115TH CONGRESS
2D SESSION

S. _____

[To be supplied]

IN THE SENATE OF THE UNITED STATES

_____

_____ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

[To be supplied]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Opioid Crisis Response Act of 2018''.

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

TITLE III—MEDICAL PRODUCTS AND CONTROLLED SUBSTANCES SAFETY

TITLE IV—TREATMENT AND RECOVERY

TITLE V—PREVENTION

TITLE I—REAUTHORIZATION OF CURES FUNDING

SEC. 101. REAUTHORIZATION AND IMPROVEMENT OF STATE TARGETED RESPONSE GRANTS.

[Reauthorization and modification of State-targeted response grants authorized in the 21st Century Cures Act.]

TITLE II—RESEARCH AND INNOVATION

SEC. 201. ADVANCING CUTTING-EDGE RESEARCH.

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

(1) in subparagraph (A), by striking ''or'';

(2) in subparagraph (B), by striking the period and inserting ''; or''; and

(3) by adding at the end the following:

''(C) high impact cutting-edge research that fosters scientific creativity and increases fundamental biological understanding leading to the prevention, diagnosis, or treatment of diseases and disorders, or research urgently required to respond to a public health threat.''.

TITLE III—MEDICAL PRODUCTS AND CONTROLLED SUBSTANCES SAFETY

SEC. 301. CLARIFYING FDA REGULATION FOR NON-ADDICTIVE AND NON-OPIOID PRODUCTS.

(a) PUBLIC MEETINGS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), acting through the Commissioner of Food and Drugs, shall hold not less than one public meeting to address—

(1) challenges and barriers to developing non-opioid or non-addictive medical products intended to treat pain, including chronic pain, and addiction;

(2) the manner by which the Secretary may incorporate the risks of misuse and abuse by the indicated patient population of a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802) or other medical product into the risk benefit assessment under section 505(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(e));

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

evidence (as defined in section 505F(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355g(b))), and use of patient experience data (as defined in 569C of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–8c)) for the development of non-opioid or non-addictive medical products intended to treat pain or addiction;

(4) the evidentiary standards and the development of data to support opioid sparing indications for medical products; and

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

(b) GUIDANCE.—

(1) USE OF EXPEDITED PATHWAYS.—

(A) DRAFT GUIDANCE.—Not later than 1 year after the date of enactment of this Act, the Secretary, acting through the Commissioner of Food and Drugs, shall issue draft guidance to clarify how the Food and Drug Administration may apply sections 506 and 515B of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356, 360e–3) to non-opioid or non-addictive

medical products intended to treat pain or addiction. Such guidance shall include—

(i) the circumstances under which the Secretary may apply the eligibility criteria under such sections 506 and 515B to non-opioid or non-addictive medical products intended to treat pain or addiction;

(ii) the circumstances under which the Secretary considers the risk of addiction of controlled substances approved to treat pain when establishing unmet medical need;

(iii) the circumstances under which the Secretary considers pain, pain control, or pain management in assessing [whether a disease or condition is a] serious or life-threatening disease or condition; and

(iv) the manner in which the Secretary may apply the requirements under subsection (c)(2)(A) of such section 506 to assess the efficacy of drugs intended to treat chronic pain.

(B) FINAL GUIDANCE.—Not later than 6 months after the close of the period for public comment on the draft guidance under subpara-

graph (A), the Secretary shall finalize such guidance.

(2) ENDPOINTS FOR PRODUCTS INTENDED TO TREAT PAIN.—

(A) DRAFT GUIDANCE.—Not later than 1 year after the date of enactment of this Act, the Secretary, acting through the Commissioner of Food and Drugs, shall issue draft guidance that clarifies the methods by which sponsors may evaluate acute and chronic pain, endpoints for non-opioid or non-addictive medical products intended to treat pain, and steps the Secretary will take to improve consistency in the use of endpoints and evaluations of efficacy across review divisions, taking into consideration the etiology of the underlying disease, the use of surrogate or intermediate endpoints, and real world evidence.

(B) FINAL GUIDANCE.—Not later than 6 months after the close of the period for public comment on the draft guidance under subparagraph (A), the Secretary shall finalize such guidance.

(3) OPIOID SPARING CLAIMS AND INDICATIONS.—

(A) DRAFT GUIDANCE.—Not later than 1 year after the date of enactment of this Act, the Secretary, acting through the Commissioner of Food and Drugs, shall issue draft guidance to clarify how the Food and Drug Administration will assess evidence to support claims of opioid sparing for non-opioid or [other] non-addictive medical products [intended to treat pain]. Such guidance shall include—

(i) data collection methodologies, including the use of innovative clinical trial designs (consistent with section 3021 of the 21st Century Cures Act (Public Law 114–255)), and real world evidence (as defined in section 505F(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355g(b))), as appropriate, to support product labeling;

(ii) ethical implications of exposure to controlled substances in clinical trials to support opioid sparing claims and considerations on methods to reduce harm;

(iii) endpoints, including primary, secondary, and surrogate endpoints, to evaluate the reduction in opioid use;

(iv) best practices for communication between sponsors and the agency on the development of such data collection methods, including the initiation of data collection; and

(v) the appropriate format to submit such data results to the Secretary.

(B) FINAL GUIDANCE.—Not later than 6 months after the close of the period for public comment on the draft guidance under subparagraph (A), the Secretary shall finalize such guidance.

(4) RISK OF ABUSE AND MISUSE.—

(A) DRAFT GUIDANCE.—Not later than 1 year after the date of enactment of this Act, the Secretary, acting through the Commissioner of Food and Drugs, shall issue draft guidance to clarify the circumstances under which the Food and Drug Administration considers misuse and abuse of drugs in making determinations of safety under paragraphs (2) and (4) of subsection (d) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and in finding that a drug is unsafe under para-

graph (1) or (2) of subsection (e) of such section.

(B) FINAL GUIDANCE.—Not later than 6 months after the close of the period for public comment on the draft guidance under subparagraph (A), the Secretary shall finalize such guidance.

(c) DEFINITIONS.—In this section—

(1) the term ''medical product'' means a drug (as that term is defined by section 201(g)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(g)(1))), biological product (as that term is defined by section 351(i) of this Act (42 U.S.C. 262(i))), or device (as that term is defined by section 201(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(h))); and

(2) the term ''opioid sparing'' means reducing the use of opioids [or other controlled substances].

SEC. 302. CLARIFYING FDA PACKAGING AUTHORITIES.

Section 505–1(f)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1(f)(3)) is amended—

(1) in subparagraph (E), by striking ''or'' at the end;

(2) in subparagraph (F), by striking the period and inserting a semicolon; and

(3) by adding at the end the following:

''(G) the drug be made available for dispensing to patients in unit dose packaging or another packaging system that the Secretary determines appropriate; or

''(H) the drug be dispensed to patients with a safe disposal packaging or safe disposal system that the Secretary determines appropriate for purposes of disposing of any unused dose of the dispensed drug.''.

SEC. 303. STRENGTHENING FDA AND CBP COORDINATION AND CAPACITY.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), acting through the Commissioner of Food and Drugs, shall coordinate with the Secretary of Homeland Security to carry out activities related to customs and border protection and response to illegal controlled substances and drug imports, including at sites of import (such as international mail facilities). Such Secretaries may establish a memorandum of understanding between the Food and Drug Administration and the United States Customs and Border Protection for purposes of carrying out such activities.

(b) FDA IMPORT FACILITIES AND INSPECTION CAPACITY.—In carrying out this section, the Secretary shall provide import facilities operated by the Food and Drug Administration with—

(1) innovative technology, including controlled substance detection and testing equipment and other applicable technology, that is interoperable with technology used by United States Customs and Border Protection, and includes capabilities for near-real-time information sharing, as appropriate;

(2) access to canine units, including trained canine officers, for purposes of detecting controlled substances and counterfeit opioids, or counterfeit products containing opioids, at sites of import; and

(3) facility upgrades and improved capacity in order to increase and improve inspection and detection capabilities, which may include, as the Secretary determines appropriate—

(A) improvements to facilities, such as upgrades or renovations, and support for the maintenance of existing import facilities and sites to improve coordination between Federal agencies;

(B) the construction of, or upgrades to laboratory capacity for purposes of detection and testing of imported goods;

(C) upgrades to the security of such facilities; and

(D) innovative technology and equipment consistent with paragraph (1) to facilitate improved coordination and information sharing.

(c) REPORT.—Not later than 6 months after the date of enactment of this Act, the Secretary, in consultation with the Secretary of Homeland Security, shall report to the relevant committees of Congress on the implementation of this section, including a summary of progress made towards near-real-time information sharing and the interoperability of such technologies.

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

SEC. 304. LONG TERM EFFICACY.

[To be supplied.]

SEC. 305. STRENGTHENING FDA IMPORT AUTHORITIES.

[To be supplied.]

SEC. 306. FIRST RESPONDER TRAINING.

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

(1) in subsection (c)—

(A) in paragraph (2), by striking ''and'' at the end;

(B) in paragraph (3), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(4) train and provide resources for first responders and members of other key community sectors on safety around fentanyl and other dangerous illicit drugs to protect themselves from exposure to fentanyl and respond appropriately when exposure occurs.'';

(2) in subsection (d), by inserting '', and safety around fentanyl and other dangerous illicit drugs'' before the period; and

(3) in subsection (f)—

(A) in paragraph (3), by striking ''and'' at the end;

(B) in paragraph (4), by striking the period and inserting a semicolon; and

(C) by adding at the end the following:

''(5) the number of first responders and members of other key community sectors trained on safe-

ty around fentanyl and other dangerous illicit drugs.''.

SEC. 307. DISPOSAL OF CONTROLLED SUBSTANCES BY HOSPICE PROGRAMS.

(a) IN GENERAL.—Section 302(g)(3) of the Controlled Substances Act (21 U.S.C. 822(g)(3)) is amended—

(1) by inserting ''(A)'' before ''The Attorney General''; and

(2) by adding at the end the following:

''(B) Not later than 1 year after the date of enactment of this subparagraph, the Attorney General [shall], by regulation, authorize hospice programs (as defined in section 1861 of the Social Security Act (42 U.S.C. 1395x)) to dispose of controlled substances on behalf of deceased ultimate users in a manner that the Attorney General determines will provide effective controls against diversion and be consistent with the public health and safety.''.

(b) CONFORMING AMENDMENT.—Section 308(b)(3) of the Controlled Substances Act (21 U.S.C. 828(b)(3)) is amended by inserting ''hospice program,'' after ''facility,''.

SEC. 308. GAO STUDY AND REPORT ON HOSPICE SAFE DRUG MANAGEMENT.

(a) STUDY.—The Comptroller General of the United States (in this section referred to as the ''Comptroller General'') shall conduct a study on compliance by hospice programs with requirements under the Medicare program under section 418.106 of title 42, Code of Federal Regulations (or any successor regulations), that hospice programs develop written policies and procedures on the management and disposal of controlled substances in the home of an individual. Such study shall include—

(1) an overview of challenges encountered by hospice programs regarding the disposal of controlled substances, such as opioids, including an assessment of the number of hospice programs nationwide encountering those challenges;

(2) a description of Federal requirements, as in effect on the day before the date of enactment of this Act, for hospice programs regarding the disposal of controlled substances;

(3) an assessment of the number of hospice programs that are complying with the requirements described under paragraph (2); and

(4) a description of the enforcement mechanisms available to the Centers for Medicare & Medicaid Services to ensure that hospice programs are

complying with such requirements and an assessment of whether the Centers for Medicare & Medicaid Services has adequately used the enforcement mechanisms.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study conducted under subsection (a), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

TITLE IV—TREATMENT AND RECOVERY

SEC. 401. COMPREHENSIVE OPIOID RECOVERY CENTERS.

(a) IN GENERAL.—Part D of title V of the Public Health Service Act is amended by adding at the end the following new section:

"SEC. 550. COMPREHENSIVE OPIOID RECOVERY CENTERS.

"(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall award grants on a competitive basis to eligible entities to establish or operate a comprehensive opioid recovery center (referred to in this section as a 'Center'). A Center may be a single entity or an integrated delivery network.

"(b) GRANT PERIOD.—

''(1) IN GENERAL.—A grant awarded under subsection (a) shall be for a period not more than 5 years.

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

''(c) MINIMUM NUMBER OF GRANTS.—The Secretary shall allocate the amounts made available under subsection (j) such that not fewer than 10 grants may be awarded. Not more than one grant shall be made to entities in a single State for any one period.

''(d) APPLICATION.—In order to be eligible for a grant under subsection (a), an entity shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

''(1) evidence that such entity carries out, or is capable of coordinating with other entities to carry out, the activities described in subsection (g); and

''(2) such other information as the Secretary may require.

''(e) PRIORITY.—In awarding grants under subsection (a), the Secretary shall give priority to—

''(1) eligible entities located in a State with a per capita drug overdose mortality rate that is above the national average, as determined by the Director of the Centers for Disease Control and Prevention; and

''(2) eligible entities utilizing technology-enabled collaborative learning and capacity building models, as defined in section 2 of the Expanding Capacity for Health Outcomes Act (Public Law 114–270; 130 Stat. 1395), to conduct the activities described in this section.

''(f) USE OF GRANT FUNDS.—An eligible entity awarded a grant under subsection (a) shall use the grant funds to establish or operate a Center to carry out the activities described in this section.

''(g) CENTER ACTIVITIES.—Each Center shall, at a minimum, carry out the following activities directly, through referral, or through contractual arrangements, including through technology-enabled collaborative learning and capacity building models, as defined in section 2 of the Expanding Capacity for Health Outcomes Act (Public Law 114-270, 130 Stat. 1395):

''(1) TREATMENT AND RECOVERY SERVICES.—Each Center shall—

''(A) ensure that intake and evaluations meet the individualized clinical needs of patients, including by offering assessments for services and care recommendations through independent, evidence-based verification processes for reviewing patient placement in treatment settings;

''(B) provide the full continuum of treatment services, including—

''(i) all drugs approved by the Food and Drug Administration to treat substance use disorders;

''(ii) medically supervised withdrawal management that includes patient evaluation, stabilization, and readiness for and entry into treatment;

''(iii) counseling provided by a program counselor or other certified professional who is licensed and qualified by education, training, or experience to assess the psychological and sociological background of patients, to contribute to the appro-

priate treatment plan for the patient, and to monitor patient progress;

''(iv) treatment, as appropriate, for patients with co-occurring substance use and mental health disorders;

''(v) residential rehabilitation, and outpatient and intensive outpatient programs;

''(vi) recovery housing;

''(vii) community-based and peer recovery support services;

''(viii) job training, job placement assistance, and continuing education assistance to support reintegration into the workforce; and

''(ix) other best practices to provide the full continuum of treatment and services, as determined by the Secretary;

''(C) periodically conduct patient assessments to ensure sustained and clinically significant recovery, as defined by the Assistant Secretary for Mental Health and Substance Use;

''(D) administer an onsite pharmacy and provide toxicology services, for purposes of carrying out this section; and

"(E) operate a secure, confidential, and interoperable electronic health information system.

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

"(A) training and supervising outreach staff, as appropriate, to work with State and local health departments, health care providers, State and local education agencies, institutions of higher education, State and local workforce development boards, State and local community action agencies, public safety officials, first responders, and other community partners as determined by the Secretary, to identify and respond to community needs, and ensuring that such entities are aware of the services of the Center; and

"(B) disseminating and making publicly available, including through the internet, evidence-based resources that educate professionals and the public on opioid use disorder and other substance use disorders, including co-occurring substance use and mental health disorders.

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

''(1) the programs and activities funded by the grant;

''(2) health outcomes of the population of individuals with a substance use disorder who received services from the Center, evaluated by an independent program evaluator through the use of outcomes measures, as determined by the Secretary;

''(3) the retention rate of program participants; and

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

''(i) PRIVACY.—The provisions of this section, including with respect to data reporting and program oversight,

shall be subject to all applicable Federal and State privacy laws.

''(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $10,000,000 for each of fiscal years 2019 through 2023 for purposes of carrying out this section.''.

(b) REPORTS TO CONGRESS.—

(1) PRELIMINARY REPORT.—Not later than 3 years after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a preliminary report that analyzes data submitted under section 550(h) of the Public Health Service Act, as added by subsection (a).

(2) FINAL REPORT.—Not later than 2 year after submitting the preliminary report required under paragraph (1), the Secretary of Health and Human Services shall submit to Congress a final report that includes—

(A) an evaluation of the effectiveness of the comprehensive services provided by the Centers established or operated pursuant to section 550 of the Public Health Service Act, as added by subsection (a), on health outcomes of the population of individuals with substance use disorder who receive services from the Center,

which shall include an evaluation of the effectiveness of services for treatment and recovery support and to prevent relapse, recidivism, and overdose; and

(B) recommendations, as appropriate, regarding ways to improve Federal programs related to substance use disorders, which may include dissemination of best practices for the treatment of substance use disorders to health care professionals.

[SEC. 402. MEDICATION-ASSISTED TREATMENT FOR RECOVERY FROM ADDICTION.

[(a) MAKING NURSE PRACTITIONER AND PHYSICIAN ASSISTANT AUTHORITY PERMANENT.—Section 303(g)(2)(G)(iii)(II) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(G)(iii)(II)) is amended by striking ''during the period beginning on the date of enactment of the Comprehensive Addiction and Recovery Act of 2016 and ending on October 1, 2021,''.]

[(b) REPEAL OF REQUIREMENT TO UPDATE REGULATIONS.—Section 303 of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114–198; 130 Stat. 720) is amended by striking subsection (c).]

[(c) CODIFICATION OF EXPANSION OF MAXIMUM NUMBER OF PATIENTS FOR MEDICATION-ASSISTED

TREATMENT.—Section 303(g)(2)(B)(iii)(II) of the Controlled Substances Act (21 U.S.C. (g)(2)(B)(iii)(II)) is amended by striking ''100'' each place it appears and inserting ''275''.]

[The language in subsection (a) is contingent upon a to-be-decided pay-for.]

SEC. 403. NATIONAL RECOVERY HOUSING BEST PRACTICES.

(a) BEST PRACTICES.—The Secretary of Health and Human Services, in consultation with the Secretary for Housing and Urban Development, patients with a history of opioid use disorder, and other stakeholders, which may include State accrediting entities and reputable providers of, and analysts of, recovery housing services, shall identify or facilitate the development of best practices, which may include model laws for implementing suggested minimum standards, for operating recovery housing.

(b) DISSEMINATION.—The Secretary shall disseminate the best practices identified or developed under subsection (a) to—

(1) State agencies, which may include the provision of technical assistance to State agencies seeking to adopt or implement such best practices;

(2) recovery housing entities; and

(3) the public, as appropriate.

(c) REQUIREMENTS.—In identifying or facilitating the development of best practices under subsection (a), the Secretary of Health and Human Services, in consultation with appropriate stakeholders, shall consider how recovery housing is able to (including by improving access and adherence to treatment) support recovery and prevent relapse, recidivism, or overdose, including overdose death.

(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to provide the Secretary with the ability to require States to adhere to minimum standards in the State oversight of recovery housing.

(e) DEFINITION.—In this section, the term ''recovery housing'' means a shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders.

SEC. 404. ADDRESSING ECONOMIC AND WORKFORCE IMPACTS OF THE OPIOID CRISIS.

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

(1) EDUCATION PROVIDER.—The term ''education provider'' means—

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

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

(2) ELIGIBLE ENTITY.—The term ''eligible entity'' means—

(A) a State board;

(B) an outlying area, as defined in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102); or

(C) a Tribal entity.

(3) LOCAL AREA; LOCAL BOARD; ONE-STOP OPERATOR.—The terms ''local area'', ''local board'', and ''one-stop operator'' have the meanings given such terms in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102).

(4) LOCAL ENTITY.—The term ''local entity'' means a local board or one-stop operator.

(5) PARTICIPATING PARTNERSHIP.—The term ''participating partnership'' means a partnership established under subsection (e)(1) by a local entity receiving a subgrant under subsection (d).

[(6) PEER RECOVERY SUPPORT SERVICES.—The term ''peer recovery support services'' means a collection of community services that—]

[(A) are designed and delivered by individuals who have experienced both substance use disorder and recovery;]

[(B) are delivered to individuals with a substance use disorder; and]

[(C) include peer-to-peer programs, job and life-skills training, [assistance in obtaining] supportive housing or recovery housing, and other services that contribute to better overall health and well-being.]

(7) PROGRAM PARTICIPANT.—The term ''program participant'' means an individual who—

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

(B) enrolls with the applicable participating partnership to receive any of the services described in subsection (e)(3).

(8) SECRETARY.—The term ''Secretary'' means the Secretary of Labor.

(9) STATE BOARD.—The term ''State board'' means a State workforce development board established under section 101 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3111).

(10) SUBSTANCE USE DISORDER.—The term ''substance use disorder'' means such a disorder within the meaning of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.).

(11) SUPPORTIVE SERVICES.—The term ''supportive services'' has the meaning given such term in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102).

[(12) TREATMENT PROVIDER.—The term ''treatment provider''—]

[(A) means a health care provider that offers services for treating substance use disorders; and]

[(B) may include—]

[(i) a nonprofit provider of peer recovery support services;]

[(ii) a community health care provider;]

[(iii) a Federally qualified health center (as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x)); or]

[(iv) any other health care provider or health-related organization [that treats a substance use disorder], including a pro-

vider that offers medication-assisted therapy or providers listed on the Behavioral Health Treatment Services Locator of the Substance Abuse and Mental Health Services Administration.]

(13) TRIBAL ENTITY.—The term ''Tribal entity'' includes any Indian tribe, tribal organization, Indian-controlled organization serving Indians, Native Hawaiian organization, or Alaska Native entity, as such terms are defined or used in section 166 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3221).

(b) PILOT PROGRAM AND GRANTS AUTHORIZED.—

(1) IN GENERAL.—The Secretary, in consultation with the Secretary of Health and Human Services, shall carry out a pilot program to address economic and workforce impacts associated with the [opioid crisis]. In carrying out the pilot program, the Secretary shall make grants, on a competitive basis, to eligible entities to enable such entities to make subgrants to local boards and one-stop operators to address the economic and workforce impacts associated with the [opioid crisis].

(2) GRANT AMOUNTS.—The Secretary shall make each such grant in an amount that is not less

than $500,000, and not more than $5,000,000, for a fiscal year.

(c) GRANT APPLICATIONS.—

(1) IN GENERAL.—An eligible entity applying for a grant under this section shall submit an application to the Secretary at such time and in such form and manner as the Secretary may reasonably require, including the information described in this subsection.

(2) SIGNIFICANT IMPACT ON COMMUNITY BY OPIOID-RELATED PROBLEMS.—

(A) DEMONSTRATION.—An eligible entity shall include in the application information that demonstrates significant impact on the community by opioid-related problems by—

(i) identifying the communities, regions, or local areas that will be served through the grant (each referred to in this section as a ''service area''); and

(ii) showing, for each such service area, an increase equal to or greater than the national increase in opioid-related problems, between—

(I) 1999; and

(II) 2016 or the latest year for which data are available.

(B) INFORMATION.—In making the showing described in subparagraph (A)(ii), the eligible entity may use information including data on—

(i) an incidence or prevalence of opioid use disorders that is substantially higher than the national average;

(ii) a per capita drug overdose mortality rate that is above the national average, as determined by the Director of the Centers for Disease Control and Prevention;

(iii) rates of non-fatal hospitalizations related to opioid and illegal substance abuse; or

(iv) number of arrests, convictions, or relevant law enforcement statistics that reasonably show an increase in opioid and illegal substance abuse.

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

(A) DEMONSTRATION.—An eligible entity shall include in the application information that demonstrates that the [opioid crisis] has caused, or is coincident to, an economic or employment downturn in the service area.

(B) INFORMATION.—In making the demonstration described in subparagraph (A), the eligible entity may use information including—

(i) documentation of any layoff, announced future layoff, legacy industry decline, decrease in an employment or labor market participation rate, or economic impact, whether or not the result described in this clause is overtly related to the opioid epidemic;

(ii) documentation showing decreased economic activity related to, caused by, or contributing to the opioid epidemic, including a description of how the service area has been impacted, or will be impacted, by such a decrease;

(iii) in particular, information on economic indicators, labor market analyses, information from public announcements, and demographic and industry data;

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

(v) data or documentation, beyond anecdotal evidence, showing that employers face challenges filling job vacancies due to a lack of skilled workers able to pass a drug test; or

(vi) any additional relevant data or information on the economy, workforce, or another aspect of the service area to support the application.

(4) WORKFORCE SHORTAGE RELATED TO TREATMENT WORKFORCE.—

(A) IN GENERAL.—An eligible entity may include in the application a demonstration of the workforce shortage in a professional area to be addressed under the grant. Such professional areas may include—

(i) substance use disorder treatment and related services;

(ii) non-opioid pain therapy and pain management services; or

(iii) mental health care treatment services.

(B) INFORMATION TO BE INCLUDED.—An eligible entity demonstrating a workforce shortage under subparagraph (A) shall demonstrate the workforce shortage through information that includes—

(i) the distance between opioid-affected communities and facilities or professionals offering services in the professional area; or

(ii) the maximum capacity of facilities or professionals to serve individuals in an affected community, increases in opioid-related arrests, overdose deaths, or nonfatal overdose emergencies in the community.

(d) SUBGRANT AUTHORIZATION AND APPLICATION PROCESS.—

(1) SUBGRANTS AUTHORIZED.—

(A) IN GENERAL.—An eligible entity receiving a grant under subsection (b)—

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

(ii) shall use the remaining grant funds to make subgrants to local entities in the area served by the eligible entity to carry out the services and activities described in subsection (e).

(B) GEOGRAPHIC DISTRIBUTION.—In making subgrants under this subsection, an eligible entity shall ensure, to the extent practicable, the equitable geographic distribution (such as urban and rural distribution) of areas receiving subgrant funds.

(2) SUBGRANT APPLICATION.—

(A) IN GENERAL.—A local entity desiring to receive a subgrant under this subsection shall submit an application at such time and in such manner as the eligible entity may reasonably require, including the information described in this paragraph.

(B) CONTENTS.—Each application described in subparagraph (A) shall include an analysis of the estimated performance of the

local entity in carrying out the proposed services and activities of the subgrant that—

(i) uses key performance indicators to assess estimated effectiveness of the proposed activities, including the estimated number of individuals with a substance use disorder who may be served by the proposed activities and services;

(ii) analyzes the record of the local entity in serving individuals with a barrier to employment; and

(iii) analyzes the ability of the local entity to establish the partnership described in subsection (e)(1).

(C) ANALYSIS.—The analysis described in subparagraph (B) may include or utilize—

(i) data from the National Center for Health Statistics of the Centers for Disease Control and Prevention;

(ii) data from the Center for Behavioral Health Statistics and Quality of the Substance Abuse and Mental Health Services Administration;

(iii) State vital statistics;

(iv) municipal police department records;

(v) reports from local coroners; or

(vi) other relevant data.

(e) SUBGRANT SERVICES AND ACTIVITIES.—

(1) FORMATION OF PARTNERSHIP.—

(A) IN GENERAL.—Each local entity that receives a subgrant under subsection (d) shall form a partnership, established through a written contract or other agreement, with members described in subparagraph (B), and shall carry out the services and activities described in this subsection through the partnership.

[(B) MEMBERS OF THE PARTNERSHIP.—A partnership described in subparagraph (A) shall include 1 or more of each of the following:]

[(i) A treatment provider.]

[(ii) An employer or industry organization.]

[(iii) An education provider.]

[(iv) A legal service or law enforcement organization.]

[(v) A faith-based or community-based organization.]

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

(A) Workers, including dislocated workers, new entrants in the workforce, or incumbent workers (employed or underemployed), who are directly or indirectly affected by the [opioid crisis] and each of whom is—

(i) an individual who voluntarily confirms that the individual, or a friend or family member of the individual, has a history of opioid use; or

(ii) an individual who works or resides in a community substantially impacted by the [opioid crisis] or can otherwise demonstrate job loss as a result of the [opioid crisis].

(B) Workers, including dislocated workers, new entrants in the workforce, or incumbent workers (employed or underemployed), who—

(i) seek to transition to professions that support individuals struggling with opioid use disorder or at risk for devel-

oping such disorder, such as professions that provide—

(I) substance use disorder treatment and related services;

(II) peer recovery support services;

(III) non-opioid pain therapy and pain management services; or

(IV) mental health care; and

(ii) need new or upgraded skills to better serve such a population of struggling or at-risk individuals.

(3) SERVICES AND ACTIVITIES.—Each participating partnership shall use funds available through a subgrant under this subsection to carry out the following:

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

(i) learn about the skill and hiring requirements of employers;

(ii) learn about the support needed by employers to hire and retain program participants, and other individuals with a substance use disorder, and the support needed by such employers to obtain their com-

mitment to testing creative solutions to employing program participants and individuals;

(iii) connect employers and workers to on-the-job or customized training programs before or after layoff to help facilitate reemployment;

(iv) connect employers with an education provider to develop classroom instruction to complement on-the-job learning for program participants and individuals;

(v) help employers develop the curriculum design of a work-based learning program for program participants and individuals; or

(vi) help employers employ program participants or individuals engaging in a work-based learning program for a transitional period before hiring the program participant or individual for full-time employment of not less than 30 hours a week.

(B) SCREENING SERVICES.—Providing screening services, including—

(i) using an evidence-based screening method to screen each individual seeking participation in the pilot program to determine whether the individual has a substance use disorder;

(ii) conducting an assessment of each such individual to determine the services needed for such individual to obtain or retain employment, including an assessment of strengths and general work readiness; and

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

(C) INDIVIDUAL TREATMENT AND EMPLOYMENT PLAN.—Developing an individual treatment and employment plan for each program participant, which shall include providing a case manager to work with each participant to—

(i) identify employment and career goals;

(ii) explore career pathways that lead to high-demand industries and sectors as

determined by the State workforce board and State commissioner of workforce development;

(iii) set appropriate achievement objectives to attain the employment and career goals identified under clause (i); and

(iv) develop the appropriate combination of services to enable the participant to achieve the employment and career goals identified under clause (i).

(D) OUTPATIENT TREATMENT AND RECOVERY CARE.—In the case of a participating partnership serving program participants [described in paragraph (2)(A)(i) with a substance use disorder], providing individualized and group outpatient treatment and recovery services for such program participants that are offered during the day and evening, and on weekends. Such treatment and recovery services shall—

(i) be based on a model that utilizes combined behavioral interventions and other evidence-based or evidence-informed interventions; and

(ii) may include additional services such as—

(I) health, mental health, addiction, or other forms of outpatient treatment that may impact opioid use disorder and co-occurring conditions;

(II) drug testing for current illicit drug use prior to enrollment in career or training services or prior to employment;

(III) linkages to community services, including services offered by partner organizations designed to support program participants; and

(IV) referrals to health care, including referrals to substance use disorder treatment and mental health services.

(E) SUPPORTIVE SERVICES.—Providing supportive services, which shall include—

(i) coordinated wraparound services to provide maximum support for program participants to ensure that the program participants maintain employment and recovery for at least 12 months;

(ii) assistance in establishing eligibility for assistance under Federal, State,

and local programs providing health services, mental health services, housing services, transportation services, or social services;

(iii) peer recovery support services;

(iv) networking and mentorship opportunities; and

(v) any supportive services determined necessary by the local entity.

(F) CAREER AND JOB TRAINING SERVICES.—Offering career and job training services concurrently or sequentially with the services provided under subparagraphs (B) through (E). Such services shall include the following:

(i) Services provided to program participants who are in a pre-employment stage of the program. Such services may include—

(I) initial education and skills assessments;

(II) traditional classroom training funded through individual training accounts under chapter 3 of subtitle B of title I of the Workforce Innovation

and Opportunity Act (29 U.S.C. 3171 et seq.);

(III) employability skills such as punctuality, personal maintenance skills, and professional conduct;

(IV) in-depth interviewing and evaluation to identify employment barriers and to develop individual employment plans;

(V) career planning that includes—

(aa) career pathways leading to high-demand, high-wage jobs; and

(bb) job coaching, job matching, and job placement services;

(VI) payments and fees for employment and training-related applications, tests, and certifications; or

(VII) any other appropriate career or training service described in section 134(c) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3174).

(ii) Services provided to program participants during their first 6 months of employment to ensure job retention, which may include—

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

(II) a continuation of skills training, and career and technical education, described in clause (i) that is conducted in collaboration with the employers of such participants;

(III) mentorship services and job retention support for such participants; or

(IV) targeted training for managers and workers working with such participants (such as mentors), and human resource representatives in the business in which such participants are employed.

(iii) Services to ensure program participant maintain employment for at least 12 months.

(G) PROVEN AND PROMISING PRACTICES.—Leading efforts in the service area to identify and promote proven and promising strategies and initiatives for meeting the needs of employers and program participants.

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

(A) more than 5 percent of the funds received under a subgrant under subsection (d) for the administrative costs of the partnership;

(B) more than 10 percent of the funds received under such subgrant for the provision of treatment and recovery services, as described in paragraph (3)(D); or

(C) more than 10 percent of the funds received under such subgrant for the provision of supportive services described in paragraph (3)(E) to program participants.

(f) PERFORMANCE ACCOUNTABILITY.—

(1) REPORTS.—The Secretary shall establish quarterly reporting requirements for recipients of grants and subgrants under this section that, to the extent practicable, are based on the performance accountability system under section 116 of the Workforce Innovation and Opportunity Act (29 U.S.C.

3141), including the indicators described in subsection (c)(1)(A) of such section and the requirements for local area performance reports under subsection (d) of such section.

(2) EVALUATIONS.—

(A) AUTHORITY TO ENTER INTO AGREEMENTS.—The Secretary shall ensure that an independent evaluation is conducted on the pilot program carried out under this section to determine the impact of the program on employment of individuals with substance use disorders. The Secretary shall enter into an agreement with eligible entities receiving grants under this section to pay for all or part of such evaluation.

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

[(g) FUNDING.—**]**

[(1) USING FUNDING FOR NATIONAL DISLOCATED WORKER GRANTS.—Notwithstanding section 132(a)(2)(A) of the Workforce Innovation and

Opportunity Act (29 U.S.C. 3172 (a)(2)(A)), the Secretary may use funds available under such section for national dislocated worker grants under section 170 of such Act to carry out the pilot program under this section for fiscal years 2018 through 2023, subject to paragraph (2).]

[(2) LIMITATION.—The Secretary may not use more than $100,000,000 of the funds described in paragraph (1) for any fiscal year of the pilot program under this section.]

SEC. 405. YOUTH PREVENTION AND RECOVERY.

(a) SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.—Section 514 of the Public Health Service Act (42 U.S.C. 290bb–7) is amended—

(1) in the section heading, by striking ''**CHILDREN AND ADOLESCENTS**'' and inserting ''**CHILDREN, ADOLESCENTS, AND YOUNG ADULTS**'';

(2) in subsection (a)(2), by striking ''children, including'' and inserting ''children, adolescents, and young adults, including''; and

(3) by striking ''children and adolescents'' each place it appears and inserting ''children, adolescents, and young adults''.

(b) YOUTH PREVENTION AND RECOVERY INITIATIVE.—

(1) DEFINITIONS.—In this subsection:

(A) ELIGIBLE ENTITY.—The term ''eligible entity'' means—

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

(ii) an institution of higher education;

(iii) a recovery program at an institution of higher education;

(iv) a local board or one-stop operator; or

(v) a nonprofit organization, excluding a school.

(B) HIGH SCHOOL.—The term ''high school'' has the meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(C) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001) and includes a ''post-

secondary vocational institution'' as defined in section 102(c) of such Act (20 U.S.C. 1002(c)).

(D) LOCAL EDUCATION AGENCY.—The term ''local educational agency'' has the meaning given the term in section 8101 of the Elementary and Secondary Education Act of 1965.

(E) LOCAL BOARD; ONE-STOP OPERATOR.—The terms ''local board'' and ''one-stop operator'' have the meanings given such terms in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102).

(F) RECOVERY PROGRAM.—The term ''recovery program'' means a program—

(i) to help youth or young adults who are recovering from substance use disorders to initiate, stabilize, and maintain healthy and productive lives in the community; and

(ii) that includes peer-to-peer support delivered by individuals with lived experience in recovery, and communal activities to build recovery skills and supportive social networks.

(G) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(2) BEST PRACTICES.—The Secretary, in consultation with the Secretary of Education, shall—

(A) identify or facilitate the development of evidence-based best practices for prevention of substance misuse and abuse by children, adolescents, and young adults, for appropriate recovery support services, and for appropriate use of medication-assisted treatment for such individuals, if applicable;

(B) disseminate such best practices to local educational agencies, institutions of higher education, recovery programs at institutions of higher education, local boards, one-stop operators, and nonprofit organizations, as appropriate;

(C) conduct a rigorous, independent evaluation of each grant funded under this subsection, particularly its impact on the indicators described in paragraph (5)(B); and

(D) provide technical assistance for grantees under this subsection.

(3) GRANTS AUTHORIZED.—The Secretary, in consultation with the Secretary of Education, shall award 3-year grants, on a competitive basis, to eligible entities to enable such entities, in coordination with State agencies responsible for carrying out substance use disorder prevention and treatment programs, to carry out evidence-based or promising programs for—

(A) prevention of substance abuse and misuse by children, adolescents, and young adults;

(B) recovery support services for children, adolescents, and young adults, which may include counseling, job training, linkages to community-based services, family support groups, and recovery coaching; and

(C) treatment or referrals for treatment of substance use disorders, as appropriate.

(4) APPLICATION.—To be eligible for a grant under this subsection, an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require. Such application shall include—

(A) a description of the impact of substance use disorders on students and youth enrolled in the local educational agency, one-stop

operator, local board, or institution of higher education;

(B) a description of how the eligible entity has solicited input from faculty, teachers, staff, families, students, and experts in substance use prevention and treatment in developing such application;

(C) how the eligible entity plans to use grant funds for evidence-based or promising activities, in accordance with this subsection to prevent, provide recovery support for, and treat substance use disorders amongst such individuals;

(D) an assurance that the eligible entity will participate in the evaluation described in paragraph (2)(C); and

(E) a description of how the eligible entity will collaborate with local service providers, including substance use disorder treatment programs, providers of mental health services, and primary care providers, in carrying out the grant program.

(5) REPORT.—Each eligible entity awarded a grant under this section shall submit to the appropriate committees of Congress, a report at such time

and in such manner as the Secretary may require. Such report shall include—

(A) a description of how the eligible entity used grant funds, in accordance with this subsection, including the number of students reached through programming; and

(B) a description of how the grant program has made an impact on—

(i) indicators of student success, including student well-being and academic achievement; and

(ii) substance use disorders amongst students, including the number of overdoses and deaths amongst students during the grant period.

(6) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, such sums as may be necessary to carry out this section.

SEC. 406. PLANS OF SAFE CARE.

(a) IN GENERAL.—Title I of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.) is amended by inserting after section 107 the following:

"SEC. 107A. GRANTS TO STATES TO IMPROVE AND COORDINATE THEIR RESPONSE TO ENSURE THE SAFETY, PERMANENCY, AND WELL-BEING OF INFANTS AFFECTED BY SUBSTANCE USE.

''(a) PROGRAM AUTHORIZED.—The Secretary shall make grants to States for the purpose of assisting child welfare agencies, social services agencies, substance use disorder treatment agencies, public health agencies, and maternal and child health agencies to facilitate collaboration in developing, updating, and implementing plans of safe care described in section 106(b)(2)(B)(iii).

''(b) DISTRIBUTION OF FUNDS.—

''(1) RESERVATIONS.—Of the amounts appropriated under subsection (h), the Secretary shall reserve—

''(A) no more than 3 percent for the purposes described in subsection (g); and

''(B) up to 2 percent for grants to Indian Tribes and tribal organizations for purposes consistent with this section, as the Secretary determines appropriate.

''(2) ALLOTMENTS TO STATES AND TERRITORIES.—The Secretary shall allot the amount appropriated under subsection (h) that remains after application of paragraph (1) [on a competitive

basis] to [each State]/[States] that appl[ies] for such a grant [on a competitive basis].

[''(3) RATABLE REDUCTION.—If the amount appropriated under subsection (h) is insufficient to satisfy the requirements of paragraph (2), the Secretary shall ratably reduce each allotment to a State.]

''(c) APPLICATION.—A State desiring a grant under this section shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

''(1) a description of—

''(A) the impact of substance use disorder in such State, including with respect to the substance or class of substances with the highest incidence of abuse in the previous year in such State, including—

''(i) the prevalence of substance use disorder in such State;

[''(ii) the aggregate rate of births in the State of infants with prenatal substance exposure (as determined by hospitals, insurance claims, claims submitted to the State Medicaid program, or other records), if available; and]

[“(iii) the number of infants identified, for whom a plan of safe care was developed, and for whom a referral was made for appropriate services, as reported under section 106(d)(18);]

“(B) the challenges the State faces in developing and implementing plans of safe care in accordance with section 106(b)(2)(B)(iii);

“(C) the State’s lead agency for the grant program and how that agency will coordinate with relevant State entities and programs, including the child welfare agency, the substance use disorder treatment agency, and the public health agency, programs funded by the Residential Treatment for Pregnant and Postpartum Women grant program of the Substance Abuse and Mental Health Services Administration, the State Medicaid program, the maternal, infant, and early childhood home visiting program under section 511 of the Social Security Act, the State judicial system, and other agencies, as determined by the Secretary;

“(D) how the State will monitor local implementation of plans of safe care, in accordance with section 106(b)(2)(B)(iii)(II);

"(E) how the State meets the requirements of section 1927 of the Public Health Service Act (42 U.S.C. 300x–27);

"(F) how the State plans to utilize funding authorized under part E, of title IV of the Social Security Act (42 U.S.C. 670 et seq.) to assist in carrying out any plan of safe care, including such funding authorized under section 471(e) of such Act (as in effect on October 1, 2018) for mental health and substance abuse prevention and treatment services and in-home parent skill-based programs and funding authorized under such section 472(j) (as in effect on October 1, 2018) for children with a parent in a licensed residential family-based treatment facility for substance abuse; and

"(G) an assessment of the treatment and other services and programs available in the State, to effectively carry out any plan of safe care developed, including identification of needed treatment, other services and programs to ensure the wellbeing of young children and their families affected by substance used disorder;

"(2) a description of how the State plans to use funds for activities described in subsection (d) for

the purposes of ensuring State compliance with requirements under clauses (ii) and (iii) of section 106(b)(2)(B); and

''(3) an assurance that the State will—

''(A) comply with this Act and parts B and E of title IV of the Social Security Act (42 U.S.C. 621 et seq., 670 et seq.); and

''(B) comply with requirements to refer a child identified as substance-exposed to early intervention services as required pursuant to a grant under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

''(d) USES OF FUNDS.—Funds awarded to a State under this section may be used for the following activities, which may be carried out by the State directly, or through grants or subgrants, contracts, or cooperative agreements:

''(1) Improving State and local systems with respect to the development and implementation of plans of safe care, which—

''(A) shall include parent and caregiver engagement, as required under section 106(b)(2)(B)(iii)(I), regarding available treatment and service options, which may include re-

sources available for pregnant, perinatal, and postnatal women; and

"(B) may include activities such as—

"(i) developing policies, procedures, or protocols for the administration of evidence-based and validated screening tools for infants who may be affected by substance use withdrawal symptoms or a fetal alcohol spectrum disorder and pregnant, perinatal, and postnatal women whose infants may be affected by substance use withdrawal symptoms or a fetal alcohol spectrum disorder;

"(ii) improving assessments used to determine the needs of the infant and family;

"(iii) improving ongoing case management services; and

"(iv) improving access to treatment services, which may be prior to the pregnant woman's due date.

"(2) Developing policies, procedures, or protocols in consultation and coordination with health professionals, public and private health facilities,

and substance use disorder treatment agencies to ensure that—

''(A) appropriate notification to child protective services is made in a timely manner;

''(B) a plan of safe care is in place, where needed, before the infant is discharged from the birth or health care facility; and

''(C) such health and related agency professionals are trained on how to follow such protocols and are aware of the supports that may be provided under a plan of safe care.

''(3) Training health professionals and health system leaders, child welfare workers, substance use disorder treatment agencies, and other related professionals such as home visiting agency staff and law enforcement in relevant topics including—

''(A) State mandatory reporting laws and the referral and notification process;

''(B) the co-occurrence of pregnancy and substance use disorder;

''(C) the clinical guidance about treating substance use disorder in pregnant and postpartum women; and

''(D) appropriate screening and interventions for infants affected by substance use dis-

order, withdrawal symptoms, or a fetal alcohol spectrum disorder and the requirements under section 106(b)(2)(B)(iii).

''(4) Establishing partnerships, agreements, or memoranda of understanding between the lead agency and health professionals, health facilities, child welfare professionals, substance use disorder and mental health disorder treatment programs, and maternal and child health and early intervention professionals, including home visiting providers, peer recovery specialists, and housing agencies to facilitate the implementation of, and compliance with section 106(b)(2) and paragraph (2) of this subsection, in areas which may include—

''(A) developing a comprehensive, multidisciplinary assessment and intervention process for infants and their families who are affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder, that takes into account the unique needs of each family and addresses differences between legal, medically supervised substance use, and substance use disorder;

''(B) ensuring that treatment approaches for serving infants, pregnant women, and

perinatal and postnatal women whose infants may be affected by substance use, withdrawal symptoms, or a fetal alcohol spectrum disorder, are designed to, where appropriate, keep infants with their mothers during both inpatient and outpatient treatment; and

''(C) increasing access to appropriate evidence-based medication assisted treatment services for substance use disorders approved by the Food and Drug Administration and behavioral therapy, as appropriate, and counseling services.

''(5) Developing and updating systems of technology for improved data collection and monitoring under section 106(b)(2)(B)(iii), including existing electronic medical records, to measure the outcomes achieved through the plans of safe care, including monitoring systems to meet the requirements of this Act and submission of performance measures.

''(e) REPORTING.—Each State that receives funds under this section, for each year such funds are received, shall submit a report to the Secretary, disaggregated by geographic location, economic status, and major racial and ethnic groups [as determined by the State], on the following:

''(1) The number of the infants identified under section 106(b)(2)(B)(ii) who experienced removal due to parental substance use concerns who are reunified with parents, and the length of time between such removal and reunification.

''(2) The number of the infants identified under section 106(b)(2)(B)(ii) who experienced substantiated reports of child abuse or neglect, received differential response while in the care of their birth parents or within 1 year after a reunification has occurred.

''(3) The number of the infants identified under section 106(b)(2)(B)(ii) who experienced a return to out-of-home care within one year after reunification.

''(f) SECRETARY'S REPORT TO CONGRESS.—The Secretary shall submit an annual report to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Education and the Workforce and the Committee on Appropriations of the House of Representatives that includes the information described in subsection (e) and recommendations or observations on the challenges, successes, and lessons derived from implementation of the grant program.

''(g) RESERVATION OF FUNDS.—The Secretary shall use the amount reserved under subsection (b)(1)(A) for the purposes of—

''(1) providing technical assistance, including programs of in-depth technical assistance, to additional States, territories, and Indian tribes in accordance with the substance-exposed infant initiative developed by the National Center on Substance Abuse and Child Welfare;

''(2) issuing guidance on the requirements of this Act with respect to infants born with and identified as being affected by substance abuse or withdrawal symptoms or fetal alcohol spectrum disorder, as described in clauses (ii) and (iii) of section 106(b)(2)(B), including by—

''(A) clarifying key terms; and

''(B) disseminating best practices on implementation of plans of safe care, on such topics as differential response, collaboration and coordination, and identification and delivery of services, for different populations;

''(3) supporting State efforts to develop information technology systems to manage plans of safe care; and

''(4) preparing the Secretary's report to Congress described in subsection (f).

''(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out the program under this section, there are authorized to be appropriated $60,000,000 for each of fiscal years 2018 through 2024.''.

(b) DEFINITION.—Section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note) is amended—

(1) in paragraph (7), by striking ''; and'' and inserting a semicolon;

(2) by redesignating paragraph (8) as paragraph (9); and

(3) by inserting after paragraph (7) the following:

''(8) the term 'substance use disorder' means the abuse of alcohol or other drugs; and''.

SEC. 407. REGISTRATION OF COMMUNITY ADDICTION TREATMENT FACILITIES AND COMMUNITY MENTAL HEALTH FACILITIES.

(a) DEFINITIONS.—Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended—

(1) by striking paragraph (54)(A)(i) and inserting the following:

"(i) while the patient is being treated by, and physically located in—

"(I) a hospital or clinic registered under section 303(f); or

"(II) a community addiction treatment facility or community mental health facility registered under section 303(l); and"; and

(2) by adding at the end the following:

"(57) The term 'community addiction treatment facility' means an addiction treatment facility that, for the purpose of operating as an addiction treatment facility, is licensed, operated, authorized, or otherwise recognized by a State government.

"(58) The term 'community mental health facility' means a mental health facility that, for the purpose of operating as a mental health facility, is licensed, operated, authorized, or otherwise recognized by a State government.".

(b) REGISTRATION.—Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended by adding at the end the following:

"(l) COMMUNITY ADDICTION TREATMENT FACILITIES AND COMMUNITY MENTAL HEALTH FACILITIES.—

''(1) REGISTRATION.—The Attorney General may register community addiction treatment facilities and community mental health facilities to administer controlled substances through the practice of telemedicine.

''(2) DENIAL OF APPLICATIONS.—The Attorney General may deny an application for registration under paragraph (1) if the Attorney General determines that the registration would be inconsistent with the public interest after considering—

''(A) any recommendation by the licensing board or professional disciplinary authority of the State in which the applicant is located;

''(B) the experience of the applicant in treating patients;

''(C) any conviction of an employee of the applicant under Federal or State law relating to treatment of patients;

''(D) the compliance of the applicant with applicable Federal, State, or local laws relating to treatment of patients; and

''(E) any other conduct by the applicant that may threaten the public's health and safety.''.

(c) IMPLEMENTATION PLAN.—Not later than 6 months after the date of enactment of this Act, the Attorney General shall notify Congress of the plan for the Department of Justice to implement the amendments made by this section.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is 6 months after the date on which the Attorney General notifies Congress under subsection (c).

SEC. 408. REGULATIONS RELATING TO SPECIAL REGISTRATION FOR TELEMEDICINE.

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

''(2) REGULATIONS.—

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

''(i) the limited circumstances in which a special registration under this subsection may be issued; and

"(ii) the procedure for obtaining a special registration under this subsection.

"(B) PROCEDURE.—In promulgating final regulations under subparagraph (A), the Attorney General shall—

"(i) issue a notice of proposed rulemaking that includes a copy of the proposed regulations;

"(ii) provide a period of not less than 60 days for comments on the proposed regulations;

"(iii) finalize the proposed regulation not later than 6 months after the close of the comment period; and

"(iv) publish the final regulations not later than 30 days before the effective date of the final regulations.".

SEC. 409. NATIONAL HEALTH SERVICE CORPS BEHAVIORAL AND MENTAL HEALTH PROFESSIONALS PROVIDING OBLIGATED SERVICE IN SCHOOLS AND OTHER COMMUNITY-BASED SETTINGS.

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

"SEC. 338N. BEHAVIORAL AND MENTAL HEALTH PROFESSIONALS PROVIDING OBLIGATED SERVICE IN SCHOOLS AND OTHER COMMUNITY-BASED SETTINGS.

"(a) SCHOOLS AND COMMUNITY-BASED SETTINGS.—An entity to which a Corps member is assigned under section 333 may direct such Corps member to provide service as a behavioral and mental health professional at a school [or other community-based setting located in a mental health professional shortage area or a health professional shortage area in a State with an incidence or prevalence of opioid use disorder, or an opioid overdose mortality rate, that is above the national average].

"(b) OBLIGATED SERVICE.—Any service described in subsection (a) that a Corps member provides may count towards such Corps member's completion of any obligated service requirements under the Scholarship Program or the Loan Repayment Program. The Secretary shall not impose any maximum limitation on the number of hours of service described in subsection (a) that a Corps member may count towards completing such obligated service requirements.

"(c) RULE OF CONSTRUCTION.—The authorization under subsection (a) shall be notwithstanding any other provision of this subpart or subpart II.".

SEC. 410. LOAN REPAYMENT FOR SUBSTANCE USE DISORDER TREATMENT PROVIDERS.

(a) LOAN REPAYMENT FOR SUBSTANCE USE TREATMENT PROVIDERS.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall enter into contracts under section 338B of the Public Health Service Act (42 U.S.C. 254l-1) with eligible health professionals providing substance use disorder treatment services in substance use disorder treatment facilities, as defined by the Secretary.

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

(1) such facilities shall be located in mental health professional shortage areas designated under section 332 of the Public Health Service Act (42 U.S.C. 254e);

(2) section 331(a)(3)(D) of such Act (42 U.S.C. 254d(a)(3)(D)) shall be applied as if the term ''primary health services'' includes health services regarding substance use disorder treatment;

(3) section 331(a)(3)(E)(i) of such Act (42 U.S.C. 254d(a)(3)(E)(i)) shall be applied as if the term ''behavioral and mental health professionals'' includes masters level, licensed substance use disorder treatment counselors; and

(4) such professionals and facilities shall provide—

(A) counseling by a program counselor or other certified professional who is licensed and qualified by education, training, or experience to assess the psychological and sociological background of patients, to contribute to the appropriate treatment plan for the patient, and to monitor progress; and

(B) all drugs approved by the Food and Drug Administration to treat substance use disorders.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, [such sums as may be necessary] for each of fiscal years 2019 through 2023.

TITLE V—PREVENTION

SEC. 501. STUDY ON PRESCRIBING LIMITS.

Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the Attorney General, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the impact of Federal and State laws and regulations that

limit the length, quantity, or dosage of opioid prescriptions. Such report shall address—

(1) the impact of such limits on—

(A) the incidence and prevalence of overdose related to prescription opioids;

(B) the incidence and prevalence of overdose related to illicit opioids;

(C) the prevalence of opioid use disorders;

(D) medically appropriate use of, and access to, opioids, including any impact on travel expenses and pain management outcomes for patients, and whether such limits are associated with significantly higher rates of negative health outcomes, including suicide;

(2) whether such limits lead to a significant increase in burden for prescribers of opioids or prescribers of treatments for opioid use disorder, including any impact on patient access to treatment, and whether such burden is mitigated by any factors such as electronic prescribing; and

(3) the impact of such limits on diversion or misuse of any controlled substance in schedule II, III, or IV of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)).

SEC. 502. PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.

Section 759 of the Public Health Service Act (42 U.S.C. 294i) is amended—

(1) in subsection (a), by inserting ''nonprofit'' after ''private'';

(2) in subsection (b)—

(A) in the matter preceding paragraph (1), by striking ''award may be made under subsection (a) only if the applicant for the award agrees that the program carried out with the award will include'' and inserting ''entity receiving an award under this section shall develop a comprehensive education and training plan that includes'';

(B) in paragraph (1)—

(i) by inserting ''preventing,'' after ''diagnosing,''; and

(ii) by inserting ''non-addictive medical products and non-pharmacologic treatments and'' after ''including'';

(C) in paragraph (2)—

(i) by inserting ''Federal, State, and local'' after ''applicable''; and

(ii) by striking ''the degree to which'' and all that follows through ''effective pain care'' and inserting ''opioids'';

(D) in paragraph (3), by inserting ''and, as appropriate, non-pharmacotherapy'' before the semicolon;

(E) in paragraph (4)—

(i) by inserting ''any'' before ''cultural''; and

(ii) by striking ''; and'' and inserting '';'';

(F) in paragraph (5), by striking ''provision of pain care.'' and inserting ''scientific basis of pain and the provision of pain care, including through non-addictive medical products and non-pharmacologic treatments; and''; and

(G) by adding at the end the following:

''(6) the dangers of opioid abuse, detection of early warning signs of opioid use disorders, and safe disposal options for prescription medications, including such options provided by law enforcement, or other innovative deactivation mechanisms.'';

(3) in subsection (d), by inserting ''prevention,'' after ''diagnosis,''; and

(4) in subsection (e), by striking ''2010 through 2012'' and inserting ''2019 through 2023''.

SEC. 503. EDUCATION AND AWARENESS CAMPAIGNS.

Section 102 of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114–198) is amended—

(1) by amending subsection (a) to read as follows:

''(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the heads of other departments and agencies, shall advance education and awareness regarding the risks related to misuse and abuse of opioids, as appropriate, which may include developing or improving existing programs, conducting activities, and awarding grants that advance the education and awareness of—

''(1) the public, including patients and consumers;

''(2) providers, which may include—

''(A) providing for continuing education on appropriate prescribing practices;

''(B) education related to applicable State or local prescriber limit laws, information on the use of non-addictive or non-opioid alter-

natives for pain management, and the use of overdose reversal drugs, as appropriate;

''(C) disseminating and improving the use of evidence-based opioid prescribing guidelines across relevant health care settings, as appropriate, and updating guidelines as necessary; and

''(D) implementing strategies, such as best practices, to encourage and facilitate the use of prescriber guidelines, in accordance with State and local law; and

''(3) other appropriate entities.''; and

(2) in subsection (b)—

(A) by striking ''opioid abuse'' each place such term appears and inserting ''opioid misuse and abuse''; and

(B) in paragraph (2), by striking ''safe disposal of prescription medications and other'' and inserting ''non-addictive or non-opioid treatment options, safe disposal options for prescription medications, and other applicable''.

SEC. 504. ENHANCED CONTROLLED SUBSTANCE OVERDOSES DATA COLLECTION, ANALYSIS, AND DISSEMINATION.

Part J of title III of the Public Health Service Act is amended by inserting after section 392 (42 U.S.C. 280b-1) the following:

"SEC. 392A. ENHANCED CONTROLLED SUBSTANCE OVERDOSES DATA COLLECTION, ANALYSIS, AND DISSEMINATION.

''(a) IN GENERAL.—The Director of the Centers for Disease Control and Prevention, using the authority provided to the Director under section 392, may—

''(1) to the extent practicable, carry out and expand any controlled substance overdose data collection, analysis, and dissemination activity described in subsection (b);

''(2) provide training and technical assistance to States, localities, and Indian tribes for the purpose of carrying out any such activity; and

''(3) award grants to States, localities, and Indian tribes for the purpose of carrying out any such activity.

''(b) CONTROLLED SUBSTANCE OVERDOSE DATA COLLECTION AND ANALYSIS ACTIVITIES.—A controlled substance overdose data collection, analysis, and dissemi-

nation activity described in this subsection is any of the following activities:

''(1) Improving the timeliness of reporting aggregate data to the public, including data on fatal and nonfatal controlled substance overdoses.

''(2) Enhancing the comprehensiveness of controlled substance overdose data by collecting information on such overdoses from appropriate sources such as toxicology reports, death scene investigations, and emergency department services.

''(3) Modernizing the system for coding causes of death related to controlled substance overdoses to use an electronic-based system.

''(4) Using data to help identify risk factors associated with controlled substance overdoses, including the delivery of certain health care services.

''(5) Supporting entities involved in reporting information on controlled substance overdoses, such as coroners and medical examiners, to improve accurate testing and reporting of causes and contributing factors of such overdoses, and analysis of various opioid analogues to controlled substances overdoses.

''(6) Working to enable and encourage the access, exchange, and use of data regarding controlled

substances overdoses among data sources and entities.

''(c) CONTROLLED SUBSTANCE DEFINED.—In this section, the term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act.''.

SEC. 505. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.), as amended by section 504, is further amended by inserting after section 392A the following:

''SEC. 392B. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

''(a) PREVENTION ACTIVITIES.—

''(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention (referred to in this section as the 'Director'), using the authority provided to the Director under section 392, may—

''(A) to the extent practicable, carry out and expand any prevention activity described in paragraph (2);

''(B) provide training and technical assistance to States, localities, and Indian tribes to carrying out any such activity; and

''(C) award grants to States, localities, and tribes for the purpose of carrying out any such activity.

''(2) PREVENTION ACTIVITIES.—A prevention activity described in this paragraph is an activity to improve the efficiency and use of a new or currently operating prescription drug monitoring program—

''(A) encouraging all authorized users (as specified by the State or other entity) to register with and use the program;

''(B) enabling such users to access any data updates in as close to real-time as practicable;

''(C) providing for a mechanism for the program to notify authorized users of any potential misuse or abuse of controlled substances and any detection of inappropriate prescribing practices relating to such substances;

''(D) encouraging the analysis of prescription drug monitoring data for purposes of providing reports based on such analysis to State public health agencies and State licensing boards, as allowed under applicable Federal and State law, to prevent inappropriate prescribing, drug diversion, or abuse and misuse of con-

trolled substances, provided such agencies and boards maintain data use agreements with programs;

''(E) enhancing interoperability between the program and any health information technology (including certified health information technology), including by integrating program data into such technology;

''(F) updating program capabilities to respond to technological innovation for purposes of appropriately addressing the occurrence and evolution of controlled substance overdoses; and

''(G) facilitating and encouraging data exchange between the program and the prescription drug monitoring programs of other States.

''(b) ADDITIONAL GRANTS.—The Director may award grants to States, localities, and Indian tribes—

''(1) to carry out innovative projects for grantees to rapidly respond to controlled substance misuse, abuse, and overdoses, including changes in patterns of controlled substance use; and

''(2) for any other evidence-based activity for preventing controlled substance misuse, abuse, and overdoses as the Director determines appropriate.

''(c) RESEARCH.—The Director may conduct studies and evaluations to address substance use disorders, including preventing substance use disorders or other related topics the Director determines appropriate.

''(d) PUBLIC AND PRESCRIBER EDUCATION.—Pursuant to section 102 of the Comprehensive Addiction and Recovery Act of 2016, the Director may advance the education and awareness of prescribers and the public regarding the risk of abuse of prescription opioids.

''(e) CONTROLLED SUBSTANCE DEFINED.—In this section, the term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act.

''(f) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, section [392A] of this Act, and section 102 of the Comprehensive Addiction and Recovery Act of 2016, there is authorized to be appropriated [such sums as may be necessary] for each of fiscal years 2019 through 2024.''.

SEC. 506. REAUTHORIZATION OF NASPER.

[To be supplied.]

SEC. 507. JESSIE'S LAW.

(a) BEST PRACTICES.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of

Health and Human Services (referred to in this section as the ''Secretary''), in consultation with appropriate stakeholders, including a patient with a history of opioid use disorder, an expert in electronic health records, an expert in the confidentiality of patient health information and records, and a health care provider, shall identify or facilitate the development of best practices regarding—

(A) the circumstances under which information that a patient has provided to a health care provider regarding such patient's history of opioid use disorder should, only at the patient's request, be prominently displayed in the medical records (including electronic health records) of such patient;

(B) what constitutes the patient's request for the purpose described in subparagraph (A); and

(C) the process and methods by which the information should be so displayed.

(2) DISSEMINATION.—The Secretary shall disseminate the best practices developed under paragraph (1) to health care providers and State agencies.

(b) REQUIREMENTS.—In identifying or facilitating the development of best practices under subsection (a), as applicable, the Secretary, in consultation with appropriate stakeholders, shall consider the following:

(1) The potential for addiction relapse or overdose, including overdose death, when opioid medications are prescribed to a patient recovering from opioid use disorder.

(2) The benefits of displaying information about a patient's opioid use disorder history in a manner similar to other potentially lethal medical concerns, including drug allergies and contraindications.

(3) The importance of prominently displaying information about a patient's opioid use disorder when a physician or medical professional is prescribing medication, including methods for avoiding alert fatigue in providers.

(4) The importance of a variety of appropriate medical professionals, including physicians, nurses, and pharmacists, to have access to information described in this section when prescribing or dispensing opioid medication, consistent with Federal and State laws and regulations.

(5) The importance of protecting patient privacy, including the requirements related to consent for disclosure of substance use disorder information under all applicable laws and regulations.

(6) All applicable Federal and State laws and regulations.

SEC. 508. DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS FOR SUBSTANCE USE DISORDER PATIENT RECORDS.

(a) INITIAL PROGRAMS AND MATERIALS.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in consultation with appropriate experts, shall identify the following model programs and materials (or if no such programs or materials exist, recognize private or public entities to develop and disseminate such programs and materials):

(1) Model programs and materials for training health care providers (including physicians, emergency medical personnel, psychiatrists, psychologists, counselors, therapists, nurse practitioners, physician assistants, behavioral health facilities and clinics, care managers, and hospitals, including individuals such as general counsels or regulatory compliance staff who are responsible for establishing provider

privacy policies) concerning the permitted uses and disclosures, consistent with the standards and regulations governing the privacy and security of substance use disorder patient records promulgated by the Secretary under section 543 of the Public Health Service Act (42 U.S.C. 290dd-2) for the confidentiality of patient records.

(2) Model programs and materials for training patients and their families regarding their rights to protect and obtain information under the standards and regulations described in paragraph (1).

(b) REQUIREMENTS.—The model programs and materials described in paragraphs (1) and (2) of subsection (a) shall address circumstances under which disclosure of substance use disorder patient records is needed to—

(1) facilitate communication between substance use disorder treatment providers and other health care providers to promote and provide the best possible integrated care;

(2) avoid inappropriate prescribing that can lead to dangerous drug interactions, overdose, or relapse; and

(3) notify and involve families and caregivers when individuals experience an overdose.

(c) PERIODIC UPDATES.—The Secretary shall—

(1) periodically review and update the model program and materials identified or developed under subsection (a); and

(2) disseminate such updated programs and materials to the individuals described in subsection (a)(1).

(d) INPUT OF CERTAIN ENTITIES.—In identifying, reviewing, or updating the model programs and materials under this section, the Secretary shall solicit the input of relevant stakeholders.

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

SEC. 509. PRENATAL AND POSTNATAL HEALTH.

Section 317L of the Public Health Service Act (42 U.S.C. 247b–13) is amended—

(1) in subsection (a)—

(A) by amending paragraph (1) to read as follows:

''(1) to collect, analyze, and make available data on prenatal smoking, alcohol and substance abuse and misuse, including—

''(A) data on—

''(i) the incidence, prevalence, and implications of such activities; and

''(ii) the incidence and prevalence of implications and outcomes, including neonatal abstinence syndrome and other outcomes associated with such activities; and

''(B) to inform such analysis, additional information or data on family health history, medication exposures during pregnancy, demographic information, such as race, ethnicity, geographic location, and family history, and other relevant information, as appropriate;'';

(B) in paragraph (2)—

(i) by striking ''prevention of'' and inserting ''prevention and long-term outcomes associated with''; and

(ii) by striking ''illegal drug use'' and inserting ''substance abuse and misuse'';

(C) in paragraph (3), by striking ''and cessation programs; and'' and inserting '', treatment, and cessation programs;'';

(D) in paragraph (4), by striking ''illegal drug use.'' and inserting ''substance abuse and misuse; and''; and

(E) by adding at the end the following:

''(5) to issue public reports on the analysis of data described in paragraph (1), including analysis of—

''(A) long-term outcomes of children affected by neonatal abstinence syndrome;

''(B) health outcomes associated with prenatal smoking, alcohol, and substance abuse and misuse; and

''(C) relevant studies, evaluations, or information the Secretary determines to be appropriate.'';

(2) in subsection (b), by inserting ''tribal entities,'' after ''local governments,'';

(3) by redesignating subsection (c) as subsection (d);

(4) by inserting after subsection (b) the following:

''(c) COORDINATING ACTIVITIES.—To carry out this section, the Secretary may—

''(1) provide technical and consultative assistance to entities receiving grants under subsection (b);

''(2) ensure a pathway for data sharing between States, tribal entities, and the Centers for Disease Control and Prevention;

''(3) ensure data collection under this section is consistent with applicable State, Federal, and Tribal privacy laws; and

''(4) coordinate with the National Coordinator for Health Information Technology, as appropriate, to assist States and tribes in implementing systems that use standards recognized by such National Coordinator, as such recognized standards are available, in order to facilitate interoperability between such systems and health information technology systems, including certified health information technology.''; and

(5) in subsection (d), as so redesignated, by striking ''2001 through 2005'' and inserting ''2019 through 2023''.

SEC. 510. SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH INJECTION DRUG USE AND OTHER RISK FACTORS.

Section 317N of the Public Health Service Act (42 U.S.C. 247b–15) is amended—

(1) by amending the section heading to read as follows: ''**SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH INJECTION DRUG USE AND OTHER RISK FACTORS**'';

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by inserting ''activities'' before the colon;

(B) in paragraph (1)—

(i) by inserting ''or maintaining'' after ''implementing'';

(ii) by striking ''hepatitis C virus infection (in this section referred to as 'HCV infection')'' and inserting ''infections commonly associated with injection drug use, including viral hepatitis and human immunodeficiency virus,''; and

(iii) by striking ''such infection'' and all that follows through the period at the end and inserting ''such infections, which may include the reporting of cases of such infections.'';

(C) in paragraph (2), by striking ''HCV infection'' and all that follows through the period at the end and inserting ''infections as a result of injection drug use, receiving blood transfusions prior to July 1992, or other risk factors.'';

(D) in paragraphs (4) and (5), by striking ''HCV infection'' each place such term appears

and inserting ''infections described in paragraph (1)''; and

(E) in paragraph (5), by striking ''pediatricians and other primary care physicians, and obstetricians and gynecologists'' and inserting ''substance use disorder treatment providers, pediatricians, other primary care providers, and obstetrician-gynecologists'';

(3) in subsection (b)—

(A) by striking ''directly and'' and inserting ''directly or''; and

(B) by striking ''hepatitis C,'' and all that follows through the period at the end and inserting ''infections described in subsection (a)(1).'';

(4) by redesignating subsection (c) as subsection (d);

(5) by inserting after subsection (b) the following:

''(c) DEFINITION.—In this section, the term 'injection drug use' means—

''(1) intravenous administration of a substance in schedule I of section 202(c) of the Controlled Substances Act;

''(2) intravenous administration of a substance in schedule II, III, IV, or V of section 202(c) of the Controlled Substances Act that has not been approved for intravenous use under section 505 of the Federal Food, Drug and Cosmetic Act or section 351 of the Public Health Service Act; or

''(3) intravenous administration of a substance in schedule II, III, IV, or V of section 202(c) of the Controlled Substances Act that has not been prescribed to the person using the substance.''; and

(6) in subsection (d), as so redesignated, by striking ''such sums as may be necessary for each of the fiscal years 2001 through 2005'' and inserting ''$40,000,000 for each of fiscal years 2019 through 2023''.

SEC. 511. TASK FORCE TO DEVELOP BEST PRACTICES FOR TRAUMA-INFORMED IDENTIFICATION, REFERRAL, AND SUPPORT.

(a) ESTABLISHMENT.—There is established a task force, to be known as the Interagency Task Force on Trauma-Informed Care (in this section referred to as the ''task force'') that shall identify, evaluate, and make recommendations regarding best practices with respect to children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma.

(b) MEMBERSHIP.—

[(1) COMPOSITION.—The task force shall be composed of the heads of the following Federal departments and agencies, or their designees:]

[(A) The Centers for Medicare & Medicaid Services.]

[(B) The Substance Abuse and Mental Health Services Administration.]

[(C) The Agency for Healthcare Research and Quality.]

[(D) The Centers for Disease Control and Prevention.]

[(E) The Indian Health Service.]

[(F) The Department of Veterans Affairs.]

[(G) The National Institutes of Health.]

[(H) The Food and Drug Administration.]

[(I) The Health Resources and Services Administration.]

[(J) The Department of Defense.]

[(K) The Office of Minority Health.]

[(L) The Administration for Children and Families.]

[(M) The Office of the Assistant Secretary for Planning and Evaluation.]

[(N) The Office for Civil Rights at the Department of Health and Human Services.]

[(O) The Office of Juvenile Justice and Delinquency Prevention of the Department of Justice.]

[(P) The Office of Community Oriented Policing Services of the Department of Justice.]

[(Q) The Office on Violence Against Women of the Department of Justice.]

[(R) The National Center for Education Evaluation and Regional Assistance of the Department of Education.]

[(S) The National Center for Special Education Research of the Institute of Education Science.]

[(T) The Office of Elementary and Secondary Education of the Department of Education.]

[(U) The Office for Civil Rights at the Department of Education.]

[(V) The Office of Special Education and the Rehabilitative Services of the Department of Education.]

[(W) the Bureau of Indian Affairs of the Department of the Interior.]

[(X) The Veterans Health Administration of the Department of Veterans Affairs.]

[(Y) The Office of Special Needs Assistance Programs of the Department of Housing and Urban Development.]

[(Z) Such other Federal agencies as the Secretaries determine to be appropriate.]

(2) DATE OF APPOINTMENTS.—The heads of Federal departments and agencies shall appoint the corresponding members of the task force not later than 6 months after the date of enactment of this Act.

(3) CHAIRPERSON.—The task force shall be chaired by the Assistant Secretary for Mental Health and Substance Use.

(c) TASK FORCE DUTIES.—The task force shall identify, evaluate, make recommendations, and update such recommendations not less than annually, to the general public, the Secretary of Education, the Secretary of Health and Human Services, the Secretary of Labor, the

Secretary of the Interior, the Attorney General, and other relevant cabinet Secretaries, and Congress regarding—

(1) a set of evidence-based, evidence-informed, and promising best practices with respect to—

(A) the identification of infants, children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma; and

(B) the expeditious referral to and implementation of trauma-informed practices and supports that prevent and mitigate the effects of trauma;

(2) a national strategy on how the task force and member agencies will collaborate, prioritize options for, and implement a coordinated approach which may include data sharing and the awarding of grants that support children and their families as appropriate, who have experienced or are at risk of experiencing trauma; and

(3) existing Federal authorities at the Department of Education, Department of Health and Human Services, Department of Justice, Department of Labor, Department of Interior, and other relevant agencies authorized under existing Federal law and specific Federal grant programs to dissemi-

nate best practices on, provide training in, or deliver services through, trauma-informed practices, and disseminate such information—

(A) in writing to relevant program offices at such agencies to encourage grant applicants in writing to use such funds, where appropriate, for trauma-informed practices; and

(B) to the general public through the internet website of the task force.

(d) BEST PRACTICES.—In identifying, evaluating, and recommending the set of best practices under subsection (c), the task force shall—

(1) include guidelines for providing professional development for front-line services providers, including school personnel, providers from child- or youth-serving organizations, primary and behavioral health care providers, child welfare and social services providers, family and juvenile court judges and attorneys, health care providers, individuals who are mandatory reporters of child abuse or neglect, trained nonclinical providers (including peer mentors and clergy), and first responders, in—

(A) understanding and identifying early signs and risk factors of trauma in children and

youth, and their families as appropriate, including through screening processes;

(B) providing practices to prevent and mitigate the impact of trauma, including by fostering safe and stable environments and relationships; and

(C) developing and implementing procedures or systems that—

(i) are designed to quickly refer infants, children, youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma to the appropriate trauma-informed screening and support, including treatment appropriate to the age of the child, and ensure the infants, children, youth, and appropriate family members receive, the appropriate trauma-informed screening and support, including treatment appropriate to the age of the child; and

(ii) utilize and develop partnerships with local social services organizations and clinical mental health or health care service providers with expertise in providing support services (including trauma-informed

and evidence-based treatment appropriate to the age of the child) aimed at preventing or mitigating the effects of trauma

(iii) educate children and youth to—

(I) understand and identify the signs, effects, or symptoms of trauma; and

(II) build the resilience and coping skills to mitigate the effects of experiencing trauma;

(iv) promote and support multigenerational practices that assist parents, foster parents, and caregivers in accessing resources related to, and developing environments conducive to, the prevention and mitigation of trauma; and

(v) collect and utilize data from screenings, referrals, or the provision of services and supports, conducted in the covered settings, to evaluate and improve processes for trauma-informed support and outcomes that are culturally sensitive, linguistically appropriate, and specific to age ranges and sex, as applicable; and

(2) recommend best practices that are designed to avoid unwarranted custody loss or criminal penalties for parents or guardians in connection with infants, children, and youth who have experienced or are at risk of experiencing trauma.

(e) OPERATING PLAN.—Not later than 1 year after the date of enactment of this Act, the task force shall hold the first meeting. Not later than 2 years after such date of enactment, the task force shall submit to the Secretary of Education, Secretary of Health and Human Services, Secretary of Labor, Secretary of the Interior, the Attorney General, and Congress an operating plan for carrying out the activities of the task force described in subsection (c)(2) and (3). Such operating plan shall include—

(1) a list of specific activities that the task force plans to carry out for purposes of carrying out duties described in subsection (c)(2), which may include public engagement;

(2) a plan for carrying out the activities under subsection (c)(2) and (3);

(3) a list of members of the task force and other individuals who are not members of the task force that may be consulted to carry out such activities;

(4) an explanation of Federal agency involvement and coordination needed to carry out such activities, including any statutory or regulatory barriers to such coordination;

(5) a budget for carrying out such activities; and

(6) other information that the task force determines appropriate.

(f) FINAL REPORT.—Not later than 3 years after the date of the first meeting of the task force, the task force shall submit to the general public, Secretary of Education, Secretary of Health and Human Services, Secretary of Labor, Secretary of the Interior, the Attorney General, and other relevant cabinet Secretaries, and Congress, a final report containing all of the findings and recommendations required under this section.

(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2019 through 2022.

(h) SUNSET.—The task force shall on the date that is 60 days after the submission of the final report under subsection (g), but not later than September 30, 2022.

SEC. 512. GRANTS TO IMPROVE TRAUMA SUPPORT SERVICES AND MENTAL HEALTH CARE FOR CHILDREN AND YOUTH IN EDUCATIONAL SETTINGS.

(a) GRANTS, CONTRACTS, AND COOPERATIVE AGREEMENTS AUTHORIZED.—The Secretary, in coordination with the Director of Substance Abuse and Mental Health Services Administration, is authorized to award grants to, or enter into contracts or cooperative agreements with, State educational agencies, local educational agencies, Indian tribes or their tribal educational agencies, a school operated by the Bureau of Indian Education, or a Regional Corporation (as defined in section 3 of the Alaska Native Claims Settlement Act (43 U.S.C. 1602)) for the purpose of increasing student access to evidence-based or promising trauma support services and mental health care by developing innovative programs to link local school systems with local trauma-informed support and mental health systems, including those under the Indian Health Service.

(b) DURATION.—With respect to a grant, contract, or cooperative agreement awarded or entered into under this section, the period during which payments under such grant, contract or agreement are made to the recipient [may not exceed 5 years].

(c) USE OF FUNDS.—An entity that receives a grant, contract, or cooperative agreement under this section shall use amounts made available through such grant, contract, or cooperative agreement for [evidence-based or promising] activities, which shall include any of the following:

(1) Collaborative efforts between school-based service systems and trauma-informed support and mental health service systems to provide, develop, or improve prevention, screening, referral, and treatment services to students, such as by providing universal trauma screenings to identify students in need of specialized support.

(2) To implement multi-tiered positive behavioral interventions and supports, or other trauma-informed models of support.

(3) To provide professional development to teachers, teacher assistants, school leaders, specialized instructional support personnel, and mental health professionals that—

(A) fosters safe and stable learning environments that prevent and mitigate the effects of trauma, including through social and emotional learning; or

(B) improves school capacity to, as appropriate, identify, refer, and provide services to

students in need of trauma support or behavioral health services.

(4) To provide technical assistance to school systems and mental health agencies.

(5) To evaluate the effectiveness of the program carried out under this section in increasing student access to evidence-based and promising trauma support services and mental health care, and make recommendations to the Secretary about the sustainability of the program.

(6) To provide professional development and implement procedures pursuant to the relevant best practices developed and recommended by the task force described in section **[**_____**]**.

(d) APPLICATIONS.—To be eligible to receive a grant, contract, or cooperative agreement under this section, an entity described in subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, such as the following:

(1) A description of the program to be funded under the grant, contract, or cooperative agreement, including how such program will increase access to evidence-based or promising trauma support services and mental health care for students.

(2) A description of how the program will provide linguistically appropriate and culturally competent services.

(3) A description of how the program will support students and the school in improving the school climate in order to support an environment conducive to learning.

(4) An assurance that—

(A) persons providing services under the grant, contract, or cooperative agreement are adequately trained to provide such services; and

(B) teachers, school leaders, administrators, specialized instructional support personnel, representatives of local Indian tribes as appropriate, other school personnel, and parents or guardians of students participating in services under this section will be engaged and involved in the design and implementation of the services.

(5) A description of how the applicant will support and integrate existing school-based services with the program in order to provide mental health services for students, as appropriate.

(e) INTERAGENCY AGREEMENTS.—

(1) DESIGNATION OF LEAD AGENCY.—A recipient of a grant, contract, or cooperative agreement under this section shall designate a lead agency to direct the establishment of an interagency agreement among local educational agencies, juvenile justice authorities, mental health agencies, child welfare agencies, and other relevant entities in the State, in collaboration with local entities, such as Indian tribes.

(2) CONTENTS.—The interagency agreement shall ensure the provision of the services described in subsection (c), specifying with respect to each agency, authority, or entity—

(A) the financial responsibility for the services;

(B) the conditions and terms of responsibility for the services, including quality, accountability, and coordination of the services; and

(C) the conditions and terms of reimbursement among the agencies, authorities, or entities that are parties to the interagency agreement, including procedures for dispute resolution.

(f) EVALUATION.—The Secretary shall reserve not to exceed 3 percent of the funds made available under subsection (l) for each fiscal year to—

(1) conduct a rigorous, independent evaluation of the activities funded under this section; and

(2) disseminate and promote the utilization of evidence-based or promising practices regarding trauma support services and mental health care.

(g) DISTRIBUTION OF AWARDS.—The Secretary may ensure that grants, contracts, and cooperative agreements awarded or entered into under this section are equitably distributed among the geographical regions of the United States and among tribal, urban, suburban, and rural populations.

(h) RULE OF CONSTRUCTION.—Nothing in this section shall be construed—

(1) to prohibit an entity involved with a program carried out under this section from reporting a crime that is committed by a student to appropriate authorities; or

(2) to prevent State and tribal law enforcement and judicial authorities from exercising their responsibilities with regard to the application of Federal, tribal, and State law to crimes committed by a student.

(i) SUPPLEMENT, NOT SUPPLANT.—Any services provided through programs carried out under this section shall supplement, and not supplant, existing mental health services, including any special education and related services provided under the Individuals with Disabilities Education Act.

(j) CONSULTATION WITH INDIAN TRIBES.—In carrying out subsection (a), the Secretary shall, in a timely manner, meaningfully consult, engage, and cooperate with Indian tribes and their representatives to ensure notice of eligibility.

(k) DEFINITIONS.—In this section:

(1) ELEMENTARY OR SECONDARY SCHOOL.—The term ''elementary or secondary school'' means a public elementary and secondary school as such term is defined in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

[(2) EVIDENCE-BASED.—The term'' evidence-based'', when used with respect to a program or practice, means a program or practice that—]

[(A) is demonstrated to be effective when implemented with fidelity;]

[(B) is based on a clearly articulated and empirically supported theory;]

[(C) has measurable outcomes relevant to substance use disorder prevention, treatment, and recovery, including a detailed description of the outcomes produced in a particular population;]

[(D) has been scientifically tested and proven effective through randomized control studies or comparison group studies; and]

[(E) has the ability to replicate and scale.]

[(3) PROMISING.—The term ''promising'', when used with respect to a program or practice, means a program or practice that—]

[(A) is demonstrated to be effective based on positive outcomes relevant to one or more objective, independent, and scientifically valid evaluations, as documented in writing to the Secretary involved; and]

[(B) will be evaluated through a well-designed and rigorous study, as described in subsection [(____)].]

(4) SCHOOL LEADER.—The term ''school leader'' has the same meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(5) SECRETARY.—The term ''Secretary'' mens the Secretary of Education.

[(l) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2019 through 2023.]