 (a) PROGRAM FOR EDUCATION AND TRAINING IN
21 PAIN CARE.—Section 759 of the Public Health Service
22 Act (42 U.S.C. 294i) is amended—

23 (1) in subsection (a), by striking “hospices, and
24 other public and private entities” and inserting
25 “hospices, tribal health programs (as defined in sec-

1 tion 4 of the Indian Health Care Improvement Act),
2 and other public and nonprofit private entities”;

3 (2) in subsection (b)—

4 (A) in the matter preceding paragraph (1),
5 by striking “award may be made under sub-
6 section (a) only if the applicant for the award
7 agrees that the program carried out with the
8 award will include” and inserting “entity receiv-
9 ing an award under this section shall develop a
10 comprehensive education and training plan that
11 includes”;

12 (B) in paragraph (1)—

13 (i) by inserting “preventing,” after
14 “diagnosing,”; and

15 (ii) by inserting “non-addictive med-
16 ical products and non-pharmacologic treat-
17 ments and” after “including”;

18 (C) in paragraph (2)—

19 (i) by inserting “Federal, State, and
20 local” after “applicable”; and

21 (ii) by striking “the degree to which”
22 and all that follows through “effective pain
23 care” and inserting “opioids”;

24 (D) in paragraph (3), by inserting “, inte-
25 grated, evidence-based pain management, and,

1 as appropriate, non-pharmacotherapy” before
2 the semicolon;

3 (E) in paragraph (4), by striking “; and”
4 and inserting “;”; and

5 (F) by striking paragraph (5) and insert-
6 ing the following:

7 “(5) recent findings, developments, and ad-
8 vancements in pain care research and the provision
9 of pain care, which may include non-addictive med-
10 ical products and non-pharmacologic treatments in-
11 tended to treat pain; and

12 “(6) the dangers of opioid abuse and misuse,
13 detection of early warning signs of opioid use dis-
14 orders (which may include best practices related to
15 screening for opioid use disorders, training on
16 screening, brief intervention, and referral to treat-
17 ment), and safe disposal options for prescription
18 medications (including such options provided by law
19 enforcement or other innovative deactivation mecha-
20 nisms).”;

21 (3) in subsection (d), by inserting “prevention,”
22 after “diagnosis,”; and

23 (4) in subsection (e), by striking “2010 through
24 2012” and inserting “2019 through 2023”.

1 (b) MENTAL AND BEHAVIORAL HEALTH EDUCATION
2 AND TRAINING PROGRAM.—Section 756(a) of the Public
3 Health Service Act (42 U.S.C. 294e–1(a)) is amended—

4 (1) in paragraph (1), by inserting “, trauma,”
5 after “focus on child and adolescent mental health”;
6 and

7 (2) in paragraphs (2) and (3), by inserting
8 “trauma-informed care and” before “substance use
9 disorder prevention and treatment services”.

10 **SEC. 1503. EDUCATION AND AWARENESS CAMPAIGNS.**

11 Section 102 of the Comprehensive Addiction and Re-
12 covery Act of 2016 (Public Law 114–198) is amended—

13 (1) by amending subsection (a) to read as fol-
14 lows:

15 “(a) IN GENERAL.—The Secretary of Health and
16 Human Services, acting through the Director of the Cen-
17 ters for Disease Control and Prevention and in coordina-
18 tion with the heads of other departments and agencies,
19 shall advance education and awareness regarding the risks
20 related to misuse and abuse of opioids, as appropriate,
21 which may include developing or improving existing pro-
22 grams, conducting activities, and awarding grants that ad-
23 vance the education and awareness of—

24 “(1) the public, including patients and con-
25 sumers;

1 “(2) patients, consumers, and other appropriate
2 members of the public, regarding such risks related
3 to unused opioids and the dispensing options under
4 section 309(f) of the Controlled Substances Act, as
5 applicable;

6 “(3) providers, which may include—

7 “(A) providing for continuing education on
8 appropriate prescribing practices;

9 “(B) education related to applicable State
10 or local prescriber limit laws, information on
11 the use of non-addictive alternatives for pain
12 management, and the use of overdose reversal
13 drugs, as appropriate;

14 “(C) disseminating and improving the use
15 of evidence-based opioid prescribing guidelines
16 across relevant health care settings, as appro-
17 priate, and updating guidelines as necessary;

18 “(D) implementing strategies, such as best
19 practices, to encourage and facilitate the use of
20 prescriber guidelines, in accordance with State
21 and local law;

22 “(E) disseminating information to pro-
23 viders about prescribing options for controlled
24 substances, including such options under sec-

1 tion 309(f) of the Controlled Substances Act, as
2 applicable; and

3 “(F) disseminating information, as appro-
4 priate, on the National Pain Strategy developed
5 by or in consultation with the Assistant Sec-
6 retary for Health; and

7 “(4) other appropriate entities.”; and
8 (2) in subsection (b)—

9 (A) by striking “opioid abuse” each place
10 such term appears and inserting “opioid misuse
11 and abuse”; and

12 (B) in paragraph (2), by striking “safe dis-
13 posal of prescription medications and other”
14 and inserting “non-addictive treatment options,
15 safe disposal options for prescription medica-
16 tions, and other applicable”.

17 **SEC. 1504. ENHANCED CONTROLLED SUBSTANCE**
18 **OVERDOSES DATA COLLECTION, ANALYSIS,**
19 **AND DISSEMINATION.**

20 Part J of title III of the Public Health Service Act
21 is amended by inserting after section 392 (42 U.S.C.
22 280b-1) the following:

1 **“SEC. 392A. ENHANCED CONTROLLED SUBSTANCE**
2 **OVERDOSES DATA COLLECTION, ANALYSIS,**
3 **AND DISSEMINATION.**

4 “(a) IN GENERAL.—The Director of the Centers for
5 Disease Control and Prevention, using the authority pro-
6 vided to the Director under section 392, may—

7 “(1) to the extent practicable, carry out and ex-
8 pand any controlled substance overdose data collec-
9 tion, analysis, and dissemination activity described
10 in subsection (b);

11 “(2) provide training and technical assistance
12 to States, localities, and Indian Tribes for the pur-
13 pose of carrying out any such activity; and

14 “(3) award grants to States, localities, and In-
15 dian Tribes for the purpose of carrying out any such
16 activity.

17 “(b) CONTROLLED SUBSTANCE OVERDOSE DATA
18 COLLECTION AND ANALYSIS ACTIVITIES.—A controlled
19 substance overdose data collection, analysis, and dissemi-
20 nation activity described in this subsection is any of the
21 following activities:

22 “(1) Improving the timeliness of reporting ag-
23 gregate data to the public, including data on fatal
24 and nonfatal controlled substance overdoses.

25 “(2) Enhancing the comprehensiveness of con-
26 trolled substance overdose data by collecting infor-

1 mation on such overdoses from appropriate sources
2 such as toxicology reports, autopsy reports, death
3 scene investigations, and emergency department
4 services.

5 “(3) Modernizing the system for coding causes
6 of death related to controlled substance overdoses to
7 use an electronic-based system.

8 “(4) Using data to help identify risk factors as-
9 sociated with controlled substance overdoses, includ-
10 ing the delivery of certain health care services.

11 “(5) Supporting entities involved in reporting
12 information on controlled substance overdoses, such
13 as coroners and medical examiners, to improve accu-
14 rate testing and standardized reporting of causes
15 and contributing factors of such overdoses, and anal-
16 ysis of various opioid analogues to controlled sub-
17 stance overdoses.

18 “(6) Working to enable and encourage the ac-
19 cess, exchange, and use of data regarding controlled
20 substances overdoses among data sources and enti-
21 ties.

22 “(c) DEFINITIONS.—In this section—

23 “(1) the term ‘controlled substance’ has the
24 meaning given that term in section 102 of the Con-
25 trolled Substances Act; and

1 “(C) award grants to States, localities, and
2 Indian Tribes for the purpose of carrying out
3 any such activity.

4 “(2) PREVENTION ACTIVITIES.—A prevention
5 activity described in this paragraph is an activity to
6 improve the efficiency and use of a new or currently
7 operating prescription drug monitoring program,
8 such as—

9 “(A) encouraging all authorized users (as
10 specified by the State or other entity) to reg-
11 ister with and use the program;

12 “(B) enabling such users to access any
13 data updates in as close to real-time as prac-
14 ticable;

15 “(C) providing for a mechanism for the
16 program to notify authorized users of any po-
17 tential misuse or abuse of controlled substances
18 and any detection of inappropriate prescribing
19 or dispensing practices relating to such sub-
20 stances;

21 “(D) encouraging the analysis of prescrip-
22 tion drug monitoring data for purposes of pro-
23 viding de-identified, aggregate reports based on
24 such analysis to State public health agencies,
25 State alcohol and drug agencies, State licensing

1 boards, and other appropriate State agencies,
2 as permitted under applicable Federal and
3 State law and the policies of the prescription
4 drug monitoring program and not containing
5 any protected health information, to prevent in-
6 appropriate prescribing, drug diversion, or
7 abuse and misuse of controlled substances, and
8 to facilitate better coordination among agencies;

9 “(E) enhancing interoperability between
10 the program and any health information tech-
11 nology (including certified health information
12 technology), including by integrating program
13 data into such technology;

14 “(F) updating program capabilities to re-
15 spond to technological innovation for purposes
16 of appropriately addressing the occurrence and
17 evolution of controlled substance overdoses;

18 “(G) developing or enhancing data ex-
19 change with other sources such as the Medicaid
20 agency, the Medicare program, pharmacy ben-
21 efit managers, coroners’ reports, and workers’
22 compensation data;

23 “(H) facilitating and encouraging data ex-
24 change between the program and the prescrip-
25 tion drug monitoring programs of other States;

1 “(I) enhancing data collection and quality,
2 including improving patient matching and
3 proactively monitoring data quality; and

4 “(J) providing prescriber and dispenser
5 practice tools, including prescriber practice in-
6 sight reports for practitioners to review their
7 prescribing patterns in comparison to such pat-
8 terns of other practitioners in the specialty.

9 “(b) ADDITIONAL GRANTS.—The Director may
10 award grants to States, localities, and Indian Tribes—

11 “(1) to carry out innovative projects for grant-
12 ees to rapidly respond to controlled substance mis-
13 use, abuse, and overdoses, including changes in pat-
14 terns of controlled substance use; and

15 “(2) for any other evidence-based activity for
16 preventing controlled substance misuse, abuse, and
17 overdoses as the Director determines appropriate.

18 “(c) RESEARCH.—The Director, in coordination with
19 the Assistant Secretary for Mental Health and Substance
20 Use and the National Mental Health and Substance Use
21 Policy Laboratory established under section 501A, as ap-
22 propriate and applicable, may conduct studies and evalua-
23 tions to address substance use disorders, including pre-
24 venting substance use disorders or other related topics the
25 Director determines appropriate.

1 “(d) PUBLIC AND PRESCRIBER EDUCATION.—Pursu-
2 ant to section 102 of the Comprehensive Addiction and
3 Recovery Act of 2016, the Director may advance the edu-
4 cation and awareness of prescribers and the public regard-
5 ing the risk of abuse and misuse of prescription opioids.

6 “(e) DEFINITIONS.—In this section—

7 “(1) the term ‘controlled substance’ has the
8 meaning given that term in section 102 of the Con-
9 trolled Substances Act; and

10 “(2) the term ‘Indian Tribe’ has the meaning
11 given the term ‘Indian tribe’ in section 4 of the In-
12 dian Self-Determination and Education Assistance
13 Act.

14 “(f) AUTHORIZATION OF APPROPRIATIONS.—For
15 purposes of carrying out this section, section 392A of this
16 Act, and section 102 of the Comprehensive Addiction and
17 Recovery Act of 2016, there is authorized to be appro-
18 priated \$486,000,000 for each of fiscal years 2019
19 through 2024.”.

20 **SEC. 1506. CDC SURVEILLANCE AND DATA COLLECTION**
21 **FOR CHILD, YOUTH, AND ADULT TRAUMA.**

22 (a) DATA COLLECTION.—The Director of the Centers
23 for Disease Control and Prevention (referred to in this
24 section as the “Director”) may, in cooperation with the
25 States, collect and report data on adverse childhood expe-

1 riences through the Behavioral Risk Factor Surveillance
2 System, the Youth Risk Behavior Surveillance System,
3 and other relevant public health surveys or questionnaires.

4 (b) TIMING.—The collection of data under subsection
5 (a) may occur in fiscal year 2019 and every 2 years there-
6 after.

7 (c) DATA FROM RURAL AREAS.—The Director shall
8 encourage each State that participates in collecting and
9 reporting data under subsection (a) to collect and report
10 data from tribal and rural areas within such State, in
11 order to generate a statistically reliable representation of
12 such areas.

13 (d) DATA FROM TRIBAL AREAS.—The Director may,
14 in cooperation with Indian Tribes and pursuant to a writ-
15 ten request from an Indian Tribe, provide technical assist-
16 ance to such Indian Tribe to collect and report data on
17 adverse childhood experiences through the Behavioral Risk
18 Factor Surveillance System, the Youth Risk Behavior Sur-
19 veillance System, or another relevant public health survey
20 or questionnaire.

21 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
22 out this section, there is authorized to be appropriated
23 such sums as may be necessary for the period of fiscal
24 years 2019 through 2021.

1 **SEC. 1507. REAUTHORIZATION OF NASPER.**

2 Section 3990 of the Public Health Service Act (42
3 U.S.C. 280g-3) is amended—

4 (1) in subsection (a)—

5 (A) in paragraph (1), in the matter pre-
6 ceeding subparagraph (A), by striking “in con-
7 sultation with the Administrator of the Sub-
8 stance Abuse and Mental Health Services Ad-
9 ministration and Director of the Centers for
10 Disease Control and Prevention” and inserting
11 “in coordination with the Director of the Cen-
12 ters for Disease Control and the heads of other
13 departments and agencies as appropriate”; and

14 (B) by adding at the end the following:

15 “(4) STATES AND LOCAL GOVERNMENTS.—

16 “(A) IN GENERAL.—In the case of a State
17 that does not have a prescription drug moni-
18 toring program, a county or other unit of local
19 government within the State that has a pre-
20 scription drug monitoring program shall be
21 treated as a State for purposes of this section,
22 including for purposes of eligibility for grants
23 under paragraph (1).

24 “(B) PLAN FOR INTEROPERABILITY.—For
25 purposes of meeting the interoperability re-
26 quirements under subsection (c)(3), a county or

1 other unit of local government shall submit a
2 plan outlining the methods such county or unit
3 of local government will use to ensure the capa-
4 bility of data sharing with other counties and
5 units of local government within the State and
6 with other States, as applicable.”;

7 (2) in subsection (c)—

8 (A) in paragraph (1)(A)(iii)—

9 (i) by inserting “as such standards
10 become available,” after “interoperability
11 standards,”; and

12 (ii) by striking “generated or identi-
13 fied by the Secretary or his or her des-
14 ignee” and inserting “recognized by the
15 Office of the National Coordinator for
16 Health Information Technology”; and

17 (B) in paragraph (3)(A), by inserting “in-
18 cluding electronic health records,” after “tech-
19 nology systems,”;

20 (3) in subsection (d)(1), by striking “not later
21 than 1 week after the date of such dispensing” and
22 inserting “in as close to real time as practicable”;

23 (4) in subsection (f)—

24 (A) in paragraph (1)(D), by striking “med-
25 icaid” and inserting “Medicaid”; and

1 (B) in paragraph (2)—

2 (i) in subparagraph (A), by striking

3 “and” at the end;

4 (ii) in subparagraph (B), by striking
5 the period and inserting a semicolon; and

6 (iii) by adding at the end the fol-
7 lowing:

8 “(C) may conduct analyses of controlled
9 substance program data for purposes of pro-
10 viding appropriate State agencies with aggreg-
11 ate reports based on such analyses in as close
12 to real-time as practicable, regarding prescrip-
13 tion patterns flagged as potentially presenting a
14 risk of misuse, abuse, addiction, overdose, and
15 other aggregate information, as appropriate and
16 in compliance with applicable Federal and State
17 laws and provided that such reports shall not
18 include protected health information; and

19 “(D) may access information about pre-
20 scriptions, such as claims data, to ensure that
21 such prescribing and dispensing history is up-
22 dated in as close to real-time as practicable, in
23 compliance with applicable Federal and State
24 laws and provided that such information shall
25 not include protected health information.”;

1 (5) in subsection (i), by inserting “, in collabo-
2 ration with the National Coordinator for Health In-
3 formation Technology and the Director of the Na-
4 tional Institute of Standards and Technology,” after
5 “The Secretary”; and

6 (6) in subsection (n), by striking “2021” and
7 inserting “2026”.

8 **SEC. 1508. JESSIE’S LAW.**

9 (a) BEST PRACTICES.—

10 (1) IN GENERAL.—Not later than 1 year after
11 the date of enactment of this Act, the Secretary, in
12 consultation with appropriate stakeholders, including
13 a patient with a history of opioid use disorder, an
14 expert in electronic health records, an expert in the
15 confidentiality of patient health information and
16 records, and a health care provider, shall identify or
17 facilitate the development of best practices regard-
18 ing—

19 (A) the circumstances under which infor-
20 mation that a patient has provided to a health
21 care provider regarding such patient’s history of
22 opioid use disorder should, only at the patient’s
23 request, be prominently displayed in the med-
24 ical records (including electronic health records)
25 of such patient;

1 (B) what constitutes the patient's request
2 for the purpose described in subparagraph (A);
3 and

4 (C) the process and methods by which the
5 information should be so displayed.

6 (2) DISSEMINATION.—The Secretary shall dis-
7 seminate the best practices developed under para-
8 graph (1) to health care providers and State agen-
9 cies.

10 (b) REQUIREMENTS.—In identifying or facilitating
11 the development of best practices under subsection (a), as
12 applicable, the Secretary, in consultation with appropriate
13 stakeholders, shall consider the following:

14 (1) The potential for addiction relapse or over-
15 dose, including overdose death, when opioid medica-
16 tions are prescribed to a patient recovering from
17 opioid use disorder.

18 (2) The benefits of displaying information
19 about a patient's opioid use disorder history in a
20 manner similar to other potentially lethal medical
21 concerns, including drug allergies and contraindica-
22 tions.

23 (3) The importance of prominently displaying
24 information about a patient's opioid use disorder
25 when a physician or medical professional is pre-

1 scribing medication, including methods for avoiding
2 alert fatigue in providers.

3 (4) The importance of a variety of appropriate
4 medical professionals, including physicians, nurses,
5 and pharmacists, having access to information de-
6 scribed in this section when prescribing or dis-
7 pensing opioid medication, consistent with Federal
8 and State laws and regulations.

9 (5) The importance of protecting patient pri-
10 vacy, including the requirements related to consent
11 for disclosure of substance use disorder information
12 under all applicable laws and regulations.

13 (6) All applicable Federal and State laws and
14 regulations.

15 **SEC. 1509. DEVELOPMENT AND DISSEMINATION OF MODEL**
16 **TRAINING PROGRAMS FOR SUBSTANCE USE**
17 **DISORDER PATIENT RECORDS.**

18 (a) INITIAL PROGRAMS AND MATERIALS.—Not later
19 than 1 year after the date of the enactment of this Act,
20 the Secretary, in consultation with appropriate experts,
21 shall identify the following model programs and materials
22 (or if no such programs or materials exist, recognize pri-
23 vate or public entities to develop and disseminate such
24 programs and materials):

1 (1) Model programs and materials for training
2 health care providers (including physicians, emer-
3 gency medical personnel, psychiatrists, psychologists,
4 counselors, therapists, nurse practitioners, physician
5 assistants, behavioral health facilities and clinics,
6 care managers, and hospitals, including individuals
7 such as general counsels or regulatory compliance
8 staff who are responsible for establishing provider
9 privacy policies) concerning the permitted uses and
10 disclosures, consistent with the standards and regu-
11 lations governing the privacy and security of sub-
12 stance use disorder patient records promulgated by
13 the Secretary under section 543 of the Public
14 Health Service Act (42 U.S.C. 290dd-2) for the
15 confidentiality of patient records.

16 (2) Model programs and materials for training
17 patients and their families regarding their rights to
18 protect and obtain information under the standards
19 and regulations described in paragraph (1).

20 (b) REQUIREMENTS.—The model programs and ma-
21 terials described in paragraphs (1) and (2) of subsection
22 (a) shall address circumstances under which disclosure of
23 substance use disorder patient records is needed to—

24 (1) facilitate communication between substance
25 use disorder treatment providers and other health

1 care providers to promote and provide the best possible integrated care;

2 (2) avoid inappropriate prescribing that can
3 lead to dangerous drug interactions, overdose, or re-
4 lapse; and

5 (3) notify and involve families and caregivers
6 when individuals experience an overdose.

7 (c) PERIODIC UPDATES.—The Secretary shall—

8 (1) periodically review and update the model
9 program and materials identified or developed under
10 subsection (a); and

11 (2) disseminate such updated programs and
12 materials to the individuals described in subsection
13 (a)(1).

14 (d) INPUT OF CERTAIN ENTITIES.—In identifying,
15 reviewing, or updating the model programs and materials
16 under this section, the Secretary shall solicit the input of
17 relevant stakeholders.

18 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section,
20 such sums as may be necessary for each of fiscal years
21 2019 through 2023.

1 **SEC. 1510. COMMUNICATION WITH FAMILIES DURING**
2 **EMERGENCIES.**

3 (a) PROMOTING AWARENESS OF AUTHORIZED DIS-
4 CLOSURES DURING EMERGENCIES.—The Secretary shall
5 annually notify health care providers regarding permitted
6 disclosures during emergencies, including overdoses, of
7 certain health information to families and caregivers
8 under Federal health care privacy laws and regulations.

9 (b) USE OF MATERIAL.—For the purposes of car-
10 rying out subsection (a), the Secretary may use material
11 produced under section 1509 of this Act or under section
12 11004 of the 21st Century Cures Act (42 U.S.C. 1320d-
13 2 note).

14 **SEC. 1511. PRENATAL AND POSTNATAL HEALTH.**

15 Section 317L of the Public Health Service Act (42
16 U.S.C. 247b-13) is amended—

17 (1) in subsection (a)—

18 (A) by amending paragraph (1) to read as
19 follows:

20 “(1) to collect, analyze, and make available data
21 on prenatal smoking and alcohol and substance
22 abuse and misuse, including—

23 “(A) data on—

24 “(i) the incidence, prevalence, and im-
25 plications of such activities; and

1 “(ii) the incidence and prevalence of
2 implications and outcomes, including neo-
3 natal abstinence syndrome and other ma-
4 ternal and child health outcomes associated
5 with such activities; and

6 “(B) to inform such analysis, additional in-
7 formation or data on family health history,
8 medication exposures during pregnancy, demo-
9 graphic information, such as race, ethnicity, ge-
10 ographic location, and family history, and other
11 relevant information, as appropriate;”;

12 (B) in paragraph (2)—

13 (i) by striking “prevention of” and in-
14 serting “prevention and long-term out-
15 comes associated with”; and

16 (ii) by striking “illegal drug use” and
17 inserting “substance abuse and misuse”;

18 (C) in paragraph (3), by striking “and ces-
19 sation programs; and” and inserting “, treat-
20 ment, and cessation programs;”;

21 (D) in paragraph (4), by striking “illegal
22 drug use.” and inserting “substance abuse and
23 misuse; and”; and

24 (E) by adding at the end the following:

1 “(5) to issue public reports on the analysis of
2 data described in paragraph (1), including analysis
3 of—

4 “(A) long-term outcomes of children af-
5 fected by neonatal abstinence syndrome;

6 “(B) health outcomes associated with pre-
7 natal smoking, alcohol, and substance abuse
8 and misuse; and

9 “(C) relevant studies, evaluations, or infor-
10 mation the Secretary determines to be appro-
11 priate.”;

12 (2) in subsection (b), by inserting “tribal enti-
13 ties,” after “local governments,”;

14 (3) by redesignating subsection (c) as sub-
15 section (d);

16 (4) by inserting after subsection (b) the fol-
17 lowing:

18 “(c) COORDINATING ACTIVITIES.—To carry out this
19 section, the Secretary may—

20 “(1) provide technical and consultative assist-
21 ance to entities receiving grants under subsection
22 (b);

23 “(2) ensure a pathway for data sharing between
24 States, tribal entities, and the Centers for Disease
25 Control and Prevention;

1 “(3) ensure data collection under this section is
2 consistent with applicable State, Federal, and Tribal
3 privacy laws; and

4 “(4) coordinate with the National Coordinator
5 for Health Information Technology, as appropriate,
6 to assist States and Tribes in implementing systems
7 that use standards recognized by such National Co-
8 ordinator, as such recognized standards are avail-
9 able, in order to facilitate interoperability between
10 such systems and health information technology sys-
11 tems, including certified health information tech-
12 nology.”; and

13 (5) in subsection (d), as so redesignated, by
14 striking “2001 through 2005” and inserting “2019
15 through 2023”.

16 **SEC. 1512. SURVEILLANCE AND EDUCATION REGARDING**
17 **INFECTIONS ASSOCIATED WITH ILLICIT**
18 **DRUG USE AND OTHER RISK FACTORS.**

19 Section 317N of the Public Health Service Act (42
20 U.S.C. 247b-15) is amended—

21 (1) by amending the section heading to read as
22 follows: “**SURVEILLANCE AND EDUCATION RE-**
23 **GARDING INFECTIONS ASSOCIATED WITH IL-**
24 **LICIT DRUG USE AND OTHER RISK FACTORS**”;

25 (2) in subsection (a)—

1 (A) in the matter preceding paragraph (1),
2 by inserting “activities” before the colon;

3 (B) in paragraph (1)—

4 (i) by inserting “or maintaining” after
5 “implementing”;

6 (ii) by striking “hepatitis C virus in-
7 fection (in this section referred to as ‘HCV
8 infection’)” and inserting “infections com-
9 monly associated with illicit drug use,
10 which may include viral hepatitis, human
11 immunodeficiency virus, and infective en-
12 docarditis,”; and

13 (iii) by striking “such infection” and
14 all that follows through the period at the
15 end and inserting “such infections, which
16 may include the reporting of cases of such
17 infections.”;

18 (C) in paragraph (2), by striking “HCV
19 infection” and all that follows through the pe-
20 riod at the end and inserting “infections as a
21 result of illicit drug use, receiving blood trans-
22 fusions prior to July 1992, or other risk fac-
23 tors.”;

24 (D) in paragraphs (4) and (5), by striking
25 “HCV infection” each place such term appears

1 and inserting “infections described in para-
2 graph (1)”;

3 (E) in paragraph (5), by striking “pedia-
4 tricians and other primary care physicians, and
5 obstetricians and gynecologists” and inserting
6 “substance use disorder treatment providers,
7 pediatricians, other primary care providers, and
8 obstetrician-gynecologists”;

9 (3) in subsection (b)—

10 (A) by striking “directly and” and insert-
11 ing “directly or”;

12 (B) by striking “hepatitis C,” and all that
13 follows through the period at the end and in-
14 serting “infections described in subsection
15 (a)(1).”;

16 (4) in subsection (c), by striking “such sums as
17 may be necessary for each of the fiscal years 2001
18 through 2005” and inserting “\$40,000,000 for each
19 of fiscal years 2019 through 2023”.

20 **SEC. 1513. TASK FORCE TO DEVELOP BEST PRACTICES FOR**
21 **TRAUMA-INFORMED IDENTIFICATION, RE-**
22 **FERRAL, AND SUPPORT.**

23 (a) **ESTABLISHMENT.**—There is established a task
24 force, to be known as the Interagency Task Force on
25 Trauma-Informed Care (in this section referred to as the

1 “task force”) that shall identify, evaluate, and make rec-
2 ommendations regarding best practices with respect to
3 children and youth, and their families as appropriate, who
4 have experienced or are at risk of experiencing trauma.

5 (b) MEMBERSHIP.—

6 (1) COMPOSITION.—The task force shall be
7 composed of the heads of the following Federal de-
8 partments and agencies, or their designees:

9 (A) The Centers for Medicare & Medicaid
10 Services.

11 (B) The Substance Abuse and Mental
12 Health Services Administration.

13 (C) The Agency for Healthcare Research
14 and Quality.

15 (D) The Centers for Disease Control and
16 Prevention.

17 (E) The Indian Health Service.

18 (F) The Department of Veterans Affairs.

19 (G) The National Institutes of Health.

20 (H) The Food and Drug Administration.

21 (I) The Health Resources and Services Ad-
22 ministration.

23 (J) The Department of Defense.

24 (K) The Office of Minority Health.

1 (L) The Administration for Children and
2 Families.

3 (M) The Office of the Assistant Secretary
4 for Planning and Evaluation.

5 (N) The Office for Civil Rights of the De-
6 partment of Health and Human Services.

7 (O) The Office of Juvenile Justice and De-
8 linquency Prevention of the Department of Jus-
9 tice.

10 (P) The Office of Community Oriented Po-
11 licing Services of the Department of Justice.

12 (Q) The Office on Violence Against
13 Women of the Department of Justice.

14 (R) The National Center for Education
15 Evaluation and Regional Assistance of the De-
16 partment of Education.

17 (S) The National Center for Special Edu-
18 cation Research of the Institute of Education
19 Science.

20 (T) The Office of Elementary and Sec-
21 ondary Education of the Department of Edu-
22 cation.

23 (U) The Office for Civil Rights of the De-
24 partment of Education.

1 (V) The Office of Special Education and
2 Rehabilitative Services of the Department of
3 Education.

4 (W) The Bureau of Indian Affairs of the
5 Department of the Interior.

6 (X) The Veterans Health Administration
7 of the Department of Veterans Affairs.

8 (Y) The Office of Special Needs Assistance
9 Programs of the Department of Housing and
10 Urban Development.

11 (Z) The Office of Head Start of the Ad-
12 ministration for Children and Families.

13 (AA) The Children's Bureau of the Admin-
14 istration for Children and Families.

15 (BB) The Bureau of Indian Education of
16 the Department of the Interior.

17 (CC) Such other Federal agencies as the
18 Secretaries determine to be appropriate.

19 (2) DATE OF APPOINTMENTS.—The heads of
20 Federal departments and agencies shall appoint the
21 corresponding members of the task force not later
22 than 6 months after the date of enactment of this
23 Act.

1 (3) CHAIRPERSON.—The task force shall be
2 chaired by the Assistant Secretary for Mental
3 Health and Substance Use.

4 (c) TASK FORCE DUTIES.—The task force shall—

5 (1) solicit input from stakeholders, including
6 frontline service providers, educators, mental health
7 professionals, researchers, experts in infant, child,
8 and youth trauma, child welfare professionals, and
9 the public, in order to inform the activities under
10 paragraph (2); and

11 (2) identify, evaluate, make recommendations,
12 and update such recommendations not less than an-
13 nually, to the general public, the Secretary of Edu-
14 cation, the Secretary of Health and Human Services,
15 the Secretary of Labor, the Secretary of the Inte-
16 rior, the Attorney General, and other relevant cabi-
17 net Secretaries, and Congress regarding—

18 (A) a set of evidence-based, evidence-in-
19 formed, and promising best practices with re-
20 spect to—

21 (i) the identification of infants, chil-
22 dren and youth, and their families as ap-
23 propriate, who have experienced or are at
24 risk of experiencing trauma; and

1 (ii) the expeditious referral to and im-
2 plementation of trauma-informed practices
3 and supports that prevent and mitigate the
4 effects of trauma;

5 (B) a national strategy on how the task
6 force and member agencies will collaborate,
7 prioritize options for, and implement a coordi-
8 nated approach which may include data sharing
9 and the awarding of grants that support in-
10 fants, children, and youth, and their families as
11 appropriate, who have experienced or are at
12 risk of experiencing trauma; and

13 (C) existing Federal authorities at the De-
14 partment of Education, Department of Health
15 and Human Services, Department of Justice,
16 Department of Labor, Department of the Inte-
17 rior, and other relevant agencies, and specific
18 Federal grant programs to disseminate best
19 practices on, provide training in, or deliver serv-
20 ices through, trauma-informed practices, and
21 disseminate such information—

22 (i) in writing to relevant program of-
23 fices at such agencies to encourage grant
24 applicants in writing to use such funds,

1 where appropriate, for trauma-informed
2 practices; and

3 (ii) to the general public through the
4 internet website of the task force.

5 (d) BEST PRACTICES.—In identifying, evaluating,
6 and recommending the set of best practices under sub-
7 section (c), the task force shall—

8 (1) include guidelines for providing professional
9 development for front-line services providers, includ-
10 ing school personnel, early childhood education pro-
11 gram providers, providers from child- or youth-serv-
12 ing organizations, housing and homeless providers,
13 primary and behavioral health care providers, child
14 welfare and social services providers, juvenile and
15 family court personnel, health care providers, indi-
16 viduals who are mandatory reporters of child abuse
17 or neglect, trained nonclinical providers (including
18 peer mentors and clergy), and first responders, in—

19 (A) understanding and identifying early
20 signs and risk factors of trauma in infants,
21 children, and youth, and their families as ap-
22 propriate, including through screening proc-
23 esses;

24 (B) providing practices to prevent and
25 mitigate the impact of trauma, including by fos-

1 (I) understand and identify the
2 signs, effects, or symptoms of trauma;
3 and

4 (II) build the resilience and cop-
5 ing skills to mitigate the effects of ex-
6 periencing trauma;

7 (iv) promote and support multi-
8 generational practices that assist parents,
9 foster parents, and kinship and other care-
10 givers in accessing resources related to,
11 and developing environments conducive to,
12 the prevention and mitigation of trauma;
13 and

14 (v) collect and utilize data from
15 screenings, referrals, or the provision of
16 services and supports to evaluate and im-
17 prove processes for trauma-informed sup-
18 port and outcomes that are culturally sen-
19 sitive, linguistically appropriate, and spe-
20 cific to age ranges and sex, as applicable;
21 and

22 (2) recommend best practices that are designed
23 to avoid unwarranted custody loss or criminal pen-
24 alties for parents or guardians in connection with in-

1 fants, children, and youth who have experienced or
2 are at risk of experiencing trauma.

3 (e) OPERATING PLAN.—Not later than 1 year after
4 the date of enactment of this Act, the task force shall hold
5 the first meeting. Not later than 2 years after such date
6 of enactment, the task force shall submit to the Secretary
7 of Education, Secretary of Health and Human Services,
8 Secretary of Labor, Secretary of the Interior, the Attorney
9 General, and Congress an operating plan for carrying out
10 the activities of the task force described in subsection
11 (c)(2). Such operating plan shall include—

12 (1) a list of specific activities that the task
13 force plans to carry out for purposes of carrying out
14 duties described in subsection (c)(2), which may in-
15 clude public engagement;

16 (2) a plan for carrying out the activities under
17 subsection (c)(2);

18 (3) a list of members of the task force and
19 other individuals who are not members of the task
20 force that may be consulted to carry out such activi-
21 ties;

22 (4) an explanation of Federal agency involve-
23 ment and coordination needed to carry out such ac-
24 tivities, including any statutory or regulatory bar-
25 riers to such coordination;

1 (5) a budget for carrying out such activities;
2 and

3 (6) other information that the task force deter-
4 mines appropriate.

5 (f) FINAL REPORT.—Not later than 3 years after the
6 date of the first meeting of the task force, the task force
7 shall submit to the general public, Secretary of Education,
8 Secretary of Health and Human Services, Secretary of
9 Labor, Secretary of the Interior, the Attorney General,
10 and other relevant cabinet Secretaries, and Congress, a
11 final report containing all of the findings and rec-
12 ommendations required under this section.

13 (g) DEFINITION.—In this section, the term “early
14 childhood education program” has the meaning given such
15 term in section 103 of the Higher Education Act of 1965
16 (20 U.S.C. 1003).

17 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry
18 out this section, there is authorized to be appropriated
19 such sums as may be necessary for each of fiscal years
20 2019 through 2022.

21 (i) SUNSET.—The task force shall on the date that
22 is 60 days after the submission of the final report under
23 subsection (f), but not later than September 30, 2022.

1 **SEC. 1514. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**
2 **ICES AND MENTAL HEALTH CARE FOR CHIL-**
3 **DREN AND YOUTH IN EDUCATIONAL SET-**
4 **TINGS.**

5 (a) GRANTS, CONTRACTS, AND COOPERATIVE
6 AGREEMENTS AUTHORIZED.—The Secretary, in coordina-
7 tion with the Assistant Secretary for Mental Health and
8 Substance Use, is authorized to award grants to, or enter
9 into contracts or cooperative agreements with, State edu-
10 cational agencies, local educational agencies, Head Start
11 agencies (including Early Head Start agencies), State or
12 local agencies that administer public preschool programs,
13 Indian Tribes or their tribal educational agencies, a school
14 operated by the Bureau of Indian Education, a Regional
15 Corporation (as defined in section 3 of the Alaska Native
16 Claims Settlement Act (43 U.S.C. 1602)), or a Native Ha-
17 waiian educational organization (as defined in section
18 6207 of the Elementary and Secondary Education Act of
19 1965 (20 U.S.C. 7517)), for the purpose of increasing stu-
20 dent access to evidence-based trauma support services and
21 mental health care by developing innovative initiatives, ac-
22 tivities, or programs to link local school systems with local
23 trauma-informed support and mental health systems, in-
24 cluding those under the Indian Health Service.

25 (b) DURATION.—With respect to a grant, contract,
26 or cooperative agreement awarded or entered into under

1 this section, the period during which payments under such
2 grant, contract or agreement are made to the recipient
3 may not exceed 4 years.

4 (c) USE OF FUNDS.—An entity that receives a grant,
5 contract, or cooperative agreement under this section shall
6 use amounts made available through such grant, contract,
7 or cooperative agreement for evidence-based activities,
8 which shall include any of the following:

9 (1) Collaborative efforts between school-based
10 service systems and trauma-informed support and
11 mental health service systems to provide, develop, or
12 improve prevention, screening, referral, and treat-
13 ment and support services to students, such as by
14 providing universal trauma screenings to identify
15 students in need of specialized support.

16 (2) To implement schoolwide multi-tiered posi-
17 tive behavioral interventions and supports, or other
18 trauma-informed models of support.

19 (3) To provide professional development to
20 teachers, teacher assistants, school leaders, special-
21 ized instructional support personnel, and mental
22 health professionals that—

23 (A) fosters safe and stable learning envi-
24 ronments that prevent and mitigate the effects

1 of trauma, including through social and emo-
2 tional learning;

3 (B) improves school capacity to identify,
4 refer, and provide services to students in need
5 of trauma support or behavioral health services;
6 or

7 (C) reflects the best practices developed by
8 the Interagency Task Force on Trauma-In-
9 formed Care established under section 513.

10 (4) To create or enhance services at a full-serv-
11 ice community school that focuses on trauma-in-
12 formed supports, which may include establishing a
13 school-site advisory team, managing, coordinating,
14 or delivering pipeline services, hiring a full-time site
15 coordinator, or other activities consistent with sec-
16 tion 4625 of the Elementary and Secondary Edu-
17 cation Act of 1965 (20 U.S.C. 7275).

18 (5) Engaging families and communities in ef-
19 forts to increase awareness of child and youth trau-
20 ma, which may include sharing best practices with
21 law enforcement regarding trauma-informed care
22 and working with mental health professionals to pro-
23 vide interventions, as well as longer term coordi-
24 nated care within the community for children and

1 youth who have experienced trauma and their fami-
2 lies.

3 (6) To provide technical assistance to school
4 systems and mental health agencies.

5 (7) To evaluate the effectiveness of the program
6 carried out under this section in increasing student
7 access to evidence-based trauma support services
8 and mental health care.

9 (d) APPLICATIONS.—To be eligible to receive a grant,
10 contract, or cooperative agreement under this section, an
11 entity described in subsection (a) shall submit an applica-
12 tion to the Secretary at such time, in such manner, and
13 containing such information as the Secretary may reason-
14 ably require, which shall include the following:

15 (1) A description of the innovative initiatives,
16 activities, or programs to be funded under the grant,
17 contract, or cooperative agreement, including how
18 such program will increase access to evidence-based
19 trauma support services and mental health care for
20 students, and, as applicable, the families of such stu-
21 dents.

22 (2) A description of how the program will pro-
23 vide linguistically appropriate and culturally com-
24 petent services.

1 (3) A description of how the program will sup-
2 port students and the school in improving the school
3 climate in order to support an environment condu-
4 cive to learning.

5 (4) An assurance that—

6 (A) persons providing services under the
7 grant, contract, or cooperative agreement are
8 adequately trained to provide such services; and

9 (B) teachers, school leaders, administra-
10 tors, specialized instructional support personnel,
11 representatives of local Indian Tribes or tribal
12 organizations as appropriate, other school per-
13 sonnel, and parents or guardians of students
14 participating in services under this section will
15 be engaged and involved in the design and im-
16 plementation of the services.

17 (5) A description of how the applicant will sup-
18 port and integrate existing school-based services
19 with the program in order to provide mental health
20 services for students, as appropriate.

21 (e) INTERAGENCY AGREEMENTS.—

22 (1) DESIGNATION OF LEAD AGENCY.—A recipi-
23 ent of a grant, contract, or cooperative agreement
24 under this section shall designate a lead agency to
25 direct the establishment of an interagency agreement

1 among local educational agencies, agencies respon-
2 sible for early childhood education programs, juve-
3 nile justice authorities, mental health agencies, child
4 welfare agencies, and other relevant entities in the
5 State or Indian Tribe, in collaboration with local en-
6 tities.

7 (2) CONTENTS.—The interagency agreement
8 shall ensure the provision of the services described
9 in subsection (c), specifying with respect to each
10 agency, authority, or entity—

11 (A) the financial responsibility for the serv-
12 ices;

13 (B) the conditions and terms of responsi-
14 bility for the services, including quality, ac-
15 countability, and coordination of the services;
16 and

17 (C) the conditions and terms of reimburse-
18 ment among the agencies, authorities, or enti-
19 ties that are parties to the interagency agree-
20 ment, including procedures for dispute resolu-
21 tion.

22 (f) EVALUATION.—The Secretary shall reserve not to
23 exceed 3 percent of the funds made available under sub-
24 section (l) for each fiscal year to—

1 (1) conduct a rigorous, independent evaluation
2 of the activities funded under this section; and

3 (2) disseminate and promote the utilization of
4 evidence-based practices regarding trauma support
5 services and mental health care.

6 (g) DISTRIBUTION OF AWARDS.—The Secretary shall
7 ensure that grants, contracts, and cooperative agreements
8 awarded or entered into under this section are equitably
9 distributed among the geographical regions of the United
10 States and among tribal, urban, suburban, and rural pop-
11 ulations.

12 (h) RULE OF CONSTRUCTION.—Nothing in this sec-
13 tion shall be construed—

14 (1) to prohibit an entity involved with a pro-
15 gram carried out under this section from reporting
16 a crime that is committed by a student to appro-
17 priate authorities; or

18 (2) to prevent Federal, State, and tribal law en-
19 forcement and judicial authorities from exercising
20 their responsibilities with regard to the application
21 of Federal, tribal, and State law to crimes com-
22 mitted by a student.

23 (i) SUPPLEMENT, NOT SUPPLANT.—Any services
24 provided through programs carried out under this section
25 shall supplement, and not supplant, existing mental health

1 services, including any special education and related serv-
2 ices provided under the Individuals with Disabilities Edu-
3 cation Act (20 U.S.C. 1400 et seq.).

4 (j) CONSULTATION WITH INDIAN TRIBES.—In car-
5 rying out subsection (a), the Secretary shall, in a timely
6 manner, meaningfully consult, engage, and cooperate with
7 Indian Tribes and their representatives to ensure notice
8 of eligibility.

9 (k) DEFINITIONS.—In this section:

10 (1) ELEMENTARY OR SECONDARY SCHOOL.—

11 The term “elementary or secondary school” means a
12 public elementary and secondary school as such term
13 is defined in section 8101 of the Elementary and
14 Secondary Education Act of 1965 (20 U.S.C. 7801).

15 (2) EVIDENCE-BASED.—The term “evidence-
16 based” has the meaning given such term in section
17 8101(21)(A)(i) of the Elementary and Secondary
18 Education Act of 1965 (20 U.S.C. 7801(21)(A)(i)).

19 (3) NATIVE HAWAIIAN EDUCATIONAL ORGANI-
20 ZATION.—The term “Native Hawaiian educational
21 organization” has the meaning given such term in
22 section 6207 of the Elementary and Secondary Edu-
23 cation Act of 1965 (20 U.S.C. 7517).

24 (4) PIPELINE SERVICES.—The term “pipeline
25 services” has the meaning given such term in section

1 4622 of the Elementary and Secondary Education
2 Act of 1965 (20 U.S.C. 7517).

3 (5) SCHOOL LEADER.—The term “school lead-
4 er” has the meaning given such term in section
5 8101 of the Elementary and Secondary Education
6 Act of 1965 (20 U.S.C. 7801).

7 (6) SECRETARY.—The term “Secretary” means
8 the Secretary of Education.

9 (7) SPECIALIZED INSTRUCTIONAL SUPPORT
10 PERSONNEL.—The term “specialized instructional
11 support personnel” has the meaning given such term
12 in section 8101 of the Elementary and Secondary
13 Education Act of 1965 (20 U.S.C. 7801).

14 (I) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section,
16 such sums as may be necessary for each of fiscal years
17 2019 through 2023.

18 **SEC. 1515. NATIONAL CHILD TRAUMATIC STRESS INITIA-**
19 **TIVE.**

20 Section 582(j) of the Public Health Service Act (42
21 U.S.C. 290hh–1(j)) (relating to grants to address the
22 problems of persons who experience violence-related
23 stress) is amended by striking “\$46,887,000 for each of
24 fiscal years 2018 through 2022” and inserting

1 “\$53,887,000 for each of fiscal years 2019 through
2 2023”.

3 **SEC. 1516. NATIONAL MILESTONES TO MEASURE SUCCESS**
4 **IN CURTAILING THE OPIOID CRISIS.**

5 (a) IN GENERAL.—Not later than 180 days after the
6 date of enactment of this Act, the Secretary, in consulta-
7 tion with the Administrator of the Drug Enforcement Ad-
8 ministration and the Director of the Office of National
9 Drug Control Policy, shall develop or identify existing na-
10 tional indicators (referred to in this section as the “na-
11 tional milestones”) to measure success in curtailing the
12 opioid crisis, with the goal of significantly reversing the
13 incidence and prevalence of opioid misuse and abuse, and
14 opioid-related morbidity and mortality in the United
15 States within 5 years of such date of enactment .

16 (b) NATIONAL MILESTONES TO END THE OPIOID
17 CRISIS.—The national milestones under subsection (a)
18 shall include the following:

19 (1) Not fewer than 10 indicators or metrics to
20 accurately and expediently measure progress in
21 meeting the goal described in subsection (a)(1),
22 which shall, as appropriate, include, indicators or
23 metrics related to—

24 (A) the number of fatal and non-fatal
25 opioid overdoses;

1 (B) the number of emergency room visits
2 related to opioid misuse and abuse;

3 (C) the number of individuals in sustained
4 recovery from opioid use disorder;

5 (D) the number of infections associated
6 with illicit drug use, such as HIV, viral hepa-
7 titis, and infective endocarditis, and available
8 capacity for treating such infections;

9 (E) the number of providers prescribing
10 medication assisted treatment for opioid use
11 disorders, including in primary care settings,
12 community health centers, jails, and prisons;

13 (F) the number of individuals receiving
14 treatment for opioid use disorder; and

15 (G) additional indicators or metrics, as ap-
16 propriate, such as metrics pertaining to specific
17 populations, including women and children,
18 American Indians and Alaskan Natives, individ-
19 uals living in rural and non-urban areas, and
20 justice-involved populations, that would further
21 clarify the progress made in addressing the
22 opioid misuse and abuse crisis.

23 (2) A reasonable goal, such as a percentage de-
24 crease or other specified metric, that signifies

1 progress in meeting the goal described in subsection
2 (a), and annual targets to help achieve that goal.

3 (c) EXTENSION OF PERIOD.—If the Secretary deter-
4 mines that the goal described in subsection (a) will not
5 be achieved with respect to any indicator or metric estab-
6 lished under subsection (b)(2) within 5 years of the date
7 of enactment of this Act, the Secretary may extend the
8 timeline for meeting such goal with respect to that indi-
9 cator or metric. The Secretary shall include with any such
10 extension a rationale for why additional time is needed and
11 information on whether significant changes are needed in
12 order to achieve such goal with respect to the indicator
13 or metric.

14 (d) ANNUAL STATUS UPDATE.—Not later than one
15 year after the enactment of this Act, the Secretary shall
16 make available on the internet website of the Department
17 of Health and Human Services, and submit to the Com-
18 mittee on Health, Education, Labor, and Pensions of the
19 Senate and the Committee on Energy and Commerce of
20 the House of Representatives, an update on the progress,
21 including expected progress in the subsequent year, in
22 achieving the goals detailed in the national milestones.
23 Each such update shall include the progress made in the
24 first year or since the previous report, as applicable, in

1 meeting each indicator or metric in the national mile-
2 stones.

3 **TITLE II—FINANCE**

4 **SEC. 2001. SHORT TITLE.**

5 This title may be cited as the “Helping to End Addic-
6 tion and Lessen Substance Use Disorders Act of 2018”
7 or the “HEAL Act of 2018”.

8 **Subtitle A—Medicare**

9 **SEC. 2101. MEDICARE OPIOID SAFETY EDUCATION.**

10 (a) IN GENERAL.—Section 1804 of the Social Secu-
11 rity Act (42 U.S.C. 1395b–2) is amended by adding at
12 the end the following new subsection:

13 “(d) The notice provided under subsection (a) shall
14 include—

15 “(1) references to educational resources regard-
16 ing opioid use and pain management;

17 “(2) a description of categories of alternative,
18 non-opioid pain management treatments covered
19 under this title; and

20 “(3) a suggestion for the beneficiary to talk to
21 a physician regarding opioid use and pain manage-
22 ment.”.

23 (b) EFFECTIVE DATE.—The amendment made by
24 subsection (a) shall apply to notices distributed prior to

1 each Medicare open enrollment period beginning after
2 January 1, 2019.

3 **SEC. 2102. EXPANDING THE USE OF TELEHEALTH SERV-**
4 **ICES FOR THE TREATMENT OF OPIOID USE**
5 **DISORDER AND OTHER SUBSTANCE USE DIS-**
6 **ORDERS.**

7 (a) IN GENERAL.—Section 1834(m) of the Social Se-
8 curity Act (42 U.S.C. 1395m(m)) is amended—

9 (1) in paragraph (2)(B)—

10 (A) in clause (i), in the matter preceding
11 subclause (I), by striking “clause (ii)” and in-
12 serting “clause (ii) and paragraph (6)(C)”; and

13 (B) in clause (ii), in the heading, by strik-
14 ing “FOR HOME DIALYSIS THERAPY”;

15 (2) in paragraph (4)(C)—

16 (A) in clause (i), by striking “paragraph
17 (6)” and inserting “paragraphs (5), (6), and
18 (7)”; and

19 (B) in clause (ii)(X), by inserting “or tele-
20 health services described in paragraph (7)” be-
21 fore the period at the end; and

22 (3) by adding at the end the following new
23 paragraph:

24 “(7) TREATMENT OF SUBSTANCE USE DIS-
25 ORDER SERVICES FURNISHED THROUGH TELE-

1 HEALTH.—The geographic requirements described in
2 paragraph (4)(C)(i) shall not apply with respect to
3 telehealth services furnished on or after January 1,
4 2019, to an eligible telehealth individual with a sub-
5 stance use disorder diagnosis for purposes of treat-
6 ment of such disorder, as determined by the Sec-
7 retary, at an originating site described in paragraph
8 (4)(C)(ii) (other than an originating site described in
9 subclause (IX) of such paragraph).”.

10 (b) IMPLEMENTATION.—The Secretary of Health and
11 Human Services (in this section referred to as the “Sec-
12 retary”) may implement the amendments made by this
13 section by interim final rule.

14 (c) REPORT.—Not later than 5 years after the date
15 of the enactment of this Act, the Secretary shall submit
16 to Congress a report on the impact of the implementation
17 of the amendments made by this section with respect to
18 telehealth services under section 1834(m) of the Social Se-
19 curity Act (42 U.S.C. 1395m(m)) on—

20 (1) the utilization of health care items and serv-
21 ices under title XVIII of such Act (42 U.S.C. 1395
22 et seq.) related to substance use disorders, including
23 emergency department visits; and

24 (2) health outcomes related to substance use
25 disorders, such as opioid overdose deaths.

1 **SEC. 2103. COMPREHENSIVE SCREENINGS FOR SENIORS.**

2 (a) INITIAL PREVENTIVE PHYSICAL EXAMINA-
3 TION.—Section 1861(ww) of the Social Security Act (42
4 U.S.C. 1395x(ww)) is amended—

5 (1) in paragraph (1)—

6 (A) by striking “paragraph (2) and” and
7 inserting “paragraph (2),”; and

8 (B) by inserting “and the furnishing of a
9 review of any current opioid prescriptions (as
10 defined in paragraph (4)),” after “upon the
11 agreement with the individual,”; and

12 (2) in paragraph (2)—

13 (A) by redesignating subparagraph (N) as
14 subparagraph (O); and

15 (B) by inserting after subparagraph (M)
16 the following new subparagraph:

17 “(N) Screening for potential substance use
18 disorders.”; and

19 (3) by adding at the end the following new
20 paragraph:

21 “(4) For purposes of paragraph (1), the term ‘a re-
22 view of any current opioid prescriptions’ means, with re-
23 spect to an individual determined to have a current pre-
24 scription for opioids—

25 “(A) a review of the potential risk factors to the
26 individual for opioid use disorder;

1 “(B) an evaluation of the individual’s severity
2 of pain and current treatment plan;

3 “(C) the provision of information on non-opioid
4 treatment options; and

5 “(D) a referral to a pain management spe-
6 cialist, as appropriate.”.

7 (b) ANNUAL WELLNESS VISIT.—Section
8 1861(hhh)(2) of the Social Security Act (42 U.S.C.
9 1395x(hhh)(2)) is amended—

10 (1) by redesignating subparagraph (G) as sub-
11 paragraph (I); and

12 (2) by inserting after subparagraph (F) the fol-
13 lowing new subparagraphs:

14 “(G) Screening for potential substance use
15 disorders and referral for treatment as appro-
16 priate.

17 “(H) The furnishing of a review of any
18 current opioid prescriptions (as defined in sub-
19 section (ww)(4)).”.

20 (c) EFFECTIVE DATE.—The amendments made by
21 this section shall apply to examinations and visits fur-
22 nished on or after January 1, 2019.

1 **SEC. 2104. EVERY PRESCRIPTION CONVEYED SECURELY.**

2 (a) IN GENERAL.—Section 1860D–4(e) of the Social
3 Security Act (42 U.S.C. 1395w–104(e)) is amended by
4 adding at the end the following:

5 “(7) REQUIREMENT OF E-PRESCRIBING FOR
6 CONTROLLED SUBSTANCES.—

7 “(A) IN GENERAL.—Subject to subpara-
8 graph (B), a prescription for a covered part D
9 drug under a prescription drug plan (or under
10 an MA–PD plan) for a schedule II, III, IV, or
11 V controlled substance shall be transmitted by
12 a health care practitioner electronically in ac-
13 cordance with an electronic prescription drug
14 program that meets the requirements of para-
15 graph (2).

16 “(B) EXCEPTION FOR CERTAIN CIR-
17 CUMSTANCES.—The Secretary shall, through
18 rulemaking, specify circumstances and proc-
19 esses by which the Secretary may waive the re-
20 quirement under subparagraph (A), with re-
21 spect to a covered part D drug, including in the
22 case of—

23 “(i) a prescription issued when the
24 practitioner and dispensing pharmacy are
25 the same entity;

1 “(ii) a prescription issued that cannot
2 be transmitted electronically under the
3 most recently implemented version of the
4 National Council for Prescription Drug
5 Programs SCRIPT Standard;

6 “(iii) a prescription issued by a practi-
7 tioner who received a waiver or a renewal
8 thereof for a period of time as determined
9 by the Secretary, not to exceed one year,
10 from the requirement to use electronic pre-
11 scribing due to demonstrated economic
12 hardship, technological limitations that are
13 not reasonably within the control of the
14 practitioner, or other exceptional cir-
15 cumstance demonstrated by the practi-
16 tioner;

17 “(iv) a prescription issued by a practi-
18 tioner under circumstances in which, not-
19 withstanding the practitioner’s ability to
20 submit a prescription electronically as re-
21 quired by this subsection, such practitioner
22 reasonably determines that it would be im-
23 practical for the individual involved to ob-
24 tain substances prescribed by electronic
25 prescription in a timely manner, and such

1 delay would adversely impact the individ-
2 ual's medical condition involved;

3 “(v) a prescription issued by a practi-
4 tioner prescribing a drug under a research
5 protocol;

6 “(vi) a prescription issued by a practi-
7 tioner for a drug for which the Food and
8 Drug Administration requires a prescrip-
9 tion to contain elements that are not able
10 to be included in electronic prescribing
11 such as, a drug with risk evaluation and
12 mitigation strategies that include elements
13 to assure safe use;

14 “(vii) a prescription issued by a prac-
15 titioner—

16 “(I) for an individual who re-
17 ceives hospice care under this title;
18 and

19 “(II) that is not covered under
20 the hospice benefit under this title;
21 and

22 “(viii) a prescription issued by a prac-
23 titioner for an individual who is—

1 “(I) a resident of a nursing facil-
2 ity (as defined in section 1919(a));
3 and

4 “(II) dually eligible for benefits
5 under this title and title XIX.

6 “(C) DISPENSING.—(i) Nothing in this
7 paragraph shall be construed as requiring a
8 sponsor of a prescription drug plan under this
9 part, MA organization offering an MA–PD plan
10 under part C, or a pharmacist to verify that a
11 practitioner, with respect to a prescription for a
12 covered part D drug, has a waiver (or is other-
13 wise exempt) under subparagraph (B) from the
14 requirement under subparagraph (A).

15 “(ii) Nothing in this paragraph shall be
16 construed as affecting the ability of the plan to
17 cover or the pharmacists’ ability to continue to
18 dispense covered part D drugs from otherwise
19 valid written, oral or fax prescriptions that are
20 consistent with laws and regulations.

21 “(iii) Nothing in this paragraph shall be
22 construed as affecting the ability of an indi-
23 vidual who is being prescribed a covered part D
24 drug to designate a particular pharmacy to dis-
25 pense the covered part D drug to the extent

1 consistent with the requirements under sub-
2 section (b)(1) and under this paragraph.

3 “(D) ENFORCEMENT.—The Secretary
4 shall, through rulemaking, have authority to en-
5 force and specify appropriate penalties for non-
6 compliance with the requirement under sub-
7 paragraph (A).”.

8 (b) EFFECTIVE DATE.—The amendment made by
9 subsection (a) shall apply to coverage of drugs prescribed
10 on or after January 1, 2021.

11 **SEC. 2105. STANDARDIZING ELECTRONIC PRIOR AUTHOR-**
12 **IZATION FOR SAFE PRESCRIBING.**

13 Section 1860D–4(e)(2) of the Social Security Act (42
14 U.S.C. 1395w–104(e)(2)) is amended by adding at the end
15 the following new subparagraph:

16 “(E) ELECTRONIC PRIOR AUTHORIZA-
17 TION.—

18 “(i) IN GENERAL.—Not later than
19 January 1, 2021, the program shall pro-
20 vide for the secure electronic transmittal
21 of—

22 “(I) a prior authorization request
23 from the prescribing health care pro-
24 fessional for coverage of a covered
25 part D drug for a part D eligible indi-

1 tional Council for Prescription Drug
2 Programs, other standard setting or-
3 ganizations determined appropriate by
4 the Secretary, and stakeholders in-
5 cluding PDP sponsors, Medicare Ad-
6 vantage organizations, health care
7 professionals, and health information
8 technology software vendors.

9 “(III) APPLICATION.—Notwith-
10 standing any other provision of law,
11 for purposes of this subparagraph, the
12 Secretary may require the use of such
13 standards adopted under subclause
14 (II) in lieu of any other applicable
15 standards for an electronic trans-
16 mission described in clause (i) for a
17 covered part D drug for a part D eli-
18 gible individual.”.

19 **SEC. 2106. STRENGTHENING PARTNERSHIPS TO PREVENT**
20 **OPIOID ABUSE.**

21 (a) IN GENERAL.—Section 1859 of the Social Secu-
22 rity Act (42 U.S.C. 1395w–28) is amended by adding at
23 the end the following new subsection:

24 “(i) PROGRAM INTEGRITY TRANSPARENCY MEAS-
25 URES.—

1 “(1) PROGRAM INTEGRITY PORTAL.—

2 “(A) IN GENERAL.—Not later than 2 years
3 after the date of the enactment of this sub-
4 section, the Secretary shall, after consultation
5 with stakeholders, establish a secure Internet
6 website portal that would allow a secure path
7 for communication between the Secretary, MA
8 plans under this part, prescription drug plans
9 under part D, and an eligible entity with a con-
10 tract under section 1893 (such as a Medicare
11 drug integrity contractor or any successor enti-
12 ty to a Medicare drug integrity contractor), in
13 accordance with subsection (j)(3) of such sec-
14 tion, for the purpose of enabling through such
15 portal—

16 “(i) the referral by such plans of sus-
17 picious activities of a provider of services
18 (including a prescriber) or supplier related
19 to fraud, waste, and abuse for initiating or
20 assisting investigations conducted by the
21 eligible entity; and

22 “(ii) data sharing among such MA
23 plans, prescription drug plans, and the
24 Secretary.

1 “(B) REQUIRED USES OF PORTAL.—The
2 Secretary shall disseminate the following infor-
3 mation to MA plans under this part and pre-
4 scription drug plans under part D through the
5 secure Internet website portal established under
6 subparagraph (A):

7 “(i) Providers of services and sup-
8 pliers that have been referred pursuant to
9 subparagraph (A)(i) during the previous
10 12-month period.

11 “(ii) Providers of services and sup-
12 pliers who are the subject of an active ex-
13 clusion under section 1128 or who are sub-
14 ject to a suspension of payment under this
15 title pursuant to section 1862(o) or other-
16 wise.

17 “(iii) Providers of services and sup-
18 pliers who are the subject of an active rev-
19 ocation of participation under this title, in-
20 cluding for not satisfying conditions of par-
21 ticipation.

22 “(iv) In the case of such a plan that
23 makes a referral under subparagraph
24 (A)(i) through the portal with respect to
25 suspicious activities of a provider of serv-

1 ices (including a prescriber) or supplier, if
2 such provider (or prescriber) or supplier
3 has been the subject of an administrative
4 action under this title or title XI with re-
5 spect to similar activities, a notification to
6 such plan of such action so taken.

7 “(C) RULEMAKING.—For purposes of this
8 paragraph, the Secretary shall, through rule-
9 making, specify what constitutes suspicious ac-
10 tivities related to fraud, waste, and abuse, using
11 guidance such as what is provided in the Medi-
12 care Program Integrity Manual 4.7.1.

13 “(2) QUARTERLY REPORTS.—Beginning not
14 later than 2 years after the date of the enactment
15 of this subsection, the Secretary shall make available
16 to MA plans under this part and prescription drug
17 plans under part D in a timely manner (but no less
18 frequently than quarterly) and using information
19 submitted to an entity described in paragraph (1)
20 through the portal described in such paragraph or
21 pursuant to section 1893, information on fraud,
22 waste, and abuse schemes and trends in identifying
23 suspicious activity. Information included in each
24 such report shall—

1 “(A) include administrative actions, perti-
2 nent information related to opioid overpre-
3 scribing, and other data determined appropriate
4 by the Secretary in consultation with stake-
5 holders; and

6 “(B) be anonymized information submitted
7 by plans without identifying the source of such
8 information.

9 “(3) CLARIFICATION.—Nothing in this sub-
10 section shall preclude or otherwise affect referrals to
11 the Inspector General of the Department of Health
12 and Human Services or other law enforcement enti-
13 ties.”.

14 (b) CONTRACT REQUIREMENT TO COMMUNICATE
15 PLAN CORRECTIVE ACTIONS AGAINST OPIOIDS OVER-
16 PRESCRIBERS.—Section 1857(e)(4)(C) of the Social Secu-
17 rity Act (42 U.S.C. 1395w-27(e)(4)(C)) is amended by
18 adding at the end the following new paragraph:

19 “(5) COMMUNICATING PLAN CORRECTIVE AC-
20 TIONS AGAINST OPIOIDS OVER-PRESCRIBERS.—

21 “(A) IN GENERAL.—Beginning with plan
22 years beginning on or after January 1, 2021, a
23 contract under this section with an MA organi-
24 zation shall require the organization to submit
25 to the Secretary, through the process estab-

1 lished under subparagraph (B), information on
2 credible evidence of suspicious activities of a
3 provider of services (including a prescriber) or
4 supplier related to fraud and other actions
5 taken by such plans related to inappropriate
6 prescribing of opioids.

7 “(B) PROCESS.—Not later than January
8 1, 2021, the Secretary shall, in consultation
9 with stakeholders, establish a process under
10 which MA plans and prescription drug plans
11 shall submit to the Secretary information de-
12 scribed in subparagraph (A).

13 “(C) REGULATIONS.—For purposes of this
14 paragraph, including as applied under section
15 1860D–12(b)(3)(D), the Secretary shall, pursu-
16 ant to rulemaking—

17 “(i) specify a definition for the term
18 ‘inappropriate prescribing of opioids’ and a
19 method for determining if a provider of
20 services prescribes such a high volume; and

21 “(ii) establish the process described in
22 subparagraph (B) and the types of infor-
23 mation that may be submitted through
24 such process.”.

1 sources on proper prescribing methods and
2 other information as specified in accord-
3 ance with clause (iii).

4 “(ii) IDENTIFICATION OF STATISTICAL
5 OUTLIER PRESCRIBERS OF OPIOIDS.—

6 “(I) IN GENERAL.—The Sec-
7 retary shall, subject to subclause (III),
8 using the valid prescriber National
9 Provider Identifiers included pursuant
10 to subparagraph (A) on claims for
11 covered part D drugs for part D eligi-
12 ble individuals enrolled in prescription
13 drug plans under this part or MA–PD
14 plans under part C and based on the
15 thresholds established under subclause
16 (II), identify prescribers that are sta-
17 tistical outlier opioids prescribers for
18 a period of time specified by the Sec-
19 retary.

20 “(II) ESTABLISHMENT OF
21 THRESHOLDS.—For purposes of sub-
22 clause (I) and subject to subclause
23 (III), the Secretary shall, after con-
24 sultation with stakeholders, establish
25 thresholds, based on prescriber spe-

1 specialty and, as determined appropriate
2 by the Secretary, geographic area, for
3 identifying whether a prescriber in a
4 specialty and geographic area is a sta-
5 tistical outlier prescriber of opioids as
6 compared to other prescribers of
7 opioids within such specialty and area.

8 “(III) EXCLUSIONS.—The fol-
9 lowing shall not be included in the
10 analysis for identifying statistical
11 outlier prescribers of opioids under
12 this clause:

13 “(aa) Claims for covered
14 part D drugs for part D eligible
15 individuals who are receiving hos-
16 pice care under this title.

17 “(bb) Claims for covered
18 part D drugs for part D eligible
19 individuals who are receiving on-
20 cology services under this title.

21 “(cc) Prescribers who are
22 the subject of an investigation by
23 the Centers for Medicare & Med-
24 icaid Services or the Inspector

1 General of the Department of
2 Health and Human Services.

3 “(iii) CONTENTS OF NOTIFICATION.—

4 The Secretary shall include the following
5 information in the notifications provided
6 under clause (i):

7 “(I) Information on how such
8 prescriber compares to other pre-
9 scribers within the same specialty
10 and, if determined appropriate by the
11 Secretary, geographic area.

12 “(II) Information on opioid pre-
13 scribing guidelines, based on input
14 from stakeholders, that may include
15 the Centers for Disease Control and
16 Prevention guidelines for prescribing
17 opioids for chronic pain and guidelines
18 developed by physician organizations.

19 “(III) Other information deter-
20 mined appropriate by the Secretary.

21 “(iv) MODIFICATIONS AND EXPAN-
22 SIONS.—

23 “(I) FREQUENCY.—Beginning 5
24 years after the date of the enactment
25 of this subparagraph, the Secretary

1 receive technical assistance or edu-
2 cational resources on opioid pre-
3 scribing guidelines (such as the guide-
4 lines described in clause (iii)(II)) from
5 an entity that furnishes such assist-
6 ance or resources, which may include
7 a quality improvement organization
8 under part B of title XI, as available
9 and appropriate.

10 “(II) Such prescriber may be re-
11 quired to enroll in the program under
12 this title under section 1866(j) if such
13 prescriber is not otherwise required to
14 enroll. The Secretary shall determine
15 the length of the period for which
16 such prescriber is required to main-
17 tain such enrollment.

18 “(III) Not less frequently than
19 annually (and in a form and manner
20 determined appropriate by the Sec-
21 retary), the Secretary shall commu-
22 nicate information on such prescribers
23 to sponsors of a prescription drug
24 plan and Medicare Advantage organi-
25 zations offering an MA-PD plan.

1 “(vi) PUBLIC AVAILABILITY OF IN-
2 FORMATION.—The Secretary shall make
3 aggregate information under this subpara-
4 graph available on the Internet website of
5 the Centers for Medicare & Medicaid Serv-
6 ices. Such information shall be in a form
7 and manner determined appropriate by the
8 Secretary and shall not identify any spe-
9 cific prescriber. In carrying out this clause,
10 the Secretary shall consult with interested
11 stakeholders.

12 “(vii) OPIOIDS DEFINED.—For pur-
13 poses of this subparagraph, the term
14 ‘opioids’ has such meaning as specified by
15 the Secretary.

16 “(viii) OTHER ACTIVITIES.—Nothing
17 in this subparagraph shall preclude the
18 Secretary from conducting activities that
19 provide prescribers with information as to
20 how they compare to other prescribers that
21 are in addition to the activities under this
22 subparagraph, including activities that
23 were being conducted as of the date of the
24 enactment of this subparagraph.”.

1 **SEC. 2108. FIGHTING THE OPIOID EPIDEMIC WITH SUN-**
2 **SHINE.**

3 (a) INCLUSION OF INFORMATION REGARDING PAY-
4 MENTS TO ADVANCE PRACTICE NURSES.—

5 (1) IN GENERAL.—Section 1128G(e)(6) of the
6 Social Security Act (42 U.S.C. 1320a–7h(e)(6)) is
7 amended—

8 (A) in subparagraph (A), by adding at the
9 end the following new clauses:

10 “(iii) A physician assistant, nurse
11 practitioner, or clinical nurse specialist (as
12 such terms are defined in section
13 1861(aa)(5)).

14 “(iv) A certified registered nurse an-
15 esthetist (as defined in section
16 1861(bb)(2)).

17 “(v) A certified nurse-midwife (as de-
18 fined in section 1861(gg)(2)).”; and

19 (B) in subparagraph (B), by inserting “,
20 physician assistant, nurse practitioner, clinical
21 nurse specialist, certified nurse anesthetist, or
22 certified nurse-midwife” after “physician”.

23 (2) EFFECTIVE DATE.—The amendments made
24 by this subsection shall apply with respect to infor-
25 mation required to be submitted under section

1 1128G of the Social Security Act (42 U.S.C. 1320a–
2 7h) on or after January 1, 2022.

3 (b) SUNSET OF EXCLUSION OF NATIONAL PROVIDER
4 IDENTIFIER OF COVERED RECIPIENT IN INFORMATION
5 MADE PUBLICLY AVAILABLE.—Section
6 1128G(e)(1)(C)(viii) of the Social Security Act (42 U.S.C.
7 1320a–7h(e)(1)(C)(viii)) is amended by striking “does
8 not contain” and inserting “in the case of information
9 made available under this subparagraph prior to January
10 1, 2022, does not contain”.

11 (c) ADMINISTRATION.—Chapter 35 of title 44,
12 United States Code, shall not apply to this section or the
13 amendments made by this section.

14 **SEC. 2109. DEMONSTRATION TESTING COVERAGE OF CER-**
15 **TAIN SERVICES FURNISHED BY OPIOID**
16 **TREATMENT PROGRAMS.**

17 Title XVIII of the Social Security Act (42 U.S.C.
18 1395 et seq.) is amended by inserting after section 1866E
19 the following:

20 “DEMONSTRATION TESTING COVERAGE OF CERTAIN
21 SERVICES FURNISHED BY OPIOID TREATMENT PROGRAMS

22 “SEC. 1866F. (a) ESTABLISHMENT.—

23 “(1) IN GENERAL.—The Secretary shall con-
24 duct a demonstration (in this section referred to as
25 the ‘demonstration’) to test coverage of and payment
26 for opioid use disorder treatment services (as defined

1 in paragraph (2)(B)) furnished by opioid treatment
2 programs (as defined in paragraph (2)(A)) to indi-
3 viduals under part B using a bundled payment as
4 described in paragraph (3).

5 “(2) DEFINITIONS.—In this section:

6 “(A) OPIOID TREATMENT PROGRAM.—The
7 term ‘opioid treatment program’ means an enti-
8 ty that is an opioid treatment program (as de-
9 fined in section 8.2 of title 42 of the Code of
10 Federal Regulations, or any successor regula-
11 tion) that—

12 “(i) is selected for participation in the
13 demonstration;

14 “(ii) has in effect a certification by
15 the Substance Abuse and Mental Health
16 Services Administration for such a pro-
17 gram;

18 “(iii) is accredited by an accrediting
19 body approved by the Substance Abuse and
20 Mental Health Services Administration;

21 “(iv) submits to the Secretary data
22 and information needed to monitor the
23 quality of services furnished and conduct
24 the evaluation described in subsection (c);
25 and

1 “(v) meets such additional require-
2 ments as the Secretary may find necessary.

3 “(B) OPIOID USE DISORDER TREATMENT
4 SERVICES.—The term ‘opioid use disorder
5 treatment services’ means items and services
6 that are furnished by an opioid treatment pro-
7 gram for the treatment of opioid use disorder,
8 including—

9 “(i) opioid agonist and antagonist
10 treatment medications (including oral, in-
11 jected, or implanted versions) that are ap-
12 proved by the Food and Drug Administra-
13 tion under section 505 of the Federal
14 Food, Drug and Cosmetic Act for use in
15 the treatment of opioid use disorder;

16 “(ii) dispensing and administration of
17 such medications, if applicable;

18 “(iii) substance use counseling by a
19 professional to the extent authorized under
20 State law to furnish such services;

21 “(iv) individual and group therapy
22 with a physician or psychologist (or other
23 mental health professional to the extent
24 authorized under State law);

25 “(v) toxicology testing; and

1 “(vi) other items and services that the
2 Secretary determines are appropriate (but
3 in no case to include meals or transpor-
4 tation).

5 “(3) BUNDLED PAYMENT UNDER PART B.—

6 “(A) IN GENERAL.—The Secretary shall
7 pay, from the Federal Supplementary Medical
8 Insurance Trust Fund under section 1841, to
9 an opioid treatment program participating in
10 the demonstration a bundled payment as deter-
11 mined by the Secretary for opioid use disorder
12 treatment services that are furnished by such
13 treatment program to an individual under part
14 B during an episode of care (as defined by the
15 Secretary).

16 “(B) CONSIDERATIONS.—The Secretary
17 may implement this paragraph through one or
18 more bundles based on the type of medication
19 provided (such as buprenorphine, methadone,
20 naltrexone, or a new innovative drug), the fre-
21 quency of services furnished, the scope of serv-
22 ices furnished, characteristics of the individuals
23 furnished such services, or other factors as the
24 Secretary determines appropriate. In developing
25 such bundles, the Secretary may consider pay-

1 ment rates paid to opioid treatment programs
2 for comparable services under State plans
3 under title XIX or under the TRICARE pro-
4 gram under chapter 55 of title 10 of the United
5 States Code.

6 “(b) IMPLEMENTATION.—

7 “(1) DURATION.—The demonstration shall be
8 conducted for a period of 5 years, beginning not
9 later than January 1, 2021.

10 “(2) SCOPE.—In carrying out the demonstra-
11 tion, the Secretary shall limit the number of bene-
12 ficiaries that may participate at any one time in the
13 demonstration to 2,000.

14 “(3) WAIVER.—The Secretary may waive such
15 provisions of this title and title XI as the Secretary
16 determines necessary in order to implement the dem-
17 onstration.

18 “(4) ADMINISTRATION.—Chapter 35 of title 44,
19 United States Code, shall not apply to this section.

20 “(c) EVALUATION AND REPORT.—

21 “(1) EVALUATION.—The Secretary shall con-
22 duct an evaluation of the demonstration. Such eval-
23 uation shall include analyses of—

24 “(A) the impact of the demonstration on—

1 “(i) utilization of health care items
2 and services related to opioid use disorder,
3 including hospitalizations and emergency
4 department visits;

5 “(ii) beneficiary health outcomes re-
6 lated to opioid use disorder, including
7 opioid overdose deaths; and

8 “(iii) overall expenditures under this
9 title; and

10 “(B) the performance of opioid treatment
11 programs participating in the demonstration
12 with respect to applicable quality and cost
13 metrics, including whether any additional qual-
14 ity measures related to opioid use disorder
15 treatment are needed with respect to such pro-
16 grams under this title.

17 “(2) REPORT.—Not later than 2 years after the
18 completion of the demonstration, the Secretary shall
19 submit to Congress a report containing the results
20 of the evaluation conducted under paragraph (1), to-
21 gether with recommendations for such legislation
22 and administrative action as the Secretary deter-
23 mines appropriate.

24 “(d) FUNDING.—For purposes of administering and
25 carrying out the demonstration, in addition to funds other-

1 wise appropriated, there shall be transferred to the Sec-
2 retary for the Center for Medicare & Medicaid Services
3 Program Management Account from the Federal Supple-
4 mentary Medical Insurance Trust Fund under section
5 1841 \$5,000,000, to remain available until expended.”.

6 **SEC. 2110. ENCOURAGING APPROPRIATE PRESCRIBING**
7 **UNDER MEDICARE FOR VICTIMS OF OPIOID**
8 **OVERDOSE.**

9 Section 1860D–4(c)(5)(C) of the Social Security Act
10 (42 U.S.C. 1395w–104(c)(5)(C)) is amended—

11 (1) in clause (i), in the matter preceding sub-
12 clause (I), by striking “For purposes” and inserting
13 “Except as provided in clause (v), for purposes”;
14 and

15 (2) by adding at the end the following new
16 clause:

17 “(v) TREATMENT OF ENROLLEES
18 WITH A HISTORY OF OPIOID-RELATED
19 OVERDOSE.—

20 “(I) IN GENERAL.—For plan
21 years beginning not later than Janu-
22 ary 1, 2021, a part D eligible indi-
23 vidual who is not an exempted indi-
24 vidual described in clause (ii) and who
25 is identified under this clause as a

1 part D eligible individual with a his-
2 tory of opioid-related overdose (as de-
3 fined by the Secretary) shall be in-
4 cluded as a potentially at-risk bene-
5 ficiary for prescription drug abuse
6 under the drug management program
7 under this paragraph.

8 “(II) IDENTIFICATION AND NO-
9 TICE.—For purposes of this clause,
10 the Secretary shall—

11 “(aa) identify part D eligible
12 individuals with a history of
13 opioid-related overdose (as so de-
14 fined); and

15 “(bb) notify the PDP spon-
16 sor of the prescription drug plan
17 in which such an individual is en-
18 rolled of such identification.”.

19 **SEC. 2111. AUTOMATIC ESCALATION TO EXTERNAL REVIEW**
20 **UNDER A MEDICARE PART D DRUG MANAGE-**
21 **MENT PROGRAM FOR AT-RISK BENE-**
22 **FICIARIES.**

23 (a) IN GENERAL.—Section 1860D–4(c)(5) of the So-
24 cial Security Act (42 U.S.C. 1395ww–10(c)(5)) is amend-
25 ed—

1 (1) in subparagraph (B), in each of clauses
2 (ii)(III) and (iii)(IV), by striking “and the option of
3 an automatic escalation to external review” and in-
4 serting “, including notice that if on reconsideration
5 a PDP sponsor affirms its denial, in whole or in
6 part, the case shall be automatically forwarded to
7 the independent, outside entity contracted with the
8 Secretary for review and resolution”; and

9 (2) in subparagraph (E), by striking “and the
10 option” and all that follows and inserting the fol-
11 lowing: “and if on reconsideration a PDP sponsor
12 affirms its denial, in whole or in part, the case shall
13 be automatically forwarded to the independent, out-
14 side entity contracted with the Secretary for review
15 and resolution.”.

16 (b) **EFFECTIVE DATE.**—The amendments made by
17 subsection (a) shall apply beginning not later January 1,
18 2021.

19 **SEC. 2112. TESTING OF INCENTIVE PAYMENTS FOR BEHAV-**
20 **IORAL HEALTH PROVIDERS FOR ADOPTION**
21 **AND USE OF CERTIFIED ELECTRONIC**
22 **HEALTH RECORD TECHNOLOGY.**

23 Section 1115A(b)(2)(B) of the Social Security Act
24 (42 U.S.C. 1315a(b)(2)(B)) is amended by adding at the
25 end the following new clause:

1 “(xxv) Providing incentive payments
2 to behavioral health providers for the adop-
3 tion and use of certified electronic health
4 record technology (as defined in section
5 1848(o)(4)) to improve the quality and co-
6 ordination of care through the electronic
7 documentation and exchange of health in-
8 formation. Behavioral health providers may
9 include—

10 “(I) psychiatric hospitals (as de-
11 fined in section 1861(f));

12 “(II) community mental health
13 centers (as defined in section
14 1861(ff)(3)(B));

15 “(III) clinical psychologists (as
16 defined in section 1861(ii));

17 “(IV) clinical social workers (as
18 defined in section 1861(hh)(1)); and

19 “(V) hospitals, treatment facili-
20 ties, and mental health or substance
21 use disorder providers that participate
22 in a State plan under title XIX or a
23 waiver of such plan.”.

1 **SEC. 2113. MEDICARE IMPROVEMENT FUND.**

2 Section 1898(b)(1) of the Social Security Act (42
3 U.S.C. 1395iii(b)(1)) is amended by striking “fiscal year
4 2021, \$0” and inserting “fiscal year 2024, \$65,000,000”.

5 **Subtitle B—Medicaid**

6 **SEC. 2201. CARING RECOVERY FOR INFANTS AND BABIES.**

7 (a) STATE PLAN AMENDMENT.—Section 1902(a) of
8 the Social Security Act (42 U.S.C. 1396a(a)) is amend-
9 ed—

10 (1) in paragraph (82), by striking “and” after
11 the semicolon;

12 (2) in paragraph (83), by striking the period at
13 the end and inserting “; and”; and

14 (3) by inserting after paragraph (83), the fol-
15 lowing new paragraph:

16 “(84) provide, at the option of the State, for
17 making medical assistance available on an inpatient
18 or outpatient basis at a residential pediatric recovery
19 center (as defined in subsection (nn)) to infants with
20 neonatal abstinence syndrome.”.

21 (b) RESIDENTIAL PEDIATRIC RECOVERY CENTER
22 DEFINED.—Section 1902 of such Act (42 U.S.C. 1396a)
23 is amended by adding at the end the following new sub-
24 section:

25 “(nn) RESIDENTIAL PEDIATRIC RECOVERY CENTER
26 DEFINED.—

1 “(1) IN GENERAL.—For purposes of section
2 1902(a)(84), the term ‘residential pediatric recovery
3 center’ means a center or facility that furnishes
4 items and services for which medical assistance is
5 available under the State plan to infants with the di-
6 agnosis of neonatal abstinence syndrome without any
7 other significant medical risk factors.

8 “(2) COUNSELING AND SERVICES.—A residen-
9 tial pediatric recovery center may offer counseling
10 and other services to mothers (and other appropriate
11 family members and caretakers) of infants receiving
12 treatment at such centers if such services are other-
13 wise covered under the State plan under this title or
14 under a waiver of such plan. Such other services
15 may include the following:

16 “(A) Counseling or referrals for services.

17 “(B) Activities to encourage caregiver-in-
18 fant bonding.

19 “(C) Training on caring for such infants.”.

20 (c) EFFECTIVE DATE.—The amendments made by
21 this section take effect on the date of enactment of this
22 Act and shall apply to medical assistance furnished on or
23 after that date, without regard to final regulations to carry
24 out such amendments being promulgated as of such date.

1 **SEC. 2202. PEER SUPPORT ENHANCEMENT AND EVALUA-**
2 **TION REVIEW.**

3 (a) IN GENERAL.—Not later than 2 years after the
4 date of the enactment of this Act, the Comptroller General
5 of the United States shall submit to the Committee on
6 Energy and Commerce of the House of Representatives,
7 the Committee on Finance of the Senate, and the Com-
8 mittee on Health, Education, Labor, and Pensions of the
9 Senate a report on the provision of peer support services
10 under the Medicaid program.

11 (b) CONTENT OF REPORT.—

12 (1) IN GENERAL.—The report required under
13 subsection (a) shall include the following informa-
14 tion:

15 (A) Information on State coverage of peer
16 support services under Medicaid, including—

17 (i) the mechanisms through which
18 States may provide such coverage, includ-
19 ing through existing statutory authority or
20 through waivers;

21 (ii) the populations to which States
22 have provided such coverage;

23 (iii) the payment models, including
24 any alternative payment models, used by
25 States to pay providers of such services;
26 and

1 (iv) where available, information on
2 Federal and State spending under Med-
3 icaid for peer support services.

4 (B) Information on selected State experi-
5 ences in providing medical assistance for peer
6 support services under State Medicaid plans
7 and whether States measure the effects of pro-
8 viding such assistance with respect to—

9 (i) improving access to behavioral
10 health services;

11 (ii) improving early detection, and
12 preventing worsening, of behavioral health
13 disorders;

14 (iii) reducing chronic and comorbid
15 conditions; and

16 (iv) reducing overall health costs.

17 (2) RECOMMENDATIONS.—The report required
18 under subsection (a) shall include recommendations,
19 including recommendations for such legislative and
20 administrative actions related to improving services,
21 including peer support services, and access to peer
22 support services under Medicaid as the Comptroller
23 General of the United States determines appro-
24 priate.

1 **SEC. 2203. MEDICAID SUBSTANCE USE DISORDER TREAT-**
2 **MENT VIA TELEHEALTH.**

3 (a) DEFINITIONS.—In this section:

4 (1) COMPTROLLER GENERAL.—The term
5 “Comptroller General” means the Comptroller Gen-
6 eral of the United States.

7 (2) SCHOOL-BASED HEALTH CENTER.—The
8 term “school-based health center” has the meaning
9 given that term in section 2110(c)(9) of the Social
10 Security Act (42 U.S.C. 1397jj(c)(9)).

11 (3) SECRETARY.—The term “Secretary” means
12 the Secretary of Health and Human Services.

13 (4) TELEHEALTH SERVICES.—The term “tele-
14 health services” includes remote patient monitoring
15 and other key modalities such as live video or syn-
16 chronous telehealth, store-and-forward or asyn-
17 chronous telehealth, mobile health, telephonic con-
18 sultation, and electronic consult including provider-
19 to-provider e-consults.

20 (5) UNDERSERVED AREA.—The term “under-
21 served area” means a health professional shortage
22 area (as defined in section 332(a)(1)(A) of the Pub-
23 lic Health Service Act (42 U.S.C. 254e(a)(1)(A)))
24 and a medically underserved area (according to a
25 designation under section 330(b)(3)(A) of the Public
26 Health Service Act (42 U.S.C. 254b(b)(3)(A))).

1 (b) GUIDANCE TO STATES REGARDING FEDERAL RE-
2 IMBURSEMENT FOR FURNISHING SERVICES AND TREAT-
3 MENT FOR SUBSTANCE USE DISORDERS UNDER MED-
4 ICAID USING TELEHEALTH SERVICES, INCLUDING IN
5 SCHOOL-BASED HEALTH CENTERS.—Not later than 1
6 year after the date of enactment of this Act, the Secretary,
7 acting through the Administrator of the Centers for Medi-
8 care & Medicaid Services, shall issue guidance to States
9 on the following:

10 (1) State options for Federal reimbursement of
11 expenditures under Medicaid for furnishing services
12 and treatment for substance use disorders, including
13 assessment, medication-assisted treatment, coun-
14 seling, and medication management, using telehealth
15 services. Such guidance shall also include guidance
16 on furnishing services and treatments that address
17 the needs of high risk individuals, including at least
18 the following groups:

19 (A) American Indians and Alaska Natives.

20 (B) Adults under the age of 40.

21 (C) Individuals with a history of nonfatal
22 overdose.

23 (2) State options for Federal reimbursement of
24 expenditures under Medicaid for education directed
25 to providers serving Medicaid beneficiaries with sub-

1 stance use disorders using the hub and spoke model,
2 through contracts with managed care entities,
3 through administrative claiming for disease manage-
4 ment activities, and under Delivery System Reform
5 Incentive Payment (“DSRIP”) programs.

6 (3) State options for Federal reimbursement of
7 expenditures under Medicaid for furnishing services
8 and treatment for substance use disorders for indi-
9 viduals enrolled in Medicaid in a school-based health
10 center using telehealth services.

11 (c) GAO EVALUATION OF CHILDREN’S ACCESS TO
12 SERVICES AND TREATMENT FOR SUBSTANCE USE DIS-
13 ORDERS UNDER MEDICAID.—

14 (1) STUDY.—The Comptroller General shall
15 evaluate children’s access to services and treatment
16 for substance use disorders under Medicaid. The
17 evaluation shall include an analysis of State options
18 for improving children’s access to such services and
19 treatment and for improving outcomes, including by
20 increasing the number of Medicaid providers who
21 offer services or treatment for substance use dis-
22 orders in a school-based health center using tele-
23 health services, particularly in rural and underserved
24 areas. The evaluation shall include an analysis of

1 Medicaid provider reimbursement rates for services
2 and treatment for substance use disorders.

3 (2) REPORT.—Not later than 1 year after the
4 date of enactment of this Act, the Comptroller Gen-
5 eral shall submit to Congress a report containing the
6 results of the evaluation conducted under paragraph
7 (1), together with recommendations for such legisla-
8 tion and administrative action as the Comptroller
9 General determines appropriate.

10 (d) REPORT ON REDUCING BARRIERS TO USING
11 TELEHEALTH SERVICES AND REMOTE PATIENT MONI-
12 TORING FOR PEDIATRIC POPULATIONS UNDER MED-
13 ICAID.—

14 (1) IN GENERAL.—Not later than 1 year after
15 the date of enactment of this Act, the Secretary, act-
16 ing through the Administrator of the Centers for
17 Medicare & Medicaid Services, shall issue a report to
18 the Committee on Finance of the Senate and the
19 Committee on Energy and Commerce of the House
20 of Representative identifying best practices and po-
21 tential solutions for reducing barriers to using tele-
22 health services to furnish services and treatment for
23 substance use disorders among pediatric populations
24 under Medicaid. The report shall include—

1 (A) analyses of the best practices, barriers,
2 and potential solutions for using telehealth serv-
3 ices to diagnose and provide services and treat-
4 ment for children with substance use disorders,
5 including opioid use disorder; and

6 (B) identification and analysis of the dif-
7 ferences, if any, in furnishing services and
8 treatment for children with substance use dis-
9 orders using telehealth services and using serv-
10 ices delivered in person, such as, and to the ex-
11 tent feasible, with respect to—

12 (i) utilization rates;

13 (ii) costs;

14 (iii) avoidable inpatient admissions
15 and readmissions;

16 (iv) quality of care; and

17 (v) patient, family, and provider satis-
18 faction.

19 (2) PUBLICATION.—The Secretary shall publish
20 the report required under paragraph (1) on a public
21 Internet website of the Department of Health and
22 Human Services.

1 **SEC. 2204. ENHANCING PATIENT ACCESS TO NON-OPIOID**
2 **TREATMENT OPTIONS.**

3 Not later than January 1, 2019, the Secretary of
4 Health and Human Services, acting through the Adminis-
5 trator of the Centers for Medicare & Medicaid Services,
6 shall issue 1 or more final guidance documents, or update
7 existing guidance documents, to States regarding manda-
8 tory and optional items and services that may be provided
9 under a State plan under title XIX of the Social Security
10 Act (42 U.S.C. 1396 et seq.), or under a waiver of such
11 a plan, for non-opioid treatment and management of pain,
12 including, but not limited to, evidence-based non-opioid
13 pharmacological therapies and non-pharmacological thera-
14 pies.

15 **SEC. 2205. ASSESSING BARRIERS TO OPIOID USE DISORDER**
16 **TREATMENT.**

17 (a) STUDY.—

18 (1) IN GENERAL.—The Comptroller General of
19 the United States (in this section referred to as the
20 “Comptroller General”) shall conduct a study re-
21 garding the barriers to providing medication used in
22 the treatment of substance use disorders under Med-
23 icaid distribution models such as the “buy-and-bill”
24 model, and options for State Medicaid programs to
25 remove or reduce such barriers. The study shall in-
26 clude analyses of each of the following models of dis-

1 tribution of substance use disorder treatment medi-
2 cations, particularly buprenorphine, naltrexone, and
3 buprenorphine-naloxone combinations:

4 (A) The purchasing, storage, and adminis-
5 tration of substance use disorder treatment
6 medications by providers.

7 (B) The dispensing of substance use dis-
8 order treatment medications by pharmacists.

9 (C) The ordering, prescribing, and obtain-
10 ing substance use disorder treatment medica-
11 tions on demand from specialty pharmacies by
12 providers.

13 (2) REQUIREMENTS.—For each model of dis-
14 tribution specified in paragraph (1), the Comptroller
15 General shall evaluate how each model presents bar-
16 riers or could be used by selected State Medicaid
17 programs to reduce the barriers related to the provi-
18 sion of substance use disorder treatment by exam-
19 ining what is known about the effects of the model
20 of distribution on—

21 (A) Medicaid beneficiaries' access to sub-
22 stance use disorder treatment medications;

23 (B) the differential cost to the program be-
24 tween each distribution model for medication
25 assisted treatment; and

1 (C) provider willingness to provide or pre-
2 scribe substance use disorder treatment medica-
3 tions.

4 (b) REPORT.—Not later than 15 months after the
5 date of the enactment of this Act, the Comptroller General
6 shall submit to Congress a report containing the results
7 of the study conducted under subsection (a), together with
8 recommendations for such legislation and administrative
9 action as the Comptroller General determines appropriate.

10 **SEC. 2206. HELP FOR MOMS AND BABIES.**

11 (a) MEDICAID STATE PLAN.—Section 1905(a) of the
12 Social Security Act (42 U.S.C. 1396d(a)) is amended by
13 adding at the end the following new sentence: “In the case
14 of a woman who is eligible for medical assistance on the
15 basis of being pregnant (including through the end of the
16 month in which the 60-day period beginning on the last
17 day of her pregnancy ends), who is a patient in an institu-
18 tion for mental diseases for purposes of receiving treat-
19 ment for a substance use disorder, and who was enrolled
20 for medical assistance under the State plan immediately
21 before becoming a patient in an institution for mental dis-
22 eases or who becomes eligible to enroll for such medical
23 assistance while such a patient, the exclusion from the def-
24 inition of ‘medical assistance’ set forth in the subdivision
25 (B) following paragraph (29) of the first sentence of this

1 subsection shall not be construed as prohibiting Federal
2 financial participation for medical assistance for items or
3 services that are provided to the woman outside of the in-
4 stitution.”.

5 (b) EFFECTIVE DATE.—

6 (1) IN GENERAL.—Except as provided in para-
7 graph (2), the amendment made by subsection (a)
8 shall take effect on the date of enactment of this
9 Act.

10 (2) RULE FOR CHANGES REQUIRING STATE
11 LEGISLATION.—In the case of a State plan under
12 title XIX of the Social Security Act which the Sec-
13 retary of Health and Human Services determines re-
14 quires State legislation (other than legislation appro-
15 priating funds) in order for the plan to meet the ad-
16 ditional requirements imposed by the amendment
17 made by subsection (a), the State plan shall not be
18 regarded as failing to comply with the requirements
19 of such title solely on the basis of its failure to meet
20 these additional requirements before the first day of
21 the first calendar quarter beginning after the close
22 of the first regular session of the State legislature
23 that begins after the date of the enactment of this
24 Act. For purposes of the previous sentence, in the
25 case of a State that has a 2-year legislative session,

1 each year of such session shall be deemed to be a
2 separate regular session of the State legislature.

3 **SEC. 2207. SECURING FLEXIBILITY TO TREAT SUBSTANCE**
4 **USE DISORDERS.**

5 Section 1903(m) of the Social Security Act (42
6 U.S.C. 1396b(m)) is amended by adding at the end the
7 following new paragraph:

8 “(7) Payment shall be made under this title to a
9 State for expenditures for capitation payments described
10 in section 438.6(e) of title 42, Code of Federal Regula-
11 tions (or any successor regulation).”.

12 **SEC. 2208. MACPAC STUDY AND REPORT ON MAT UTILIZA-**
13 **TION CONTROLS UNDER STATE MEDICAID**
14 **PROGRAMS.**

15 (a) STUDY.—The Medicaid and CHIP Payment and
16 Access Commission shall conduct a study and analysis of
17 utilization control policies applied to medication-assisted
18 treatment for substance use disorders under State Med-
19 icaid programs, including policies and procedures applied
20 both in fee-for-service Medicaid and in risk-based man-
21 aged care Medicaid, which shall—

22 (1) include an inventory of such utilization con-
23 trol policies and related protocols for ensuring access
24 to medically necessary treatment;

1 (2) determine whether managed care utilization
2 control policies and procedures for medication as-
3 sisted treatment for substance use disorders are con-
4 sistent with section 438.210(a)(4)(ii) of title 42,
5 Code of Federal Regulations; and

6 (3) identify policies that—

7 (A) limit an individual's access to medica-
8 tion-assisted treatment for a substance use dis-
9 order by limiting the quantity of medication-as-
10 sisted treatment prescriptions, or the number of
11 refills for such prescriptions, available to the in-
12 dividual as part of a prior authorization process
13 or similar utilization protocols; and

14 (B) apply without evaluating individual in-
15 stances of fraud, waste, or abuse.

16 (b) REPORT.—Not later than 1 year after the date
17 of the enactment of this Act, the Medicaid and CHIP Pay-
18 ment and Access Commission shall make publicly available
19 a report containing the results of the study conducted
20 under subsection (a).

21 **SEC. 2209. OPIOID ADDICTION TREATMENT PROGRAMS EN-**
22 **HANCEMENT.**

23 (a) T-MSIS SUBSTANCE USE DISORDER DATA
24 BOOK.—

1 (1) IN GENERAL.—Not later than the date that
2 is 12 months after the date of enactment of this Act,
3 the Secretary of Health and Human Services (in this
4 section referred to as the “Secretary”) shall publish
5 on the public website of the Centers for Medicare &
6 Medicaid Services a report with comprehensive data
7 on the prevalence of substance use disorders in the
8 Medicaid beneficiary population and services pro-
9 vided for the treatment of substance use disorders
10 under Medicaid.

11 (2) CONTENT OF REPORT.—The report re-
12 quired under paragraph (1) shall include, at a min-
13 imum, the following data for each State (including,
14 to the extent available, for the District of Columbia,
15 Puerto Rico, the Virgin Islands, Guam, the North-
16 ern Mariana Islands, and American Samoa):

17 (A) The number and percentage of individ-
18 uals enrolled in the State Medicaid plan or
19 waiver of such plan in each of the major enroll-
20 ment categories (as defined in a public letter
21 from the Medicaid and CHIP Payment and Ac-
22 cess Commission to the Secretary) who have
23 been diagnosed with a substance use disorder
24 and whether such individuals are enrolled under
25 the State Medicaid plan or a waiver of such

1 plan, including the specific waiver authority
2 under which they are enrolled, to the extent
3 available.

4 (B) A list of the substance use disorder
5 treatment services by each major type of serv-
6 ice, such as counseling, medication assisted
7 treatment, peer support, residential treatment,
8 and inpatient care, for which beneficiaries in
9 each State received at least 1 service under the
10 State Medicaid plan or a waiver of such plan.

11 (C) The number and percentage of individ-
12 uals with a substance use disorder diagnosis en-
13 rolled in the State Medicaid plan or waiver of
14 such plan who received substance use disorder
15 treatment services under such plan or waiver by
16 each major type of service under subparagraph
17 (B) within each major setting type, such as out-
18 patient, inpatient, residential, and other home
19 and community-based settings.

20 (D) The number of services provided under
21 the State Medicaid plan or waiver of such plan
22 per individual with a substance use disorder di-
23 agnosis enrolled in such plan or waiver for each
24 major type of service under subparagraph (B).

1 (E) The number and percentage of individ-
2 uals enrolled in the State Medicaid plan or
3 waiver, by major enrollment category, who re-
4 ceived substance use disorder treatment
5 through—

6 (i) a medicaid managed care entity
7 (as defined in section 1932(a)(1)(B) of the
8 Social Security Act (42 U.S.C. 1396u-
9 2(a)(1)(B))), including the number of such
10 individuals who received such assistance
11 through a prepaid inpatient health plan or
12 a prepaid ambulatory health plan;

13 (ii) a fee-for-service payment model;
14 or

15 (iii) an alternative payment model, to
16 the extent available.

17 (F) The number and percentage of individ-
18 uals with a substance use disorder who receive
19 substance use disorder treatment services in an
20 outpatient or home and community-based set-
21 ting after receiving treatment in an inpatient or
22 residential setting, and the number of services
23 received by such individuals in the outpatient or
24 home and community-based setting.

1 (3) ANNUAL UPDATES.—The Secretary shall
2 issue an updated version of the report required
3 under paragraph (1) not later than January 1 of
4 each calendar year through 2024.

5 (4) USE OF T-MSIS DATA.—The report required
6 under paragraph (1) and updates required under
7 paragraph (3) shall—

8 (A) use data and definitions from the
9 Transformed Medicaid Statistical Information
10 System (“T-MSIS”) data set that is no more
11 than 12 months old on the date that the report
12 or update is published; and

13 (B) as appropriate, include a description
14 with respect to each State of the quality and
15 completeness of the data and caveats describing
16 the limitations of the data reported to the Sec-
17 retary by the State that is sufficient to commu-
18 nicate the appropriate uses for the information.

19 (b) MAKING T-MSIS DATA ON SUBSTANCE USE
20 DISORDERS AVAILABLE TO RESEARCHERS.—

21 (1) IN GENERAL.—The Secretary shall publish
22 in the Federal Register a system of records notice
23 for the data specified in paragraph (2) for the
24 Transformed Medicaid Statistical Information Sys-
25 tem, in accordance with section 552a(e)(4) of title 5,

1 United States Code. The notice shall outline policies
2 that protect the security and privacy of the data
3 that, at a minimum, meet the security and privacy
4 policies of SORN 09-70-0541 for the Medicaid Sta-
5 tistical Information System.

6 (2) REQUIRED DATA.—The data covered by the
7 systems of records notice required under paragraph
8 (1) shall be sufficient for researchers and States to
9 analyze the prevalence of substance use disorders in
10 the Medicaid beneficiary population and the treat-
11 ment of substance use disorders under Medicaid
12 across all States (including the District of Columbia,
13 Puerto Rico, the Virgin Islands, Guam, the North-
14 ern Mariana Islands, and American Samoa), forms
15 of treatment, and treatment settings.

16 (3) INITIATION OF DATA-SHARING ACTIVI-
17 TIES.—Not later than January 1, 2019, the Sec-
18 retary shall initiate the data-sharing activities out-
19 lined in the notice required under paragraph (1).

20 **SEC. 2210. BETTER DATA SHARING TO COMBAT THE OPIOID**
21 **CRISIS.**

22 (a) IN GENERAL.—Section 1903(m) of the Social Se-
23 curity Act (42 U.S.C. 1396b(m)), as amended by section
24 2207, is amended by adding at the end the following new
25 paragraph:

1 “(8)(A) The State agency administering the State
2 plan under this title may have reasonable access, as deter-
3 mined by the State, to 1 or more prescription drug moni-
4 toring program databases administered or accessed by the
5 State to the extent the State agency is permitted to access
6 such databases under State law.

7 “(B) Such State agency may facilitate reasonable ac-
8 cess, as determined by the State, to 1 or more prescription
9 drug monitoring program databases administered or
10 accessed by the State, to same extent that the State agen-
11 cy is permitted under State law to access such databases,
12 for—

13 “(i) any provider enrolled under the State plan
14 to provide services to Medicaid beneficiaries; and

15 “(ii) any managed care entity (as defined under
16 section 1932(a)(1)(B)) that has a contract with the
17 State under this subsection or under section
18 1905(t)(3).

19 “(C) Such State agency may share information in
20 such databases, to the same extent that the State agency
21 is permitted under State law to share information in such
22 databases, with—

23 “(i) any provider enrolled under the State plan
24 to provide services to Medicaid beneficiaries; and

1 (ii) by adding at the end the fol-
2 lowing:

3 “(B) MANDATORY REPORTING WITH RE-
4 SPECT TO BEHAVIORAL HEALTH MEASURES.—
5 Beginning with the State report required under
6 subsection (d)(1) for 2024, the Secretary shall
7 require States to use all behavioral health meas-
8 ures included in the core set of adult health
9 quality measures and any updates or changes to
10 such measures to report information, using the
11 standardized format for reporting information
12 and procedures developed under subparagraph
13 (A), regarding the quality of behavioral health
14 care for Medicaid eligible adults.”;

15 (B) in paragraph (5), by adding at the end
16 the following new subparagraph:

17 “(C) BEHAVIORAL HEALTH MEASURES.—
18 Beginning with respect to State reports re-
19 quired under subsection (d)(1) for 2024, the
20 core set of adult health quality measures main-
21 tained under this paragraph (and any updates
22 or changes to such measures) shall include be-
23 havioral health measures.”; and
24 (2) in subsection (d)(1)(A)—

1 (A) by striking “the such plan” and insert-
2 ing “such plan”; and

3 (B) by striking “subsection (a)(5)” and in-
4 serting “subsection (b)(5) and, beginning with
5 the report for 2024, all behavioral health meas-
6 ures included in the core set of adult health
7 quality measures maintained under such sub-
8 section (b)(5) and any updates or changes to
9 such measures (as required under subsection
10 (b)(3))”.

11 **SEC. 2212. REPORT ON INNOVATIVE STATE INITIATIVES**
12 **AND STRATEGIES TO PROVIDE HOUSING-RE-**
13 **LATED SERVICES AND SUPPORTS TO INDI-**
14 **VIDUALS STRUGGLING WITH SUBSTANCE USE**
15 **DISORDERS UNDER MEDICAID.**

16 (a) IN GENERAL.—Not later than 1 year after the
17 date of enactment of this Act, the Secretary of Health and
18 Human Services shall issue a report to Congress describ-
19 ing innovative State initiatives and strategies for providing
20 housing-related services and supports under a State Med-
21 icaid program to individuals with substance use disorders
22 who are experiencing or at risk of experiencing homeless-
23 ness.

24 (b) CONTENT OF REPORT.—The report required
25 under subsection (a) shall describe the following:

1 (1) Existing methods and innovative strategies
2 developed and adopted by State Medicaid programs
3 that have achieved positive outcomes in increasing
4 housing stability among Medicaid beneficiaries with
5 substance use disorders who are experiencing or at
6 risk of experiencing homelessness, including Med-
7 icaid beneficiaries with substance use disorders who
8 are—

9 (A) receiving treatment for substance use
10 disorders in inpatient, residential, outpatient, or
11 home and community-based settings;

12 (B) transitioning between substance use
13 disorder treatment settings; or

14 (C) living in supportive housing or another
15 model of affordable housing.

16 (2) Strategies employed by Medicaid managed
17 care organizations, primary care case managers, hos-
18 pitals, accountable care organizations, and other
19 care coordination providers to deliver housing-related
20 services and supports and to coordinate services pro-
21 vided under State Medicaid programs across dif-
22 ferent treatment settings.

23 (3) Innovative strategies and lessons learned by
24 States with Medicaid waivers approved under section

1 1115 or 1915 of the Social Security Act (42 U.S.C.
2 1315, 1396n), including—

3 (A) challenges experienced by States in de-
4 signing, securing, and implementing such waiv-
5 ers or plan amendments;

6 (B) how States developed partnerships
7 with other organizations such as behavioral
8 health agencies, State housing agencies, hous-
9 ing providers, health care services agencies and
10 providers, community-based organizations, and
11 health insurance plans to implement waivers or
12 State plan amendments; and

13 (C) how and whether States plan to pro-
14 vide Medicaid coverage for housing-related serv-
15 ices and supports in the future, including by
16 covering such services and supports under State
17 Medicaid plans or waivers.

18 (4) Existing opportunities for States to provide
19 housing-related services and supports through a
20 Medicaid waiver under sections 1115 or 1915 of the
21 Social Security Act (42 U.S.C. 1315, 1396n) or
22 through a State Medicaid plan amendment, such as
23 the Assistance in Community Integration Service
24 pilot program, which promotes supportive housing
25 and other housing-related supports under Medicaid

1 for individuals with substance use disorders and for
2 which Maryland has a waiver approved under such
3 section 1115 to conduct the program.

4 (5) Innovative strategies and partnerships de-
5 veloped and implemented by State Medicaid pro-
6 grams or other entities to identify and enroll eligible
7 individuals with substance use disorders who are ex-
8 perienceing or at risk of experienceing homelessness in
9 State Medicaid programs.

10 **SEC. 2213. TECHNICAL ASSISTANCE AND SUPPORT FOR IN-**
11 **NOVATIVE STATE STRATEGIES TO PROVIDE**
12 **HOUSING-RELATED SUPPORTS UNDER MED-**
13 **ICAID.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services shall provide technical assistance and
16 support to States regarding the development and expan-
17 sion of innovative State strategies (including through
18 State Medicaid demonstration projects) to provide hous-
19 ing-related supports and services and care coordination
20 services under Medicaid to individuals with substance use
21 disorders.

22 (b) REPORT.—Not later than 180 days after the date
23 of enactment of this Act, the Secretary shall issue a report
24 to Congress detailing a plan of action to carry out the
25 requirements of subsection (a).

1 **Subtitle C—Human Services**

2 **SEC. 2301. SUPPORTING FAMILY-FOCUSED RESIDENTIAL**
3 **TREATMENT.**

4 (a) DEFINITIONS.—In this section:

5 (1) FAMILY-FOCUSED RESIDENTIAL TREAT-
6 MENT PROGRAM.—The term “family-focused resi-
7 dential treatment program” means a trauma-in-
8 formed residential program primarily for substance
9 use disorder treatment for pregnant and postpartum
10 women and parents and guardians that allows chil-
11 dren to reside with such women or their parents or
12 guardians during treatment to the extent appro-
13 priate and applicable.

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

18 (3) SECRETARY.—The term “Secretary” means
19 the Secretary of Health and Human Services.

20 (4) TITLE IV–E PROGRAM.—The term “title
21 IV–E program” means the program for foster care,
22 prevention, and permanency established under part
23 E of title IV of the Social Security Act (42 U.S.C.
24 670 et seq.).

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

3 (1) IN GENERAL.—Not later than 180 days
4 after the date of enactment of this Act, the Sec-
5 retary, in consultation with divisions of the Depart-
6 ment of Health and Human Services administering
7 substance use disorder or child welfare programs,
8 shall develop and issue guidance to States identi-
9 fying opportunities to support family-focused resi-
10 dential treatment programs for the provision of sub-
11 stance use disorder treatment. Before issuing such
12 guidance, the Secretary shall solicit input from rep-
13 resentatives of States, health care providers with ex-
14 pertise in addiction medicine, obstetrics and gyne-
15 cology, neonatology, child trauma, and child develop-
16 ment, health plans, recipients of family-focused
17 treatment services, and other relevant stakeholders.

18 (2) ADDITIONAL REQUIREMENTS.—The guid-
19 ance required under paragraph (1) shall include de-
20 scriptions of the following:

21 (A) Existing opportunities and flexibilities
22 under the Medicaid program, including under
23 waivers authorized under section 1115 or 1915
24 of the Social Security Act (42 U.S.C. 1315,
25 1396n), for States to receive Federal Medicaid

1 funding for the provision of substance use dis-
2 order treatment for pregnant and postpartum
3 women and parents and guardians and, to the
4 extent applicable, their children, in family-fo-
5 cused residential treatment programs.

6 (B) How States can employ and coordinate
7 funding provided under the Medicaid program,
8 the title IV-E program, and other programs ad-
9 ministered by the Secretary to support the pro-
10 vision of treatment and services provided by a
11 family-focused residential treatment facility
12 such as substance use disorder treatment and
13 services, including medication-assisted treat-
14 ment, family, group, and individual counseling,
15 case management, parenting education and
16 skills development, the provision, assessment, or
17 coordination of care and services for children,
18 including necessary assessments and appro-
19 priate interventions, non-emergency transpor-
20 tation for necessary care provided at or away
21 from a program site, transitional services and
22 supports for families leaving treatment, and
23 other services.

24 (C) How States can employ and coordinate
25 funding provided under the Medicaid program

1 and the title IV–E program (including as
2 amended by the Family First Prevention Serv-
3 ices Act enacted under title VII of division E of
4 Public Law 115–123, and particularly with re-
5 spect to the authority under subsections
6 (a)(2)(C) and (j) of section 472 and section
7 474(a)(1) of the Social Security Act (42 U.S.C.
8 672, 674(a)(1)) (as amended by section 50712
9 of Public Law 115–123) to provide foster care
10 maintenance payments for a child placed with a
11 parent who is receiving treatment in a licensed
12 residential family-based treatment facility for a
13 substance use disorder) to support placing chil-
14 dren with their parents in family-focused resi-
15 dential treatment programs.

16 **SEC. 2302. IMPROVING RECOVERY AND REUNIFYING FAMI-**
17 **LIES.**

18 (a) FAMILY RECOVERY AND REUNIFICATION PRO-
19 GRAM REPLICATION PROJECT.—Section 435 of the Social
20 Security Act (42 U.S.C. 629e) is amended by adding at
21 the end the following:

22 “(e) FAMILY RECOVERY AND REUNIFICATION PRO-
23 GRAM REPLICATION PROJECT.—

24 “(1) PURPOSE.—The purpose of this subsection
25 is to provide resources to the Secretary to support

1 the conduct and evaluation of a family recovery and
2 reunification program replication project (referred to
3 in this subsection as the ‘project’) and to determine
4 the extent to which such programs may be appro-
5 priate for use at different intervention points (such
6 as when a child is at risk of entering foster care or
7 when a child is living with a guardian while a parent
8 is in treatment). The family recovery and reunifica-
9 tion program conducted under the project shall use
10 a recovery coach model that is designed to help re-
11 unify families and protect children by working with
12 parents or guardians with a substance use disorder
13 who have temporarily lost custody of their children.

14 “(2) PROGRAM COMPONENTS.—The family re-
15 covery and reunification program conducted under
16 the project shall adhere closely to the elements and
17 protocol determined to be most effective in other re-
18 covery coaching programs that have been rigorously
19 evaluated and shown to increase family reunification
20 and protect children and, consistent with such ele-
21 ments and protocol, shall provide such items and
22 services as—

23 “(A) assessments to evaluate the needs of
24 the parent or guardian;

1 “(B) assistance in receiving the appro-
2 priate benefits to aid the parent or guardian in
3 recovery;

4 “(C) services to assist the parent or guard-
5 ian in prioritizing issues identified in assess-
6 ments, establishing goals for resolving such
7 issues that are consistent with the goals of the
8 treatment provider, child welfare agency,
9 courts, and other agencies involved with the
10 parent or guardian or their children, and mak-
11 ing a coordinated plan for achieving such goals;

12 “(D) home visiting services coordinated
13 with the child welfare agency and treatment
14 provider involved with the parent or guardian
15 or their children;

16 “(E) case management services to remove
17 barriers for the parent or guardian to partici-
18 pate and continue in treatment, as well as to
19 re-engage a parent or guardian who is not par-
20 ticipating or progressing in treatment;

21 “(F) access to services needed to monitor
22 the parent’s or guardian’s compliance with pro-
23 gram requirements;

24 “(G) frequent reporting between the treat-
25 ment provider, child welfare agency, courts, and

1 other agencies involved with the parent or
2 guardian or their children to ensure appropriate
3 information on the parent's or guardian's sta-
4 tus is available to inform decision-making; and

5 “(H) assessments and recommendations
6 provided by a recovery coach to the child wel-
7 fare caseworker responsible for documenting the
8 parent's or guardian's progress in treatment
9 and recovery as well as the status of other
10 areas identified in the treatment plan for the
11 parent or guardian, including a recommenda-
12 tion regarding the expected safety of the child
13 if the child is returned to the custody of the
14 parent or guardian that can be used by the
15 caseworker and a court to make permanency
16 decisions regarding the child.

17 “(3) RESPONSIBILITIES OF THE SECRETARY.—

18 “(A) IN GENERAL.—The Secretary shall,
19 through a grant or contract with 1 or more en-
20 tities, conduct and evaluate the family recovery
21 and reunification program under the project.

22 “(B) REQUIREMENTS.—In identifying 1 or
23 more entities to conduct the evaluation of the
24 family recovery and reunification program, the
25 Secretary shall—

1 “(i) determine that the area or areas
2 in which the program will be conducted
3 have sufficient substance use disorder
4 treatment providers and other resources
5 (other than those provided with funds
6 made available to carry out the project) to
7 successfully conduct the program;

8 “(ii) determine that the area or areas
9 in which the program will be conducted
10 have enough potential program partici-
11 pants, and will serve a sufficient number of
12 parents or guardians and their children, so
13 as to allow for the formation of a control
14 group, evaluation results to be adequately
15 powered, and preliminary results of the
16 evaluation to be available within 4 years of
17 the program’s implementation;

18 “(iii) provide the entity or entities
19 with technical assistance for the program
20 design, including by working with 1 or
21 more entities that are or have been in-
22 volved in recovery coaching programs that
23 have been rigorously evaluated and shown
24 to increase family reunification and protect
25 children so as to make sure the program

1 conducted under the project adheres closely
2 to the elements and protocol determined to
3 be most effective in such other recovery
4 coaching programs;

5 “(iv) assist the entity or entities in se-
6 curing adequate coaching, treatment, child
7 welfare, court, and other resources needed
8 to successfully conduct the family recovery
9 and reunification program under the
10 project; and

11 “(v) ensure the entity or entities will
12 be able to monitor the impacts of the pro-
13 gram in the area or areas in which it is
14 conducted for at least 5 years after parents
15 or guardians and their children are ran-
16 domly assigned to participate in the pro-
17 gram or to be part of the program’s con-
18 trol group.

19 “(4) EVALUATION REQUIREMENTS.—

20 “(A) IN GENERAL.—The Secretary, in con-
21 sultation with the entity or entities conducting
22 the family recovery and reunification program
23 under the project, shall conduct an evaluation
24 to determine whether the program has been im-
25 plemented effectively and resulted in improve-

1 ments for children and families. The evaluation
2 shall have 3 components: a pilot phase, an im-
3 pact study, and an implementation study.

4 “(B) PILOT PHASE.—The pilot phase com-
5 ponent of the evaluation shall consist of the
6 Secretary providing technical assistance to the
7 entity or entities conducting the family recovery
8 and reunification program under the project to
9 ensure—

10 “(i) the program’s implementation ad-
11 heres closely to the elements and protocol
12 determined to be most effective in other re-
13 covery coaching programs that have been
14 rigorously evaluated and shown to increase
15 family reunification and protect children;
16 and

17 “(ii) random assignment of parents or
18 guardians and their children to be partici-
19 pants in the program or to be part of the
20 program’s control group is being carried
21 out.

22 “(C) IMPACT STUDY.—The impact study
23 component of the evaluation shall determine the
24 impacts of the family recovery and reunification
25 program conducted under the project on the

1 parents and guardians and their children par-
2 ticipating in the program. The impact study
3 component shall—

4 “(i) be conducted using an experi-
5 mental design that uses a random assign-
6 ment research methodology;

7 “(ii) consistent with previous studies
8 of other recovery coaching programs that
9 have been rigorously evaluated and shown
10 to increase family reunification and protect
11 children, measure outcomes for parents
12 and guardians and their children over mul-
13 tiple time periods, including for a period of
14 5 years; and

15 “(iii) include measurements of family
16 stability and parent, guardian, and child
17 safety for program participants and the
18 program control group that are consistent
19 with measurements of such factors for par-
20 ticipants and control groups from previous
21 studies of other recovery coaching pro-
22 grams so as to allow results of the impact
23 study to be compared with the results of
24 such prior studies, including with respect
25 to comparisons between program partici-

1 pants and the program control group re-
2 garding—

3 “(I) safe family reunification;

4 “(II) time to reunification;

5 “(III) permanency (such as
6 through measures of reunification,
7 adoption, or placement with guard-
8 ians);

9 “(IV) safety (such as through
10 measures of subsequent maltreat-
11 ment);

12 “(V) parental or guardian treat-
13 ment persistence and engagement;

14 “(VI) parental or guardian sub-
15 stance use;

16 “(VII) juvenile delinquency;

17 “(VIII) cost; and

18 “(IX) other measurements
19 agreed upon by the Secretary and the
20 entity or entities operating the family
21 recovery and reunification program
22 under the project.

23 “(D) IMPLEMENTATION STUDY.—The im-
24 plementation study component of the evaluation
25 shall be conducted concurrently with the con-

1 duct of the impact study component and shall
2 include, in addition to such other information
3 as the Secretary may determine, descriptions
4 and analyses of—

5 “(i) the adherence of the family recov-
6 ery and reunification program conducted
7 under the project to other recovery coach-
8 ing programs that have been rigorously
9 evaluated and shown to increase family re-
10 unification and protect children; and

11 “(ii) the difference in services received
12 or proposed to be received by the program
13 participants and the program control
14 group.

15 “(E) REPORT.—The Secretary shall pub-
16 lish on an internet website maintained by the
17 Secretary the following information:

18 “(i) A report on the pilot phase com-
19 ponent of the evaluation.

20 “(ii) A report on the impact study
21 component of the evaluation.

22 “(iii) A report on the implementation
23 study component of the evaluation.

24 “(iv) A report that includes—

1 “(I) analyses of the extent to
2 which the program has resulted in in-
3 creased reunifications, increased per-
4 manency, case closures, net savings to
5 the State or States involved (taking
6 into account both costs borne by
7 States and the Federal government),
8 or other outcomes, or if the program
9 did not produce such outcomes, an
10 analysis of why the replication of the
11 program did not yield such results;

12 “(II) if, based on such analyses,
13 the Secretary determines the program
14 should be replicated, a replication
15 plan; and

16 “(III) such recommendations for
17 legislation and administrative action
18 as the Secretary determines appro-
19 priate.

20 “(5) APPROPRIATION.—In addition to any
21 amounts otherwise made available to carry out this
22 subpart, out of any money in the Treasury of the
23 United States not otherwise appropriated, there are
24 appropriated \$15,000,000 for fiscal year 2019 to

1 carry out the project, which shall remain available
2 through fiscal year 2026.”.

3 (b) CLARIFICATION OF PAYER OF LAST RESORT AP-
4 PPLICATION TO CHILD WELFARE PREVENTION AND FAM-
5 ILY SERVICES.—Section 471(e)(10) of the Social Security
6 Act (42 U.S.C. 671(e)(10)), as added by section
7 50711(a)(2) of division E of Public Law 115–123, is
8 amended—

9 (1) in subparagraph (A), by inserting “, nor
10 shall the provision of such services or programs be
11 construed to permit the State to reduce medical or
12 other assistance available to a recipient of such serv-
13 ices or programs” after “under this Act”; and

14 (2) by adding at the end the following:

15 “(C) PAYER OF LAST RESORT.—In car-
16 rying out its responsibilities to ensure access to
17 services or programs under this subsection, the
18 State agency shall not be considered to be a le-
19 gally liable third party for purposes of satis-
20 fying a financial commitment for the cost of
21 providing such services or programs with re-
22 spect to any individual for whom such cost
23 would have been paid for from another public
24 or private source but for the enactment of this
25 subsection (except that whenever considered

1 formed residential program primarily for substance
2 use disorder treatment for pregnant and postpartum
3 women and parents and guardians that allows chil-
4 dren to reside with such women or their parents or
5 guardians during treatment to the extent appro-
6 priate and applicable.

7 (3) SECRETARY.—The term “Secretary” means
8 the Secretary of Health and Human Services.

9 (b) SUPPORT FOR THE DEVELOPMENT OF EVI-
10 DENCE-BASED FAMILY-FOCUSED RESIDENTIAL TREAT-
11 MENT PROGRAMS.—

12 (1) AUTHORITY TO AWARD GRANTS.—The Sec-
13 retary shall award grants to eligible entities for pur-
14 poses of developing, enhancing, or evaluating family-
15 focused residential treatment programs to increase
16 the availability of such programs that meet the re-
17 quirements for promising, supported, or well-sup-
18 ported practices specified in section 471(e)(4)(C) of
19 the Social Security Act (42 U.S.C. 671(e)(4)(C))
20 (as added by the Family First Prevention Services
21 Act enacted under title VII of division E of Public
22 Law 115–123).

23 (2) EVALUATION REQUIREMENT.—The Sec-
24 retary shall require any evaluation of a family-fo-
25 cused residential treatment program by an eligible

1 entity that uses funds awarded under this section for
2 all or part of the costs of the evaluation be designed
3 to assist in the determination of whether the pro-
4 gram may qualify as a promising, supported, or well-
5 supported practice in accordance with the require-
6 ments of such section 471(e)(4)(C).

7 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
8 authorized to be appropriated to the Secretary to carry
9 out this section, \$20,000,000 for fiscal year 2019, which
10 shall remain available through fiscal year 2023.

11 **Subtitle D—Synthetics Trafficking** 12 **and Overdose Prevention**

13 **SEC. 2401. SHORT TITLE.**

14 This subtitle may be cited as the “Synthetics Traf-
15 ficking and Overdose Prevention Act of 2018” or “STOP
16 Act of 2018”.

17 **SEC. 2402. CUSTOMS FEES.**

18 (a) IN GENERAL.—Section 13031(b)(9) of the Con-
19 solidated Omnibus Budget Reconciliation Act of 1985 (19
20 U.S.C. 58c(b)(9)) is amended by adding at the end the
21 following:

22 “(D)(i) With respect to the processing of items
23 that are sent to the United States through the inter-
24 national postal network by ‘Inbound Express Mail
25 service’ or ‘Inbound EMS’ (as that service is de-

1 scribed in the mail classification schedule referred to
2 in section 3631 of title 39, United States Code), the
3 following payments are required:

4 “(I) \$1 per Inbound EMS item.

5 “(II) If an Inbound EMS item is formally
6 entered, the fee provided for under subsection
7 (a)(9), if applicable.

8 “(ii) Notwithstanding section 451 of the Tariff
9 Act of 1930 (19 U.S.C. 1451), the payments re-
10 quired by clause (i), as allocated pursuant to clause
11 (iii)(I), shall be the only payments required for reim-
12 bursement of U.S. Customs and Border Protection
13 for customs services provided in connection with the
14 processing of an Inbound EMS item.

15 “(iii)(I) The payments required by clause (i)(I)
16 shall be allocated as follows:

17 “(aa) 50 percent of the amount of the pay-
18 ments shall be paid on a quarterly basis by the
19 United States Postal Service to the Commis-
20 sioner of U.S. Customs and Border Protection
21 in accordance with regulations prescribed by the
22 Secretary of the Treasury to reimburse U.S.
23 Customs and Border Protection for customs
24 services provided in connection with the proc-
25 essing of Inbound EMS items.

1 “(bb) 50 percent of the amount of the pay-
2 ments shall be retained by the Postal Service to
3 reimburse the Postal Service for services pro-
4 vided in connection with the customs processing
5 of Inbound EMS items.

6 “(II) Payments received by U.S. Customs and
7 Border Protection under subclause (I)(aa) shall, in
8 accordance with section 524 of the Tariff Act of
9 1930 (19 U.S.C. 1524), be deposited in the Customs
10 User Fee Account and used to directly reimburse
11 each appropriation for the amount paid out of that
12 appropriation for the costs incurred in providing
13 services to international mail facilities. Amounts de-
14 posited in accordance with the preceding sentence
15 shall be available until expended for the provision of
16 such services.

17 “(III) Payments retained by the Postal Service
18 under subclause (I)(bb) shall be used to directly re-
19 imburse the Postal Service for the costs incurred in
20 providing services in connection with the customs
21 processing of Inbound EMS items.

22 “(iv) Beginning in fiscal year 2021, the Sec-
23 retary, in consultation with the Postmaster General,
24 may adjust, not more frequently than once each fis-
25 cal year, the amount described in clause (i)(I) to an

1 amount commensurate with the costs of services pro-
2 vided in connection with the customs processing of
3 Inbound EMS items, consistent with the obligations
4 of the United States under international agree-
5 ments.”.

6 (b) CONFORMING AMENDMENTS.—Section 13031(a)
7 of the Consolidated Omnibus Budget Reconciliation Act
8 of 1985 (19 U.S.C. 58c(a)) is amended—

9 (1) in paragraph (6), by inserting “(other than
10 an item subject to a fee under subsection
11 (b)(9)(D))” after “customs officer”; and

12 (2) in paragraph (10)—

13 (A) in subparagraph (C), in the matter
14 preceding clause (i), by inserting “(other than
15 Inbound EMS items described in subsection
16 (b)(9)(D))” after “release”; and

17 (B) in the flush at the end, by inserting
18 “or of Inbound EMS items described in sub-
19 section (b)(9)(D),” after “(C),”.

20 (c) EFFECTIVE DATE.—The amendments made by
21 this section shall take effect on January 1, 2020.

22 **SEC. 2403. MANDATORY ADVANCE ELECTRONIC INFORMA-**
23 **TION FOR POSTAL SHIPMENTS.**

24 (a) MANDATORY ADVANCE ELECTRONIC INFORMA-
25 TION.—

1 (1) IN GENERAL.—Section 343(a)(3)(K) of the
2 Trade Act of 2002 (Public Law 107–210; 19 U.S.C.
3 2071 note) is amended to read as follows:

4 “(K)(i) The Secretary shall prescribe regu-
5 lations requiring the United States Postal Serv-
6 ice to transmit the information described in
7 paragraphs (1) and (2) to the Commissioner of
8 U.S. Customs and Border Protection for inter-
9 national mail shipments by the Postal Service
10 (including shipments to the Postal Service from
11 foreign postal operators that are transported by
12 private carrier) consistent with the require-
13 ments of this subparagraph.

14 “(ii) In prescribing regulations under
15 clause (i), the Secretary shall impose require-
16 ments for the transmission to the Commissioner
17 of information described in paragraphs (1) and
18 (2) for mail shipments described in clause (i)
19 that are comparable to the requirements for the
20 transmission of such information imposed on
21 similar non-mail shipments of cargo, taking into
22 account the parameters set forth in subpara-
23 graphs (A) through (J).

24 “(iii) The regulations prescribed under
25 clause (i) shall require the transmission of the

1 information described in paragraphs (1) and (2)
2 with respect to a shipment as soon as prac-
3 ticable in relation to the transportation of the
4 shipment, consistent with subparagraph (H).

5 “(iv) Regulations prescribed under clause
6 (i) shall allow for the requirements for the
7 transmission to the Commissioner of informa-
8 tion described in paragraphs (1) and (2) for
9 mail shipments described in clause (i) to be im-
10 plemented in phases, as appropriate, by—

11 “(I) setting incremental targets for in-
12 creasing the percentage of such shipments
13 for which information is required to be
14 transmitted to the Commissioner; and

15 “(II) taking into consideration—

16 “(aa) the risk posed by such
17 shipments;

18 “(bb) the volume of mail shipped
19 to the United States by or through a
20 particular country; and

21 “(cc) the capacities of foreign
22 postal operators to provide that infor-
23 mation to the Postal Service.

24 “(v)(I) Notwithstanding clause (iv), the
25 Postal Service shall, not later than December

1 31, 2018, arrange for the transmission to the
2 Commissioner of the information described in
3 paragraphs (1) and (2) for not less than 70
4 percent of the aggregate number of mail ship-
5 ments, including 100 percent of mail shipments
6 from the People’s Republic of China, described
7 in clause (i).

8 “(II) If the requirements of subclause (I)
9 are not met, the Comptroller General of the
10 United States shall submit to the appropriate
11 congressional committees, not later than June
12 30, 2019, a report—

13 “(aa) assessing the reasons for the
14 failure to meet those requirements; and

15 “(bb) identifying recommendations to
16 improve the collection by the Postal Serv-
17 ice of the information described in para-
18 graphs (1) and (2).

19 “(vi)(I) Notwithstanding clause (iv), the
20 Postal Service shall, not later than December
21 31, 2020, arrange for the transmission to the
22 Commissioner of the information described in
23 paragraphs (1) and (2) for 100 percent of the
24 aggregate number of mail shipments described
25 in clause (i).

1 “(II) The Commissioner, in consultation
2 with the Postmaster General, may determine to
3 exclude a country from the requirement de-
4 scribed in subclause (I) to transmit information
5 for mail shipments described in clause (i) from
6 the country if the Commissioner determines
7 that the country—

8 “(aa) does not have the capacity to
9 collect and transmit such information;

10 “(bb) represents a low risk for mail
11 shipments that violate relevant United
12 States laws and regulations; and

13 “(cc) accounts for low volumes of mail
14 shipments that can be effectively screened
15 for compliance with relevant United States
16 laws and regulations through an alternate
17 means.

18 “(III) The Commissioner shall, at a min-
19 imum on an annual basis, re-evaluate any de-
20 termination made under subclause (II) to ex-
21 clude a country from the requirement described
22 in subclause (I). If, at any time, the Commis-
23 sioner determines that a country no longer
24 meets the requirements under subclause (II),
25 the Commissioner may not further exclude the

1 country from the requirement described in sub-
2 clause (I).

3 “(IV) The Commissioner shall, on an an-
4 nual basis, submit to the appropriate congres-
5 sional committees—

6 “(aa) a list of countries with respect
7 to which the Commissioner has made a de-
8 termination under subclause (II) to exclude
9 the countries from the requirement de-
10 scribed in subclause (I); and

11 “(bb) information used to support
12 such determination with respect to such
13 countries.

14 “(vii)(I) The Postmaster General shall, in
15 consultation with the Commissioner, refuse any
16 shipments received after December 31, 2020,
17 for which the information described in para-
18 graphs (1) and (2) is not transmitted as re-
19 quired under this subparagraph, except as pro-
20 vided in subclause (II).

21 “(II) If remedial action is warranted in
22 lieu of refusal of shipments pursuant to sub-
23 clause (I), the Postmaster General and the
24 Commissioner shall take remedial action with
25 respect to the shipments, including destruction,

1 seizure, controlled delivery or other law enforce-
2 ment initiatives, or correction of the failure to
3 provide the information described in paragraphs
4 (1) and (2) with respect to the shipment.

5 “(viii) Nothing in this subparagraph shall
6 be construed to limit the authority of the Sec-
7 retary to obtain information relating to inter-
8 national mail shipments from private carriers or
9 other appropriate parties.

10 “(ix) In this subparagraph, the term ‘ap-
11 propriate congressional committees’ means—

12 “(I) the Committee on Finance and
13 the Committee on Homeland Security and
14 Governmental Affairs of the Senate; and

15 “(II) the Committee on Ways and
16 Means, the Committee on Oversight and
17 Government Reform, and the Committee
18 on Homeland Security of the House of
19 Representatives.”.

20 (2) JOINT STRATEGIC PLAN ON MANDATORY
21 ADVANCE INFORMATION.—Not later than 60 days
22 after the date of the enactment of this Act, the Sec-
23 retary of Homeland Security and the Postmaster
24 General shall develop and submit to the appropriate
25 congressional committees a joint strategic plan de-

1 tailing specific performance measures for achiev-
2 ing—

3 (A) the transmission of information as re-
4 quired by section 343(a)(3)(K) of the Trade
5 Act of 2002, as amended by paragraph (1); and

6 (B) the presentation by the Postal Service
7 to U.S. Customs and Border Protection of all
8 mail targeted by U.S. Customs and Border Pro-
9 tection for inspection.

10 (b) CAPACITY BUILDING.—

11 (1) IN GENERAL.—Section 343(a) of the Trade
12 Act of 2002 (Public Law 107–210; 19 U.S.C. 2071
13 note) is amended by adding at the end the following:

14 “(5) CAPACITY BUILDING.—

15 “(A) IN GENERAL.—The Secretary, with
16 the concurrence of the Secretary of State, and
17 in coordination with the Postmaster General
18 and the heads of other Federal agencies, as ap-
19 propriate, may provide technical assistance,
20 equipment, technology, and training to enhance
21 the capacity of foreign postal operators—

22 “(i) to gather and provide the infor-
23 mation required by paragraph (3)(K); and

24 “(ii) to otherwise gather and provide
25 postal shipment information related to—

1 “(I) terrorism;
2 “(II) items the importation or in-
3 troduction of which into the United
4 States is prohibited or restricted, in-
5 cluding controlled substances; and
6 “(III) such other concerns as the
7 Secretary determines appropriate.

8 “(B) PROVISION OF EQUIPMENT AND
9 TECHNOLOGY.—With respect to the provision of
10 equipment and technology under subparagraph
11 (A), the Secretary may lease, loan, provide, or
12 otherwise assist in the deployment of such
13 equipment and technology under such terms
14 and conditions as the Secretary may prescribe,
15 including nonreimbursable loans or the transfer
16 of ownership of equipment and technology.”.

17 (2) JOINT STRATEGIC PLAN ON CAPACITY
18 BUILDING.—Not later than one year after the date
19 of the enactment of this Act, the Secretary of Home-
20 land Security and the Postmaster General shall, in
21 consultation with the Secretary of State, jointly de-
22 velop and submit to the appropriate congressional
23 committees a joint strategic plan—

24 (A) detailing the extent to which U.S. Cus-
25 toms and Border Protection and the United

1 States Postal Service are engaged in capacity
2 building efforts under section 343(a)(5) of the
3 Trade Act of 2002, as added by paragraph (1);

4 (B) describing plans for future capacity
5 building efforts; and

6 (C) assessing how capacity building has in-
7 creased the ability of U.S. Customs and Border
8 Protection and the Postal Service to advance
9 the goals of this subtitle and the amendments
10 made by this subtitle.

11 (c) REPORT AND CONSULTATIONS BY SECRETARY OF
12 HOMELAND SECURITY AND POSTMASTER GENERAL.—

13 (1) REPORT.—Not later than 180 days after
14 the date of the enactment of this Act, and annually
15 thereafter until 3 years after the Postmaster Gen-
16 eral has met the requirement under clause (vi) of
17 subparagraph (K) of section 343(a)(3) of the Trade
18 Act of 2002, as amended by subsection (a)(1), the
19 Secretary of Homeland Security and the Postmaster
20 General shall, in consultation with the Secretary of
21 State, jointly submit to the appropriate congress-
22 sional committees a report on compliance with that
23 subparagraph that includes the following:

1 (A) An assessment of the status of the reg-
2 ulations required to be promulgated under that
3 subparagraph.

4 (B) An update regarding new and existing
5 agreements reached with foreign postal opera-
6 tors for the transmission of the information re-
7 quired by that subparagraph.

8 (C) A summary of deliberations between
9 the United States Postal Service and foreign
10 postal operators with respect to issues relating
11 to the transmission of that information.

12 (D) A summary of the progress made in
13 achieving the transmission of that information
14 for the percentage of shipments required by
15 that subparagraph.

16 (E) An assessment of the quality of that
17 information being received by foreign postal op-
18 erators, as determined by the Secretary of
19 Homeland Security, and actions taken to im-
20 prove the quality of that information.

21 (F) A summary of policies established by
22 the Universal Postal Union that may affect the
23 ability of the Postmaster General to obtain the
24 transmission of that information.

1 (G) A summary of the use of technology to
2 detect illicit synthetic opioids and other illegal
3 substances in international mail parcels and
4 planned acquisitions and advancements in such
5 technology.

6 (H) Such other information as the Sec-
7 retary of Homeland Security and the Post-
8 master General consider appropriate with re-
9 spect to obtaining the transmission of informa-
10 tion required by that subparagraph.

11 (2) CONSULTATIONS.—Not later than 180 days
12 after the date of the enactment of this Act, and
13 every 180 days thereafter until the Postmaster Gen-
14 eral has met the requirement under clause (vi) of
15 section 343(a)(3)(K) of the Trade Act of 2002, as
16 amended by subsection (a)(1), to arrange for the
17 transmission of information with respect to 100 per-
18 cent of the aggregate number of mail shipments de-
19 scribed in clause (i) of that section, the Secretary of
20 Homeland Security and the Postmaster General
21 shall provide briefings to the appropriate congres-
22 sional committees on the progress made in achieving
23 the transmission of that information for that per-
24 centage of shipments.

1 (d) GOVERNMENT ACCOUNTABILITY OFFICE RE-
2 PORT.—Not later than June 30, 2019, the Comptroller
3 General of the United States shall submit to the appro-
4 priate congressional committees a report—

5 (1) assessing the progress of the United States
6 Postal Service in achieving the transmission of the
7 information required by subparagraph (K) of section
8 343(a)(3) of the Trade Act of 2002, as amended by
9 subsection (a)(1), for the percentage of shipments
10 required by that subparagraph;

11 (2) assessing the quality of the information re-
12 ceived from foreign postal operators for targeting
13 purposes;

14 (3) assessing the specific percentage of targeted
15 mail presented by the Postal Service to U.S. Cus-
16 toms and Border Protection for inspection;

17 (4) describing the costs of collecting the infor-
18 mation required by such subparagraph (K) from for-
19 eign postal operators and the costs of implementing
20 the use of that information;

21 (5) assessing the benefits of receiving that in-
22 formation with respect to international mail ship-
23 ments;

24 (6) assessing the feasibility of assessing a cus-
25 toms fee under section 13031(b)(9) of the Consoli-

1 dated Omnibus Budget Reconciliation Act of 1985,
2 as amended by section 2402, on international mail
3 shipments other than Inbound Express Mail service
4 in a manner consistent with the obligations of the
5 United States under international agreements; and

6 (7) identifying recommendations, including rec-
7 ommendations for legislation, to improve the compli-
8 ance of the Postal Service with such subparagraph
9 (K), including an assessment of whether the detec-
10 tion of illicit synthetic opioids in the international
11 mail would be improved by—

12 (A) requiring the Postal Service to serve as
13 the consignee for international mail shipments
14 containing goods; or

15 (B) designating a customs broker to act as
16 an importer of record for international mail
17 shipments containing goods.

18 (e) TECHNICAL CORRECTION.—Section 343 of the
19 Trade Act of 2002 (Public Law 107–210; 19 U.S.C. 2071
20 note) is amended in the section heading by striking “**AD-**
21 **VANCED**” and inserting “**ADVANCE**”.

22 (f) APPROPRIATE CONGRESSIONAL COMMITTEES DE-
23 FINED.—In this section, the term “appropriate congres-
24 sional committees” means—

1 (1) the Committee on Finance and the Com-
2 mittee on Homeland Security and Governmental Af-
3 fairs of the Senate; and

4 (2) the Committee on Ways and Means, the
5 Committee on Oversight and Government Reform,
6 and the Committee on Homeland Security of the
7 House of Representatives.

8 **SEC. 2404. INTERNATIONAL POSTAL AGREEMENTS.**

9 (a) EXISTING AGREEMENTS.—

10 (1) IN GENERAL.—In the event that any provi-
11 sion of this subtitle, or any amendment made by this
12 subtitle, is determined to be in violation of obliga-
13 tions of the United States under any postal treaty,
14 convention, or other international agreement related
15 to international postal services, or any amendment
16 to such an agreement, the Secretary of State should
17 negotiate to amend the relevant provisions of the
18 agreement so that the United States is no longer in
19 violation of the agreement.

20 (2) RULE OF CONSTRUCTION.—Nothing in this
21 subsection shall be construed to permit delay in the
22 implementation of this subtitle or any amendment
23 made by this subtitle.

24 (b) FUTURE AGREEMENTS.—

1 (1) CONSULTATIONS.—Before entering into, on
2 or after the date of the enactment of this Act, any
3 postal treaty, convention, or other international
4 agreement related to international postal services, or
5 any amendment to such an agreement, that is re-
6 lated to the ability of the United States to secure
7 the provision of advance electronic information by
8 foreign postal operators, the Secretary of State
9 should consult with the appropriate congressional
10 committees (as defined in section 2403(f)).

11 (2) EXPEDITED NEGOTIATION OF NEW AGREE-
12 MENT.—To the extent that any new postal treaty,
13 convention, or other international agreement related
14 to international postal services would improve the
15 ability of the United States to secure the provision
16 of advance electronic information by foreign postal
17 operators as required by regulations prescribed
18 under section 343(a)(3)(K) of the Trade Act of
19 2002, as amended by section 2403(a)(1), the Sec-
20 retary of State should expeditiously conclude such
21 an agreement.

22 **SEC. 2405. COST RECOUPMENT.**

23 (a) IN GENERAL.—The United States Postal Service
24 shall, to the extent practicable and otherwise recoverable
25 by law, ensure that all costs associated with complying

1 with this subtitle and amendments made by this subtitle
2 are charged directly to foreign shippers or foreign postal
3 operators.

4 (b) COSTS NOT CONSIDERED REVENUE.—The recov-
5 ery of costs under subsection (a) shall not be deemed rev-
6 enue for purposes of subchapter I and II of chapter 36
7 of title 39, United States Code, or regulations prescribed
8 under that chapter.

9 **SEC. 2406. DEVELOPMENT OF TECHNOLOGY TO DETECT IL-**
10 **LICIT NARCOTICS.**

11 (a) IN GENERAL.—The Postmaster General and the
12 Commissioner of U.S. Customs and Border Protection, in
13 coordination with the heads of other agencies as appro-
14 priate, shall collaborate to identify and develop technology
15 for the detection of illicit fentanyl, other synthetic opioids,
16 and other narcotics and psychoactive substances entering
17 the United States by mail.

18 (b) OUTREACH TO PRIVATE SECTOR.—The Post-
19 master General and the Commissioner shall conduct out-
20 reach to private sector entities to gather information re-
21 garding the current state of technology to identify areas
22 for innovation relating to the detection of illicit fentanyl,
23 other synthetic opioids, and other narcotics and
24 psychoactive substances entering the United States.

1 **SEC. 2407. CIVIL PENALTIES FOR POSTAL SHIPMENTS.**

2 Section 436 of the Tariff Act of 1930 (19 U.S.C.
3 1436) is amended by adding at the end the following new
4 subsection:

5 “(e) CIVIL PENALTIES FOR POSTAL SHIPMENTS.—

6 “(1) CIVIL PENALTY.—A civil penalty shall be
7 imposed against the United States Postal Service if
8 the Postal Service accepts a shipment in violation of
9 section 343(a)(3)(K)(vii)(I) of the Trade Act of
10 2002.

11 “(2) MODIFICATION OF CIVIL PENALTY.—

12 “(A) IN GENERAL.—U.S. Customs and
13 Border Protection shall reduce or dismiss a civil
14 penalty imposed pursuant to paragraph (1) if
15 U.S. Customs and Border Protection deter-
16 mines that the United States Postal Service—

17 “(i) has a low error rate in compliance
18 with section 343(a)(3)(K) of the Trade Act
19 of 2002;

20 “(ii) is cooperating with U.S. Customs
21 and Border Protection with respect to the
22 violation of section 343(a)(3)(K)(vii)(I) of
23 the Trade Act of 2002; or

24 “(iii) has taken remedial action to
25 prevent future violations of section

1 343(a)(3)(K)(vii)(I) of the Trade Act of
2 2002.

3 “(B) WRITTEN NOTIFICATION.—U.S. Cus-
4 toms and Border Protection shall issue a writ-
5 ten notification to the Postal Service with re-
6 spect to each exercise of the authority of sub-
7 paragraph (A) to reduce or dismiss a civil pen-
8 alty imposed pursuant to paragraph (1).

9 “(3) ONGOING LACK OF COMPLIANCE.—If U.S.
10 Customs and Border Protection determines that the
11 United States Postal Service—

12 “(A) has repeatedly committed violations
13 of section 343(a)(3)(K)(vii)(I) of the Trade Act
14 of 2002,

15 “(B) has failed to cooperate with U.S.
16 Customs and Border Protection with respect to
17 violations of section 343(a)(3)(K)(vii)(I) of the
18 Trade Act of 2002, and

19 “(C) has an increasing error rate in com-
20 pliance with section 343(a)(3)(K) of the Trade
21 Act of 2002,

22 civil penalties may be imposed against the United
23 States Postal Service until corrective action, satis-
24 factory to U.S. Customs and Border Protection, is
25 taken.”.

1 **SEC. 2408. REPORT ON VIOLATIONS OF ARRIVAL, REPORT-**
2 **ING, ENTRY, AND CLEARANCE REQUIRE-**
3 **MENTS AND FALSITY OR LACK OF MANIFEST.**

4 (a) IN GENERAL.—The Commissioner of U.S. Cus-
5 toms and Border Protection shall submit to the appro-
6 priate congressional committees an annual report that
7 contains the information described in subsection (b) with
8 respect to each violation of section 436 of the Tariff Act
9 of 1930 (19 U.S.C. 1436), as amended by section 7, and
10 section 584 of such Act (19 U.S.C. 1584) that occurred
11 during the previous year.

12 (b) INFORMATION DESCRIBED.—The information de-
13 scribed in this subsection is the following:

14 (1) The name and address of the violator.

15 (2) The specific violation that was committed.

16 (3) The location or port of entry through which
17 the items were transported.

18 (4) An inventory of the items seized, including
19 a description of the items and the quantity seized.

20 (5) The location from which the items origi-
21 nated.

22 (6) The entity responsible for the apprehension
23 or seizure, organized by location or port of entry.

24 (7) The amount of penalties assessed by U.S.
25 Customs and Border Protection, organized by name
26 of the violator and location or port of entry.

1 (8) The amount of penalties that U.S. Customs
2 and Border Protection could have levied, organized
3 by name of the violator and location or port of entry.

4 (9) The rationale for negotiating lower pen-
5 alties, organized by name of the violator and location
6 or port of entry.

7 (c) APPROPRIATE CONGRESSIONAL COMMITTEES DE-
8 FINED.—In this section, the term “appropriate congres-
9 sional committees” means—

10 (1) the Committee on Finance and the Com-
11 mittee on Homeland Security and Governmental Af-
12 fairs of the Senate; and

13 (2) the Committee on Ways and Means, the
14 Committee on Oversight and Government Reform,
15 and the Committee on Homeland Security of the
16 House of Representatives.

17 **SEC. 2409. EFFECTIVE DATE; REGULATIONS.**

18 (a) EFFECTIVE DATE.—This subtitle and the amend-
19 ments made by this subtitle (other than the amendments
20 made by section 2402) shall take effect on the date of the
21 enactment of this Act.

22 (b) REGULATIONS.—Not later than one year after the
23 date of the enactment of this Act, such regulations as are
24 necessary to carry out this subtitle and the amendments
25 made by this subtitle shall be prescribed.

1 **TITLE III—JUDICIARY**
2 **Subtitle A—Access to Increased**
3 **Drug Disposal**

4 **SEC. 3101. SHORT TITLE.**

5 This subtitle may be cited as the “Access to In-
6 creased Drug Disposal Act of 2018”.

7 **SEC. 3102. DEFINITIONS.**

8 In this subtitle—

9 (1) the term “Attorney General” means the At-
10 torney General, acting through the Assistant Attor-
11 ney General for the Office of Justice Programs;

12 (2) the term “authorized collector” means a
13 narcotic treatment program, a hospital or clinic with
14 an on-site pharmacy, a retail pharmacy, or a reverse
15 distributor, that is authorized as a collector under
16 section 1317.40 of title 21, Code of Federal Regula-
17 tions (or any successor regulation);

18 (3) the term “covered grant” means a grant
19 awarded under section 3003; and

20 (4) the term “eligible collector” means a person
21 who is eligible to be an authorized collector.

22 **SEC. 3103. AUTHORITY TO MAKE GRANTS.**

23 The Attorney General shall award grants to States
24 to enable the States to increase the participation of eligible
25 collectors as authorized collectors.

1 **SEC. 3104. APPLICATION.**

2 A State desiring a covered grant shall submit to the
3 Attorney General an application that, at a minimum—

4 (1) identifies the single State agency that over-
5 sees pharmaceutical care and will be responsible for
6 complying with the requirements of the grant;

7 (2) details a plan to increase participation rates
8 of eligible collectors as authorized collectors; and

9 (3) describes how the State will select eligible
10 collectors to be served under the grant.

11 **SEC. 3105. USE OF GRANT FUNDS.**

12 A State that receives a covered grant, and any sub-
13 recipient of the grant, may use the grant amounts only
14 for the costs of installation, maintenance, training, pur-
15 chasing, and disposal of controlled substances associated
16 with the participation of eligible collectors as authorized
17 collectors.

18 **SEC. 3106. ELIGIBILITY FOR GRANT.**

19 The Attorney General shall award a covered grant to
20 5 States, not less than 3 of which shall be States in the
21 lowest quartile of States based on the participation rate
22 of eligible collectors as authorized collectors, as deter-
23 mined by the Attorney General.

24 **SEC. 3107. DURATION OF GRANTS.**

25 The Attorney General shall determine the period of
26 years for which a covered grant is made to a State.

1 **SEC. 3108. ACCOUNTABILITY AND OVERSIGHT.**

2 A State that receives a covered grant shall submit
3 to the Attorney General a report, at such time and in such
4 manner as the Attorney General may reasonably require,
5 that—

6 (1) lists the ultimate recipients of the grant
7 amounts;

8 (2) describes the activities undertaken by the
9 State using the grant amounts; and

10 (3) contains performance measures relating to
11 the effectiveness of the grant, including changes in
12 the participation rate of eligible collectors as author-
13 ized collectors.

14 **SEC. 3109. DURATION OF PROGRAM.**

15 The Attorney General may award covered grants for
16 each of the first 5 fiscal years beginning after the date
17 of enactment of this Act.

18 **SEC. 3110. AUTHORIZATION OF APPROPRIATIONS.**

19 There is authorized to be appropriated to the Attor-
20 ney General such sums as may be necessary to carry out
21 this subtitle.

22 **Subtitle B—Using Data To Prevent**
23 **Opioid Diversion**

24 **SEC. 3201. SHORT TITLE.**

25 This subtitle may be cited as the “Using Data to Pre-
26 vent Opioid Diversion Act of 2018”.

1 **SEC. 3202. PURPOSE.**

2 (a) IN GENERAL.—The purpose of this subtitle is to
3 provide drug manufacturers and distributors with access
4 to anonymized information through the Automated Re-
5 ports and Consolidated Orders System to help drug manu-
6 facturers and distributors identify, report, and stop sus-
7 picious orders of opioids and reduce diversion rates.

8 (b) RULE OF CONSTRUCTION.—Nothing in this sub-
9 title should be construed to absolve a drug manufacturer,
10 drug distributor, or other Drug Enforcement Administra-
11 tion registrant from the responsibility of the manufac-
12 turer, distributor, or other registrant to—

13 (1) identify, stop, and report suspicious orders;

14 or

15 (2) maintain effective controls against diversion
16 in accordance with section 303 of the Controlled
17 Substances Act (21 U.S.C. 823) or any successor
18 law or associated regulation.

19 **SEC. 3203. AMENDMENTS.**

20 (a) RECORDS AND REPORTS OF REGISTRANTS.—Sec-
21 tion 307 of the Controlled Substances Act (21 U.S.C. 827)
22 is amended—

23 (1) by redesignating subsections (f), (g), and
24 (h) as subsections (g), (h), and (i), respectively;

25 (2) by inserting after subsection (e) the fol-
26 lowing:

1 “(f)(1) The Attorney General shall, not less fre-
2 quently than quarterly, make the following information
3 available to manufacturer and distributor registrants
4 through the Automated Reports and Consolidated Orders
5 System, or any subsequent automated system developed
6 by the Drug Enforcement Administration to monitor se-
7 lected controlled substances:

8 “(A) The total number of distributor reg-
9 istrants that distribute controlled substances to a
10 pharmacy or practitioner registrant, aggregated by
11 the name and address of each pharmacy and practi-
12 tioner registrant.

13 “(B) The total quantity and type of opioids dis-
14 tributed, listed by Administration Controlled Sub-
15 stances Code Number, to each pharmacy and practi-
16 tioner registrant described in subparagraph (A).

17 “(2) The information required to be made available
18 under paragraph (1) shall be made available not later than
19 the 15th day of the first month following the quarter to
20 which the information relates.

21 “(3)(A) All registered manufacturers and distributors
22 shall be responsible for reviewing the information made
23 available by the Attorney General under this subsection.

24 “(B) In determining whether to initiate proceedings
25 under this title against a registered manufacturer or dis-

1 tributor based on the failure of the registrant to maintain
2 effective controls against diversion or otherwise comply
3 with the requirements of this title or the regulations issued
4 thereunder, the Attorney General may take into account
5 that the information made available under this subsection
6 was available to the registrant.”; and

7 (3) by inserting after subsection (i), as so re-
8 designated, the following:

9 “(j) All of the reports required under this section
10 shall be provided in an electronic format.”.

11 (b) COOPERATIVE ARRANGEMENTS.—Section 503 of
12 the Controlled Substances Act (21 U.S.C. 873) is amend-
13 ed—

14 (1) by striking subsection (c) and inserting the
15 following:

16 “(c)(1) The Attorney General shall, once every 6
17 months, prepare and make available to regulatory, licens-
18 ing, attorneys general, and law enforcement agencies of
19 States a standardized report containing descriptive and
20 analytic information on the actual distribution patterns,
21 as gathered through the Automated Reports and Consoli-
22 dated Orders System, or any subsequent automated sys-
23 tem, pursuant to section 307 and which includes detailed
24 amounts, outliers, and trends of distributor and pharmacy
25 registrants, in such States for the controlled substances

1 contained in schedule II, which, in the discretion of the
2 Attorney General, are determined to have the highest
3 abuse.

4 “(2) If the Attorney General publishes the report de-
5 scribed in paragraph (1) once every 6 months as required
6 under paragraph (1), nothing in this subsection shall be
7 construed to bring an action in any court to challenge the
8 sufficiency of the information or to compel the Attorney
9 General to produce any documents or reports referred to
10 in this subsection.”.

11 (c) CIVIL AND CRIMINAL PENALTIES.—Section 402
12 of the Controlled Substances Act (21 U.S.C. 842) is
13 amended—

14 (1) in subsection (a)—

15 (A) in paragraph (15), by striking “or” at
16 the end;

17 (B) in paragraph (16), by striking the pe-
18 riod at the end and inserting “; or”; and

19 (C) by inserting after paragraph (16) the
20 following:

21 “(17) in the case of a registered manufacturer
22 or distributor of opioids, to fail to review the most
23 recent information, directly related to the customers
24 of the manufacturer or distributor, made available

1 by the Attorney General in accordance with section
2 307(f).”; and

3 (2) in subsection (c)—

4 (A) in paragraph (1), by striking subpara-
5 graph (B) and inserting the following:

6 “(B)(i) Except as provided in clause (ii), in the case
7 of a violation of paragraph (5), (10), or (17) of subsection
8 (a), the penalty shall not exceed \$10,000.

9 “(ii) In the case of a violation described in clause (i)
10 committed by a registered manufacturer or distributor of
11 opioids and related to the reporting of suspicious orders
12 for opioids, failing to maintain effective controls against
13 diversion of opioids, or failing to review the most recent
14 information made available by the Attorney General in ac-
15 cordance with section 307(f), the penalty shall not exceed
16 \$100,000.”; and

17 (B) in paragraph (2)—

18 (i) in subparagraph (A), by inserting
19 “or (D)” after “subparagraph (B)”; and

20 (ii) by adding at the end the fol-
21 lowing:

22 “(D) In the case of a violation described in subpara-
23 graph (A) that was a violation of paragraph (5), (10), or
24 (17) of subsection (a) committed by a registered manufac-
25 turer or distributor of opioids that relates to the reporting

1 of suspicious orders for opioids, failing to maintain effec-
2 tive controls against diversion of opioids, or failing to re-
3 view the most recent information made available by the
4 Attorney General in accordance with section 307(f), the
5 criminal fine under title 18, United States Code, shall not
6 exceed \$500,000.”.

7 **SEC. 3204. REPORT.**

8 Not later than 1 year after the date of enactment
9 of this Act, the Attorney General shall submit to Congress
10 a report that provides information about how the Attorney
11 General is using data in the Automation of Reports and
12 Consolidated Orders System to identify and stop sus-
13 picious activity, including whether the Attorney General
14 is looking at aggregate orders from individual pharmacies
15 to multiple distributors that in total are suspicious, even
16 if no individual order rises to the level of a suspicious
17 order to a given distributor.

18 **Subtitle C—Substance Abuse**
19 **Prevention**

20 **SEC. 3301. SHORT TITLE.**

21 This subtitle may be cited as the “Substance Abuse
22 Prevention Act of 2018”.

1 **SEC. 3302. REAUTHORIZATION OF THE OFFICE OF NA-**
2 **TIONAL DRUG CONTROL POLICY.**

3 (a) OFFICE OF NATIONAL DRUG CONTROL POLICY
4 REAUTHORIZATION ACT OF 1998.—

5 (1) IN GENERAL.—The Office of National Drug
6 Control Policy Reauthorization Act of 1998 (21
7 U.S.C. 1701 et seq.), as in effect on September 29,
8 2003, and as amended by the laws described in
9 paragraph (2), is revived and restored.

10 (2) LAWS DESCRIBED.—The laws described in
11 this paragraph are:

12 (A) The Office of National Drug Control
13 Policy Reauthorization Act of 2006 (Public
14 Law 109–469; 120 Stat. 3502).

15 (B) The Presidential Appointment Effi-
16 ciency and Streamlining Act of 2011 (Public
17 Law 112–166; 126 Stat. 1283).

18 (b) REAUTHORIZATION.—Section 715(a) of the Of-
19 fice of National Drug Control Policy Reauthorization Act
20 of 1998 (21 U.S.C. 1712(a)) is amended by striking
21 “2010” and inserting “2022”.

22 **SEC. 3303. REAUTHORIZATION OF THE DRUG-FREE COMMU-**
23 **NITIES PROGRAM.**

24 Section 1024 of the National Narcotics Leadership
25 Act of 1988 (21 U.S.C. 1524(a)) is amended by striking
26 subsections (a) and (b) and inserting the following:

1 “(a) IN GENERAL.—There is authorized to be appro-
2 priated to the Office of National Drug Control Policy to
3 carry out this chapter \$99,000,000 for each of fiscal years
4 2018 through 2022.

5 “(b) ADMINISTRATIVE COSTS.—Not more than 8
6 percent of the funds appropriated to carry out this chapter
7 may be used by the Office of National Drug Control Policy
8 to pay administrative costs associated with the responsibil-
9 ities of the Office under this chapter.”.

10 **SEC. 3304. REAUTHORIZATION OF THE NATIONAL COMMU-**
11 **NITY ANTI-DRUG COALITION INSTITUTE.**

12 Section 4(c)(4) of Public Law 107–82 (21 U.S.C.
13 1521 note) is amended by striking “2008 through 2012”
14 and inserting “2018 through 2022”.

15 **SEC. 3305. REAUTHORIZATION OF THE HIGH-INTENSITY**
16 **DRUG TRAFFICKING AREA PROGRAM.**

17 Section 707(p) of the Office of National Drug Con-
18 trol Policy Reauthorization Act of 1998 (21 U.S.C.
19 1706(p)) is amended—

20 (1) in paragraph (4), by striking “and” at the
21 end;

22 (2) in paragraph (5), by striking the period at
23 the end and inserting “; and”; and

24 (3) by adding at the end the following:

1 “(6) \$280,000,000 for each of fiscal years 2018
2 through 2022.”.

3 **SEC. 3306. REAUTHORIZATION OF DRUG COURT PROGRAM.**

4 Section 1001(a)(25)(A) of title I of the Omnibus
5 Crime Control and Safe Streets Act of 1968 (34 U.S.C.
6 10261(a)(25)(A)) is amended by striking “Except as pro-
7 vided” and all that follows and inserting the following:
8 “Except as provided in subparagraph (C), there is author-
9 ized to be appropriated to carry out part EE \$75,000,000
10 for each of fiscal years 2018 through 2022.”.

11 **SEC. 3307. DRUG COURT TRAINING AND TECHNICAL AS-**
12 **SISTANCE.**

13 Section 705 of the Office of National Drug Control
14 Policy Reauthorization Act of 1998 (21 U.S.C. 1704) is
15 amended by adding at the end the following—

16 “(e) DRUG COURT TRAINING AND TECHNICAL AS-
17 SISTANCE PROGRAM.—Using funds appropriated to carry
18 out this title, the Director may make grants to nonprofit
19 organizations for the purpose of providing training and
20 technical assistance to drug courts.”.

21 **SEC. 3308. DRUG OVERDOSE RESPONSE STRATEGY.**

22 Section 707 of the Office of National Drug Control
23 Policy Reauthorization Act of 1998 (21 U.S.C. 1706) is
24 amended by adding at the end the following:

1 “(r) DRUG OVERDOSE RESPONSE STRATEGY IMPL-
2 MENTATION.—The Director may use funds appropriated
3 to carry out this section to implement a drug overdose re-
4 sponse strategy in high intensity drug trafficking areas on
5 a nationwide basis by—

6 “(1) coordinating multi-disciplinary efforts to
7 prevent, reduce, and respond to drug overdoses, in-
8 cluding the uniform reporting of fatal and non-fatal
9 overdoses to public health and safety officials;

10 “(2) increasing data sharing among public safe-
11 ty and public health officials concerning drug-related
12 abuse trends, including new psychoactive substances,
13 and related crime; and

14 “(3) enabling collaborative deployment of pre-
15 vention, intervention, and enforcement resources to
16 address substance use addiction and narcotics traf-
17 ficking.”.

18 **SEC. 3309. PROTECTING LAW ENFORCEMENT OFFICERS**

19 **FROM ACCIDENTAL EXPOSURE.**

20 Section 707 of the Office of National Drug Control
21 Policy Reauthorization Act of 1998 (21 U.S.C. 1706), as
22 amended by section 3308, is amended by adding at the
23 end the following:

24 “(s) SUPPLEMENTAL GRANTS.—The Director is au-
25 thorized to use not more than \$10,000,000 of the amounts

1 otherwise appropriated to carry out this section to provide
2 supplemental competitive grants to high intensity drug
3 trafficking areas that have experienced high seizures of
4 fentanyl and new psychoactive substances for the purposes
5 of—

6 “(1) purchasing portable equipment to test for
7 fentanyl and other substances;

8 “(2) training law enforcement officers and
9 other first responders on best practices for handling
10 fentanyl and other substances; and

11 “(3) purchasing protective equipment, including
12 overdose reversal drugs.”.

13 **SEC. 3310. COPS ANTI-METH PROGRAM.**

14 Section 1701 of title I of the Omnibus Crime Control
15 and Safe Streets Act of 1968 (34 U.S.C. 10381) is amend-
16 ed—

17 (1) by redesignating subsection (k) as sub-
18 section (l); and

19 (2) by inserting after subsection (j) the fol-
20 lowing:

21 “(k) COPS ANTI-METH PROGRAM.—The Attorney
22 General shall use amounts otherwise appropriated to carry
23 out this section to make competitive grants, in amounts
24 of not less than \$1,000,000 for a fiscal year, to State law
25 enforcement agencies with high seizures of precursor

1 chemicals, finished methamphetamine, laboratories, and
2 laboratory dump seizures for the purpose of locating or
3 investigating illicit activities, such as precursor diversion,
4 laboratories, or methamphetamine traffickers.”.

5 **SEC. 3311. COPS ANTI-HEROIN TASK FORCE PROGRAM.**

6 Section 1701 of title I of the Omnibus Crime Control
7 and Safe Streets Act of 1968 (34 U.S.C. 10381) is amend-
8 ed—

9 (1) by redesignating subsection (l), as so redes-
10 igned by section 3310, as subsection (m); and

11 (2) by inserting after subsection (k), as added
12 by section 3310, the following:

13 “(l) COPS ANTI-HEROIN TASK FORCE PROGRAM.—
14 The Attorney General shall use amounts otherwise appro-
15 priated to carry out this section, or other amounts as ap-
16 propriated, to make competitive grants to State law en-
17 forcement agencies in States with high per capita rates
18 of primary treatment admissions, for the purpose of locat-
19 ing or investigating illicit activities, through Statewide col-
20 laboration, relating to the distribution of heroin, fentanyl,
21 or carfentanil or relating to the unlawful distribution of
22 prescription opioids.”.

1 **SEC. 3312. COMPREHENSIVE ADDICTION AND RECOVERY**
2 **ACT EDUCATION AND AWARENESS.**

3 Title VII of the Comprehensive Addiction and Recov-
4 ery Act of 2016 (Public Law 114–198; 130 Stat. 735)
5 is amended by adding at the end the following:

6 **“SEC. 709. SERVICES FOR FAMILIES AND PATIENTS IN CRI-**
7 **SIS.**

8 “(a) IN GENERAL.—The Attorney General may make
9 grants to entities that focus on addiction and substance
10 use disorders and specialize in family and patient services,
11 advocacy for patients and families, and educational infor-
12 mation.

13 “(b) ALLOWABLE USES.—A grant awarded under
14 this section may be used for private, nonprofit national
15 organizations that engage in all of the following activities:

16 “(1) Expansion of phone line or call center
17 services with professional, clinical staff that provide,
18 for families and individuals impacted by a substance
19 use disorder, support, access to treatment resources,
20 brief assessments, medication and overdose preven-
21 tion education, compassionate listening services, re-
22 covery support or peer specialists, bereavement and
23 grief support, and case management.

24 “(2) Continued development of health informa-
25 tion technology systems that leverage new and up-
26 coming technology and techniques for prevention,

1 intervention, and filling resource gaps in commu-
2 nities that are underserved.

3 “(3) Enhancement and operation of treatment
4 and recovery resources, easy-to-read scientific and
5 evidence-based education on addiction and substance
6 use disorders, and other informational tools for fam-
7 ilies and individuals impacted by a substance use
8 disorder and community stakeholders, such as law
9 enforcement agencies.

10 “(4) Provision of training and technical assist-
11 ance to State and local governments, law enforce-
12 ment agencies, health care systems, research institu-
13 tions, and other stakeholders.

14 “(5) Expanding upon and implementing edu-
15 cational information using evidence-based informa-
16 tion on substance use disorders.

17 “(6) Expansion of training of community stake-
18 holders, law enforcement officers, and families
19 across a broad-range of addiction, health, and re-
20 lated topics on substance use disorders, local issues
21 and community-specific issues related to the drug
22 epidemic.

23 “(7) Program evaluation.

24 “(c) AUTHORIZATION OF APPROPRIATIONS.—For
25 each of fiscal years 2018 through 2022, the Attorney Gen-

1 eral is authorized to award not more than \$10,000,000
2 of amounts otherwise appropriated to the Attorney Gen-
3 eral for comprehensive opioid abuse reduction activities for
4 purposes of carrying out this section.”.

5 **SEC. 3313. PROTECTING CHILDREN WITH ADDICTED PAR-**
6 **ENTS.**

7 Part D of title V of the Public Health Service Act
8 (42 U.S.C. 290dd et seq.) is amended by adding at the
9 end the following:

10 **“SEC. 550. PROTECTING CHILDREN WITH ADDICTED PAR-**
11 **ENTS.**

12 “(a) BEST PRACTICES.—The Secretary, acting
13 through the Assistant Secretary and in cooperation with
14 the Commissioner of the Administration on Children,
15 Youth and Families, shall collect and disseminate best
16 practices for States regarding interventions and strategies
17 to keep families affected by a substance use disorder to-
18 gether, when it can be done safely. Such best practices
19 shall—

20 “(1) utilize comprehensive family-centered ap-
21 proaches;

22 “(2) ensure that families have access to drug
23 screening, substance use disorder treatment, medica-
24 tion-assisted treatment approved by the Food and
25 Drug Administration, and parental support; and

1 “(3) build upon lessons learned from—

2 “(A) programs such as the maternal, in-
3 fant, and early childhood home visiting program
4 under section 511 of the Social Security Act;
5 and

6 “(B) identifying substance abuse preven-
7 tion and treatment services that meet the re-
8 quirements for promising, supported, or well-
9 supported practices specified in section
10 471(e)(4)(C) of the Social Security Act (as such
11 section shall be in effect beginning on October
12 1, 2018).

13 “(b) GRANT PROGRAM.—The Secretary shall award
14 grants to States, units of local government, and tribal gov-
15 ernments to—

16 “(1) develop programs and models designed to
17 keep pregnant and post-partum women who have a
18 substance use disorder together with their newborns,
19 including programs and models that provide for
20 screenings of pregnant and post-partum women for
21 substance use disorders, treatment interventions,
22 supportive housing, nonpharmacological interven-
23 tions for children born with neonatal abstinence syn-
24 drome, medication assisted treatment, and other re-
25 covery supports; and

1 “(2) support the attendance of children who
2 have a family member living with a substance use
3 disorder at therapeutic camps or other therapeutic
4 programs aimed at addiction prevention education
5 and delaying the onset of first use, providing trusted
6 mentors and education on coping strategies that
7 these children can use in their daily lives, and family
8 support initiatives aimed at keeping these families
9 together.”.

10 **SEC. 3314. REIMBURSEMENT OF SUBSTANCE USE DIS-**
11 **ORDER TREATMENT PROFESSIONALS.**

12 Not later than January 1, 2020, the Comptroller
13 General of the United States shall submit to Congress a
14 report examining how substance use disorder services are
15 reimbursed.

16 **SEC. 3315. SOBRIETY TREATMENT AND RECOVERY TEAMS**
17 **(START).**

18 Title V of the Public Health Service Act (42 U.S.C.
19 290dd et seq.), as amended by section 3313, is further
20 amended by adding at the end the following:

21 **“SEC. 551. SOBRIETY TREATMENT AND RECOVERY TEAMS.**

22 “(a) IN GENERAL.—The Secretary may make grants
23 to States, units of local government, or tribal governments
24 to establish or expand Sobriety Treatment And Recovery
25 Team (referred to in this section as ‘START’) programs

1 to determine the effectiveness of pairing social workers
2 and mentors with families that are struggling with a sub-
3 stance use disorder and child abuse or neglect in order
4 to help provide peer support, intensive treatment, and
5 child welfare services.

6 “(b) ALLOWABLE USES.—A grant awarded under
7 this section may be used for one or more of the following
8 activities:

9 “(1) Training eligible staff, including social
10 workers, social services coordinators, child welfare
11 specialists, substance use disorder treatment profes-
12 sionals, and mentors.

13 “(2) Expanding access to substance use dis-
14 order treatment services and drug testing.

15 “(3) Enhancing data sharing with law enforce-
16 ment agencies, child welfare agencies, substance use
17 disorder treatment providers, judges, and court per-
18 sonnel.

19 “(4) Program evaluation and technical assist-
20 ance.

21 “(c) PROGRAM REQUIREMENTS.—A State, unit of
22 local government, or tribal government receiving a grant
23 under this section shall—

24 “(1) serve only families for which—

1 “(A) there is an open record of child abuse
2 or neglect within the family; and

3 “(B) substance use disorder was the pri-
4 mary reason for the record or finding described
5 in paragraph (1);

6 “(2) coordinate any grants awarded under this
7 section with any grant awarded under section 437(f)
8 of the Social Security Act focused on improving out-
9 comes for children affected by substance abuse; and

10 “(3) seek technical assistance on the establish-
11 ment or expansion of START programs from the
12 National Center on Substance Abuse and Child Wel-
13 fare.

14 “(d) AUTHORIZATION OF APPROPRIATIONS.—For
15 each of fiscal years 2018 through 2022, the Secretary is
16 authorized to award not more than \$10,000,000 of
17 amounts otherwise appropriated to the Secretary for com-
18 prehensive opioid abuse reduction activities for purposes
19 of carrying out this section.”.

20 **SEC. 3316. PROVIDER EDUCATION.**

21 Not later than 60 days after the date of enactment
22 of this Act, the Attorney General, in consultation with the
23 Secretary of Health and Human Services, shall complete
24 the plan related to medical registration coordination re-
25 quired by Senate Report 114–239, which accompanied the

1 Veterans Care Financial Protection Act of 2017 (Public
2 Law 115–131; 132 Stat. 334).

3 **SEC. 3317. DEMAND REDUCTION.**

4 Section 702(1) of the Office of National Drug Con-
5 trol Policy Reauthorization Act of 1998 (21 U.S.C.
6 1701(1)) is amended—

7 (1) by redesignating subparagraphs (F)
8 through (J) as subparagraphs (G) through (K), re-
9 spectively; and

10 (2) by inserting after subparagraph (E) the fol-
11 lowing:

12 “(F) support for long-term recovery from
13 substance use disorders;”.

14 **SEC. 3318. ANTI-DRUG MEDIA CAMPAIGN.**

15 Section 709 of the Office of National Drug Control
16 Policy Reauthorization Act of 1998 (21 U.S.C. 1708) is
17 amended—

18 (1) in the section heading, by striking
19 “**YOUTH**”;

20 (2) in subsection (a)—

21 (A) in the matter preceding paragraph (1),
22 by striking “youth”;

23 (B) in paragraph (1), by striking “young”;

24 (C) in paragraph (2), by striking “of
25 adults of the impact of drug abuse on young

1 people” and inserting “among the population
2 about the impact of drug abuse”; and

3 (D) in paragraph (3), by striking “parents
4 and other interested adults to discuss with
5 young people” and inserting “interested persons
6 to discuss”; and

7 (3) in subsection (b)(2)(C)(ii), by striking
8 “among youth”.

9 **SEC. 3319. TECHNICAL CORRECTIONS TO THE OFFICE OF**
10 **NATIONAL DRUG CONTROL POLICY REAU-**
11 **THORIZATION ACT OF 1998.**

12 The Office of National Drug Control Policy Reau-
13 thorization Act of 1998 (21 U.S.C. 1701 et seq.) is
14 amended—

15 (1) in section 703(b)(3)(E) (21 U.S.C.
16 1702(b)(3)(E))—

17 (A) in clause (i), by adding “and” at the
18 end;

19 (B) in clause (ii), by striking “; and” and
20 inserting a period; and

21 (C) by striking clause (iii);

22 (2) in section 704 (21 U.S.C. 1703)—

23 (A) in subsection (c)(3)(C)—

24 (i) in clause (v), by adding “and” at
25 the end;

1 (ii) in clause (vi), by striking “; and”
2 and inserting a period; and
3 (iii) by striking clause (vii); and
4 (B) in subsection (f)—
5 (i) by striking the first paragraph (5);
6 and
7 (ii) by striking the second paragraph
8 (4);
9 (3) in section 706(a)(2)(A) (21 U.S.C.
10 1705(a)(2)(A))—
11 (A) by striking clause (ix); and
12 (B) by redesignating clauses (x) through
13 (xiv) as clauses (ix) through (xiii), respectively;
14 and
15 (4) by striking section 708 (21 U.S.C. 1707).

16 **Subtitle D—Synthetic Abuse and**
17 **Labeling of Toxic Substances**

18 **SEC. 3401. SHORT TITLE.**

19 This subtitle may be cited as the “Synthetic Abuse
20 and Labeling of Toxic Substances Act of 2017” or the
21 “SALTS Act”.

22 **SEC. 3402. CONTROLLED SUBSTANCE ANALOGUES.**

23 Section 203 of the Controlled Substances Act (21
24 U.S.C. 813) is amended—

1 (1) by striking “A controlled” and inserting
2 “(a) IN GENERAL.—A controlled”; and

3 (2) by adding at the end the following:

4 “(b) DETERMINATION.—In determining whether a
5 controlled substance analogue was intended for human
6 consumption under subsection (a), evidence related to the
7 following factors may be considered, along with all other
8 relevant evidence:

9 “(1) The marketing, advertising, and labeling
10 of the substance.

11 “(2) The known efficacy or usefulness of the
12 substance for the marketed, advertised, or labeled
13 purpose.

14 “(3) The difference between the price at which
15 the substance is sold and the price at which the sub-
16 stance it is purported to be or advertised as is nor-
17 mally sold.

18 “(4) The diversion of the substance from legiti-
19 mate channels and the clandestine importation, man-
20 ufacture, or distribution of the substance.

21 “(5) Whether the defendant knew or should
22 have known the substance was intended to be con-
23 sumed by injection, inhalation, ingestion, or any
24 other immediate means.

1 Attorney General by regulation, in terms of pharma-
2 ceutical dosage forms prepared from or containing the
3 controlled substance.”;

4 (2) in subsection (b), in the first sentence, by
5 striking “production” and inserting “manufac-
6 turing”;

7 (3) in subsection (c), by striking “October” and
8 inserting “December”; and

9 (4) by adding at the end the following:

10 “(i)(1)(A) In establishing any quota under this sec-
11 tion, or any procurement quota established by the Attor-
12 ney General by regulation, for fentanyl, oxycodone,
13 hydrocodone, oxymorphone, or hydromorphone (in this
14 subsection referred to as a ‘covered controlled substance’),
15 the Attorney General shall estimate the amount of diver-
16 sion of the covered controlled substance that occurs in the
17 United States.

18 “(B) In estimating diversion under this paragraph,
19 the Attorney General—

20 “(i) shall consider information the Attorney
21 General, in consultation with the Secretary of
22 Health and Human Services, determines reliable on
23 rates of overdose deaths and abuse and overall pub-
24 lic health impact related to the covered controlled
25 substance in the United States; and

1 “(ii) may take into consideration whatever other
2 sources of information the Attorney General deter-
3 mines reliable.

4 “(C) After estimating the amount of diversion of a
5 covered controlled substance, the Attorney General shall
6 make appropriate quota reductions, as determined by the
7 Attorney General, from the quota the Attorney General
8 would have otherwise established had such diversion not
9 been considered.

10 “(2)(A) For any year for which the approved aggre-
11 gate production quota for a covered controlled substance
12 is higher than the approved aggregate production quota
13 for the covered controlled substance for the previous year,
14 the Attorney General shall include in the final order an
15 explanation of why the public health benefits of increasing
16 the quota clearly outweigh the consequences of having an
17 increased volume of the covered controlled substance avail-
18 able for sale, and potential diversion, in the United States.

19 “(B) Not later than 1 year after the date of enact-
20 ment of this subsection, and every year thereafter, the At-
21 torney General shall submit to the Caucus on Inter-
22 national Narcotics Control, the Committee on the Judici-
23 ary, the Committee on Health, Education, Labor, and
24 Pensions, and the Committee on Appropriations of the
25 Senate and the Committee on the Judiciary, the Com-

1 mittee on Energy and Commerce, and the Committee on
2 Appropriations of the House of Representatives the fol-
3 lowing information with regard to each covered controlled
4 substance:

5 “(i) An anonymized count of the total number
6 of manufacturers issued individual manufacturing
7 quotas that year for the covered controlled sub-
8 stance.

9 “(ii) An anonymized count of how many such
10 manufacturers were issued an approved manufac-
11 turing quota that was higher than the quota issued
12 to that manufacturer for the covered controlled sub-
13 stance in the previous year.

14 “(3) Not later than 1 year after the date of enact-
15 ment of this subsection, the Attorney General shall submit
16 to Congress a report on how the Attorney General, when
17 fixing and adjusting production and manufacturing quotas
18 under this section for covered controlled substances, will—

19 “(A) take into consideration changes in the ac-
20 cepted medical use of the covered controlled sub-
21 stances; and

22 “(B) work with the Secretary of Health and
23 Human Services on methods to appropriately and
24 anonymously survey opioid patients in order to esti-
25 mate and evaluate the type and amount of covered

1 controlled substances that patients are submitting
2 for collection from approved drug collection recep-
3 tacles, mail-back programs, and take-back events.”.

4 (b) CONFORMING CHANGE.—The Law Revision
5 Counsel is directed to amend the heading for subsection
6 (b) of section 826 of title 21, United States Code, by strik-
7 ing “PRODUCTION” and inserting “MANUFACTURING”.

8 **Subtitle F—Preventing Drug**
9 **Diversion**

10 **SEC. 3601. SHORT TITLE.**

11 This subtitle may be cited as the “Preventing Drug
12 Diversion Act of 2018”.

13 **SEC. 3602. IMPROVEMENTS TO PREVENT DRUG DIVERSION.**

14 (a) DEFINITION.—Section 102 of the Controlled Sub-
15 stances Act (21 U.S.C. 802) is amended by adding at the
16 end the following:

17 “(57) The term ‘suspicious order’ includes—

18 “(A) an order of a controlled substance of
19 unusual size;

20 “(B) an order of a controlled substance de-
21 viating substantially from a normal pattern;
22 and

23 “(C) orders of controlled substances of un-
24 usual frequency.”.

1 (b) SUSPICIOUS ORDERS.—Part C of the Controlled
2 Substances Act (21 U.S.C. 821 et seq.) is amended by
3 adding at the end the following:

4 **“SEC. 312. SUSPICIOUS ORDERS.**

5 “(a) REPORTING.—Each registrant shall—

6 “(1) design and operate a system to identify
7 suspicious orders for the registrant;

8 “(2) ensure that the system designed and oper-
9 ated under paragraph (1) by the registrant complies
10 with applicable Federal and State privacy laws; and

11 “(3) upon discovering a suspicious order or se-
12 ries of orders, notify the Administrator of the Drug
13 Enforcement Administration and the Special Agent
14 in Charge of the Division Office of the Drug En-
15 forcement Administration for the area in which the
16 registrant is located or conducts business.

17 “(b) SUSPICIOUS ORDER DATABASE.—

18 “(1) IN GENERAL.—Not later than 1 year after
19 the date of enactment of this section, the Attorney
20 General shall establish a centralized database for
21 collecting reports of suspicious orders.

22 “(2) SATISFACTION OF REPORTING REQUIRE-
23 MENTS.—If a registrant reports a suspicious order
24 to the centralized database established under para-
25 graph (1), the registrant shall be considered to have

1 complied with the requirement under subsection
2 (a)(3) to notify the Administrator of the Drug En-
3 forcement Administration and the Special Agent in
4 Charge of the Division Office of the Drug Enforce-
5 ment Administration for the area in which the reg-
6 istrant is located or conducts business.

7 “(c) SHARING INFORMATION WITH THE STATES.—

8 “(1) IN GENERAL.—The Attorney General shall
9 prepare and make available information regarding
10 suspicious orders in a State, including information
11 in the database established under subsection (b)(1),
12 to the point of contact for purposes of administra-
13 tive, civil, and criminal oversight relating to the di-
14 version of controlled substances for the State, as
15 designated by the Governor or chief executive officer
16 of the State.

17 “(2) TIMING.—The Attorney General shall pro-
18 vide information in accordance with paragraph (1)
19 within a reasonable period of time after obtaining
20 the information.

21 “(3) COORDINATION.—In establishing the proc-
22 ess for the provision of information under this sub-
23 section, the Attorney General shall coordinate with
24 States to ensure that the Attorney General has ac-
25 cess to information, as permitted under State law,

1 possessed by the States relating to prescriptions for
2 controlled substances that will assist in enforcing
3 Federal law.”.

4 (c) REPORTS TO CONGRESS.—

5 (1) DEFINITION.—In this subsection, the term
6 “suspicious order” has the meaning given that term
7 in section 102 of the Controlled Substances Act, as
8 amended by this subtitle.

9 (2) ONE TIME REPORT.—Not later than 1 year
10 after the date of enactment of this Act, the Attorney
11 General shall submit to Congress a report on the re-
12 porting of suspicious orders, which shall include—

13 (A) a description of the centralized data-
14 base established under section 312 of the Con-
15 trolled Substances Act, as added by this sec-
16 tion, to collect reports of suspicious orders;

17 (B) a description of the system and reports
18 established under section 312 of the Controlled
19 Substances Act, as added by this section, to
20 share information with States;

21 (C) information regarding how the Attor-
22 ney General used reports of suspicious orders
23 before the date of enactment of this Act and
24 after the date of enactment of this Act, includ-
25 ing how the Attorney General received the re-

1 ports and what actions were taken in response
2 to the reports; and

3 (D) descriptions of the data analyses con-
4 ducted on reports of suspicious orders to iden-
5 tify, analyze, and stop suspicious activity.

6 (3) **ADDITIONAL REPORTS.**—Not later than 1
7 year after the date of enactment of this Act, and an-
8 nually thereafter until the date that is 5 years after
9 the date of enactment of this Act, the Attorney Gen-
10 eral shall submit to Congress a report providing, for
11 the previous year—

12 (A) the number of reports of suspicious or-
13 ders;

14 (B) a summary of actions taken in re-
15 sponse to reports, in the aggregate, of sus-
16 picious orders; and

17 (C) a description of the information shared
18 with States based on reports of suspicious or-
19 ders.

20 **TITLE IV—COMMERCE**

21 **Subtitle A—Fighting Opioid Abuse** 22 **in Transportation**

23 **SEC. 4101. SHORT TITLE.**

24 This subtitle may be cited as the “Fighting Opioid
25 Abuse in Transportation Act”.

1 **SEC. 4102. RAIL MECHANICAL EMPLOYEE CONTROLLED**
2 **SUBSTANCES AND ALCOHOL TESTING.**

3 (a) RAIL MECHANICAL EMPLOYEES.—Not later than
4 2 years after the date of enactment of this Act, the Sec-
5 retary of Transportation shall publish a final rule in the
6 Federal Register revising the regulations promulgated
7 under section 20140 of title 49, United States Code, to
8 designate a rail mechanical employee as a railroad em-
9 ployee responsible for safety-sensitive functions for pur-
10 poses of that section.

11 (b) DEFINITION OF RAIL MECHANICAL EM-
12 PLOYEE.—The Secretary shall define the term “rail me-
13 chanical employee” by regulation under subsection (a).

14 (c) SAVINGS CLAUSE.—Nothing in this section may
15 be construed as limiting or otherwise affecting the discre-
16 tion of the Secretary of Transportation to set different re-
17 quirements by railroad size or other factors, consistent
18 with applicable law.

19 **SEC. 4103. RAIL YARDMASTER CONTROLLED SUBSTANCES**
20 **AND ALCOHOL TESTING.**

21 (a) YARDMASTERS.—Not later than 2 years after the
22 date of enactment of this Act, the Secretary of Transpor-
23 tation shall publish a final rule in the Federal Register
24 revising the regulations promulgated under section 20140
25 of title 49, United States Code, to designate a yardmaster

1 as a railroad employee responsible for safety-sensitive
2 functions for purposes of that section.

3 (b) DEFINITION OF YARDMASTER.—The Secretary
4 shall define the term “yardmaster” by regulation under
5 subsection (a).

6 (c) SAVINGS CLAUSE.—Nothing in this section may
7 be construed as limiting or otherwise affecting the discre-
8 tion of the Secretary of Transportation to set different re-
9 quirements by railroad size or other factors, consistent
10 with applicable law.

11 **SEC. 4104. DEPARTMENT OF TRANSPORTATION PUBLIC**
12 **DRUG AND ALCOHOL TESTING DATABASE.**

13 (a) IN GENERAL.—Subject to subsection (c), the Sec-
14 retary of Transportation shall—

15 (1) not later than March 31, 2019, establish
16 and make publicly available on its website a data-
17 base of the drug and alcohol testing data reported
18 by employers for each mode of transportation; and

19 (2) update the database annually.

20 (b) CONTENTS.—The database under subsection (a)
21 shall include, for each mode of transportation—

22 (1) the total number of drug and alcohol tests
23 by type of substance tested;

24 (2) the drug and alcohol test results by type of
25 substance tested;

1 (1) review the Department of Transportation
2 Drug and Alcohol Testing Management Information
3 System; and

4 (2) submit to the Committee on Commerce,
5 Science, and Transportation of the Senate and the
6 Committee on Transportation and Infrastructure of
7 the House of Representatives a report on the review,
8 including recommendations under subsection (c).

9 (b) CONTENTS.—The report under subsection (a)
10 shall include—

11 (1) a description of the process the Department
12 of Transportation uses to collect and record drug
13 and alcohol testing data submitted by employers for
14 each mode of transportation;

15 (2) an assessment of whether and, if so, how
16 the Department of Transportation uses the data de-
17 scribed in paragraph (1) in carrying out its respon-
18 sibilities; and

19 (3) an assessment of the Department of Trans-
20 portation public drug and alcohol testing database
21 under section 4104.

22 (c) RECOMMENDATIONS.—The report under sub-
23 section (a) may include recommendations regarding—

24 (1) how the Department of Transportation can
25 best use the data described in subsection (b)(1);

1 fied under paragraph (1), the Secretary of Health
2 and Human Services shall—

3 (A) notify the Committee on Commerce,
4 Science, and Transportation of the Senate and
5 the Committee on Transportation and Infra-
6 structure of the House of Representatives of
7 the determination; and

8 (B) publish in the Federal Register, not
9 later than 18 months after the date of the de-
10 termination under that paragraph, a final no-
11 tice of the revision of the Mandatory Guidelines
12 for Federal Workplace Drug Testing Programs
13 to expand the opioid category on the list of au-
14 thorized drug testing to include fentanyl.

15 (3) REPORT.—If the expansion of the opioid
16 category is determined not to be justified under
17 paragraph (1), the Secretary of Health and Human
18 Services shall submit to the Committee on Com-
19 merce, Science, and Transportation of the Senate
20 and the Committee on Transportation and Infra-
21 structure of the House of Representatives a report
22 explaining, in detail, the reasons the expansion of
23 the opioid category on the list of authorized drugs
24 to include fentanyl is not justified.

1 (b) DEPARTMENT OF TRANSPORTATION DRUG-TEST-
2 ING PANEL.—If the expansion of the opioid category is
3 determined to be justified under subsection (a)(1), the
4 Secretary of Transportation shall publish in the Federal
5 Register, not later than 18 months after the date the final
6 notice is published under subsection (a)(2), a final rule
7 revising part 40 of title 49, Code of Federal Regulations,
8 to include fentanyl in the Department of Transportation’s
9 drug-testing panel, consistent with the Mandatory Guide-
10 lines for Federal Workplace Drug Testing Programs as
11 revised by the Secretary of Health and Human Services
12 under subsection (a).

13 (c) SAVINGS PROVISION.—Nothing in this section
14 may be construed as—

15 (1) delaying the publication of the notices de-
16 scribed in sections 4107 and 4108 until the Sec-
17 retary of Health and Human Services makes a de-
18 termination or publishes a notice under this section;

19 or

20 (2) limiting or otherwise affecting any authority
21 of the Secretary of Health and Human Services or
22 the Secretary of Transportation to expand the list of
23 authorized drug testing to include an additional sub-
24 stance.

1 **SEC. 4107. STATUS REPORTS ON HAIR TESTING GUIDE-**
2 **LINES.**

3 (a) IN GENERAL.—Not later than 30 days after the
4 date of enactment of this Act, and every 180 days there-
5 after until the date that the Secretary of Health and
6 Human Services publishes in the Federal Register a final
7 notice of scientific and technical guidelines for hair testing
8 in accordance with section 5402(b) of the Fixing Amer-
9 ica’s Surface Transportation Act (Public Law 114–94;
10 129 Stat. 1312), the Secretary of Health and Human
11 Services shall submit to the Committee on Commerce,
12 Science, and Transportation of the Senate and the Com-
13 mittee on Transportation and Infrastructure of the House
14 of Representatives a report on—

15 (1) the status of the hair testing guidelines;

16 (2) an explanation for why the hair testing
17 guidelines have not been issued;

18 (3) a schedule, including benchmarks, for the
19 completion of the hair testing guidelines; and

20 (4) an estimated date of completion of the hair
21 testing guidelines.

22 (b) REQUIREMENT.—To the extent practicable and
23 consistent with the objective of the hair testing described
24 in subsection (a) to detect illegal or unauthorized use of
25 substances by the individual being tested, the final notice
26 of scientific and technical guidelines under that sub-

1 section, as determined by the Secretary of Health and
2 Human Services, shall eliminate the risk of positive test
3 results of the individual being tested caused solely by the
4 drug use of others and not caused by the drug use of the
5 individual being tested.

6 **SEC. 4108. MANDATORY GUIDELINES FOR FEDERAL WORK-**
7 **PLACE DRUG TESTING PROGRAMS USING**
8 **ORAL FLUID.**

9 (a) DEADLINE.—Not later than December 31, 2018,
10 the Secretary of Health and Human Services shall publish
11 in the Federal Register a final notice of the Mandatory
12 Guidelines for Federal Workplace Drug Testing Programs
13 using Oral Fluid, based on the notice of proposed manda-
14 tory guidelines published in the Federal Register on May
15 15, 2015 (80 Fed. Reg. 28054).

16 (b) REQUIREMENT.—To the extent practicable and
17 consistent with the objective of the testing described in
18 subsection (a) to detect illegal or unauthorized use of sub-
19 stances by the individual being tested, the final notice of
20 scientific and technical guidelines under that subsection,
21 as determined by the Secretary of Health and Human
22 Services, shall eliminate the risk of positive test results
23 of the individual being tested caused solely by the drug
24 use of others and not caused by the drug use of the indi-
25 vidual being tested.

1 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
2 tion may be construed as requiring the Secretary of
3 Health and Human Services to reissue a notice of pro-
4 posed mandatory guidelines to carry out subsection (a).

5 **SEC. 4109. ELECTRONIC RECORDKEEPING.**

6 (a) DEADLINE.—Not later than 1 year after the date
7 of enactment of this Act, the Secretary of Health and
8 Human Services shall—

9 (1) ensure that each certified laboratory that
10 requests approval for the use of completely paperless
11 electronic Federal Drug Testing Custody and Con-
12 trol Forms from the National Laboratory Certifi-
13 cation Program’s Electronic Custody and Control
14 Form systems receives approval for those completely
15 paperless electronic forms instead of forms that in-
16 clude any combination of electronic traditional hand-
17 written signatures executed on paper forms; and

18 (2) establish a deadline for a certified labora-
19 tory to request approval under paragraph (1).

20 (b) SAVINGS CLAUSE.—Nothing in this section may
21 be construed as limiting or otherwise affecting any author-
22 ity of the Secretary of Health and Human Services to
23 grant approval to a certified laboratory for use of com-
24 pletely paperless electronic Federal Drug Testing Custody

1 and Control Forms, including to grant approval outside
2 of the process under subsection (a).

3 (c) ELECTRONIC SIGNATURES.—Not later than 18
4 months after the date of the deadline under subsection
5 (a)(2), the Secretary of Transportation shall issue a final
6 rule revising part 40 of title 49, Code of Federal Regula-
7 tions, to authorize, to the extent practicable, the use of
8 electronic signatures or digital signatures executed to elec-
9 tronic forms instead of traditional handwritten signatures
10 executed on paper forms.

11 **SEC. 4110. STATUS REPORTS ON COMMERCIAL DRIVER'S LI-**
12 **CENSE DRUG AND ALCOHOL CLEARING-**
13 **HOUSE.**

14 (a) IN GENERAL.—Not later than 180 days after the
15 date of enactment of this Act, and biannually thereafter
16 until the compliance date, the Administrator of the Fed-
17 eral Motor Carrier Safety Administration shall submit to
18 the Committee on Commerce, Science, and Transportation
19 of the Senate and the Committee on Transportation and
20 Infrastructure of the House of Representatives a status
21 report on implementation of the final rule for the Com-
22 mercial Driver's License Drug and Alcohol Clearinghouse
23 (81 Fed. Reg. 87686), including—

1 (1) an updated schedule, including benchmarks,
2 for implementing the final rule as soon as prac-
3 ticable, but not later than the compliance date; and

4 (2) a description of each action the Federal
5 Motor Carrier Safety Administration is taking to im-
6 plement the final rule before the compliance date.

7 (b) DEFINITION OF COMPLIANCE DATE.—In this sec-
8 tion, the term “compliance date” means the earlier of—

9 (1) January 6, 2020; or

10 (2) the date that the national clearinghouse re-
11 quired under section 31306a of title 49, United
12 States Code, is operational.

13 **Subtitle B—Opioid Addiction** 14 **Recovery Fraud Prevention**

15 **SEC. 4201. SHORT TITLE.**

16 This subtitle may be cited as the “Opioid Addiction
17 Recovery Fraud Prevention Act of 2018”.

18 **SEC. 4202. DEFINITIONS.**

19 In this subtitle:

20 (1) OPIOID TREATMENT PRODUCT.—The term
21 “opioid treatment product” means a product, includ-
22 ing any supplement or medication, for use or mar-
23 keted for use in the treatment, cure, or prevention
24 of an opioid use disorder.

1 (2) OPIOID TREATMENT PROGRAM.—The term
2 “opioid treatment program” means a program that
3 provides treatment for people diagnosed with, hav-
4 ing, or purporting to have an opioid use disorder.

5 (3) OPIOID USE DISORDER.—The term “opioid
6 use disorder” means a cluster of cognitive, behav-
7 ioral, or physiological symptoms in which the indi-
8 vidual continues use of opioids despite significant
9 opioid-induced problems, such as adverse health ef-
10 fects.

11 **SEC. 4203. FALSE OR MISLEADING REPRESENTATIONS**
12 **WITH RESPECT TO OPIOID TREATMENT PRO-**
13 **GRAMS AND PRODUCTS.**

14 (a) UNLAWFUL ACTIVITY.—It is unlawful to make
15 any deceptive representation with respect to the cost,
16 price, efficacy, performance, benefit, risk, or safety of any
17 opioid treatment program or opioid treatment product.

18 (b) ENFORCEMENT BY THE FEDERAL TRADE COM-
19 MISSION.—

20 (1) UNFAIR OR DECEPTIVE ACTS OR PRAC-
21 TICES.—A violation of subsection (a) shall be treated
22 as a violation of a rule under section 18 of the Fed-
23 eral Trade Commission Act (15 U.S.C. 57a) regard-
24 ing unfair or deceptive acts or practices.

1 (2) POWERS OF THE FEDERAL TRADE COMMIS-
2 SION.—

3 (A) IN GENERAL.—The Federal Trade
4 Commission shall enforce this section in the
5 same manner, by the same means, and with the
6 same jurisdiction, powers, and duties as though
7 all applicable terms and provisions of the Fed-
8 eral Trade Commission Act (15 U.S.C. 41 et
9 seq.) were incorporated into and made a part of
10 this section.

11 (B) PRIVILEGES AND IMMUNITIES.—Any
12 person who violates subsection (a) shall be sub-
13 ject to the penalties and entitled to the privi-
14 leges and immunities provided in the Federal
15 Trade Commission Act as though all applicable
16 terms and provisions of the Federal Trade
17 Commission Act (15 U.S.C. 41 et seq.) were in-
18 corporated and made part of this section.

19 (c) ENFORCEMENT BY STATES.—

20 (1) IN GENERAL.—Except as provided in para-
21 graph (4), in any case in which the attorney general
22 of a State has reason to believe that an interest of
23 the residents of the State has been or is threatened
24 or adversely affected by any person who violates sub-
25 section (a), the attorney general of the State, as

1 parens patriae, may bring a civil action on behalf of
2 the residents of the State in an appropriate district
3 court of the United States to obtain appropriate re-
4 lief.

5 (2) RIGHTS OF FEDERAL TRADE COMMIS-
6 SION.—

7 (A) NOTICE TO FEDERAL TRADE COMMIS-
8 SION.—

9 (i) IN GENERAL.—Except as provided
10 in clause (iii), the attorney general of a
11 State shall notify the Federal Trade Com-
12 mission in writing that the attorney gen-
13 eral intends to bring a civil action under
14 paragraph (1) before initiating the civil ac-
15 tion.

16 (ii) CONTENTS.—The notification re-
17 quired by clause (i) with respect to a civil
18 action shall include a copy of the complaint
19 to be filed to initiate the civil action.

20 (iii) EXCEPTION.—If it is not feasible
21 for the attorney general of a State to pro-
22 vide the notification required by clause (i)
23 before initiating a civil action under para-
24 graph (1), the attorney general shall notify

1 the Federal Trade Commission imme-
2 diately upon instituting the civil action.

3 (B) INTERVENTION BY FEDERAL TRADE
4 COMMISSION.—The Federal Trade Commission
5 may—

6 (i) intervene in any civil action
7 brought by the attorney general of a State
8 under paragraph (1); and

9 (ii) upon intervening—

10 (I) be heard on all matters aris-
11 ing in the civil action; and

12 (II) file petitions for appeal.

13 (3) INVESTIGATORY POWERS.—Nothing in this
14 subsection shall be construed to prevent the attorney
15 general of a State from exercising the powers con-
16 ferred on the attorney general by the laws of the
17 State to conduct investigations, to administer oaths
18 or affirmations, or to compel the attendance of wit-
19 nesses or the production of documentary or other
20 evidence.

21 (4) PREEMPTIVE ACTION BY FEDERAL TRADE
22 COMMISSION.—If the Federal Trade Commission or
23 the Attorney General on behalf of the Commission
24 institutes a civil action, or the Federal Trade Com-
25 mission institutes an administrative action, with re-

1 spect to a violation of subsection (a), the attorney
2 general of a State may not, during the pendency of
3 that action, bring a civil action under paragraph (1)
4 against any defendant or respondent named in the
5 complaint of the Commission for the violation with
6 respect to which the Commission instituted such ac-
7 tion.

8 (5) VENUE; SERVICE OF PROCESS.—

9 (A) VENUE.—Any action brought under
10 paragraph (1) may be brought in any district
11 court of the United States that meets applicable
12 requirements relating to venue under section
13 1391 of title 28, United States Code.

14 (B) SERVICE OF PROCESS.—In an action
15 brought under paragraph (1), process may be
16 served in any district in which the defendant—

17 (i) is an inhabitant; or

18 (ii) may be found.

19 (6) ACTIONS BY OTHER STATE OFFICIALS.—In
20 addition to civil actions brought by attorneys general
21 under paragraph (1), any other consumer protection
22 officer of a State who is authorized by the State to
23 do so may bring a civil action under paragraph (1),
24 subject to the same requirements and limitations

1 that apply under this subsection to civil actions
2 brought by attorneys general.

3 (d) *AUTHORITY PRESERVED*.—Nothing in this title
4 shall be construed to limit the authority of the Federal
5 Trade Commission or the Food and Drug Administration
6 under any other provision of law.