AMENDMENT NO.________ Calendar No.______

Purpose: In the nature of a substitute.

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

H. R. 6

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

Referred to the Committee on ____________________ and ordered to be printed

Ordered to lie on the table and to be printed

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

Viz:

1 Strike all after the enacting clause and insert the fol-
2 lowing:

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

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

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

Sec. 1. Short title; table of contents.

TITLE I—OPIOID CRISIS RESPONSE ACT

Sec. 1001. Definitions.

Subtitle A—Reauthorization of Cures Funding

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

Subtitle B—Research and Innovation

Sec. 1201. Advancing cutting-edge research.
Sec. 1202. Pain research.
Sec. 1203. Report on synthetic drug use.

Subtitle C—Medical Products and Controlled Substances Safety

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

Subtitle D—Treatment and Recovery

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

Subtitle E—Prevention

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

Sec. 1507. Reauthorization of NASPER.
Sec. 1508. Jessie's law.
Sec. 1509. Development and dissemination of model training programs for substance use disorder patient records.
Sec. 1510. Communication with families during emergencies.
Sec. 1511. Prenatal and postnatal health.
Sec. 1512. Surveillance and education regarding infections associated with illicit drug use and other risk factors.
Sec. 1513. Task force to develop best practices for trauma-informed identification, referral, and support.
Sec. 1514. Grants to improve trauma support services and mental health care for children and youth in educational settings.
Sec. 1515. National Child Traumatic Stress Initiative.
Sec. 1516. National milestones to measure success in curtailing the opioid crisis.

TITLE II—FINANCE

Sec. 2001. Short title.

Subtitle A—Medicare

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

Subtitle B—Medicaid

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

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

Subtitle C—Human Services

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

Subtitle D—Synthetics Trafficking and Overdose Prevention

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

TITLE III—JUDICIARY

Subtitle A—Access to Increased Drug Disposal

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

Subtitle B—Using Data To Prevent Opioid Diversion

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

Subtitle C—Substance Abuse Prevention

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

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

Subtitle D—Synthetic Abuse and Labeling of Toxic Substances

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

Subtitle E—Opioid Quota Reform

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

Subtitle F—Preventing Drug Diversion

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

Subtitle G—Sense of Congress

Sec. 3701. Sense of Congress.

TITLE IV—COMMERCE

Subtitle A—Fighting Opioid Abuse in Transportation

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

Subtitle B—Opioid Addiction Recovery Fraud Prevention

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

1 # TITLE I—OPIOID CRISIS
2 # RESPONSE ACT

3 **SEC. 1001. DEFINITIONS.**

4 In this title—

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

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

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

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

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

18 (1) in subsection (a)—

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

1 grant program described in subsection (b)'';
2 and
3 (B) by inserting ''and Indian Tribes'' after
4 ''States'';
5 (2) by striking subsection (b);
6 (3) by redesignating subsections (c) through (e)
7 as subsections (b) through (d), respectively;
8 (4) by redesignating subsection (f) as sub-
9 section (j);
10 (5) in subsection (b), as so redesignated—
11 (A) in paragraph (1)—
12 (i) in the paragraph heading, by in-
13 serting ''AND INDIAN TRIBE'' after
14 ''STATE'';
15 (ii) by striking ''States for the pur-
16 pose of addressing the opioid abuse crisis
17 within such States'' and inserting ''States
18 and Indian Tribes for the purpose of ad-
19 dressing the opioid abuse crisis within such
20 States and Indian Tribes'';
21 (iii) by inserting ''or Indian Tribes''
22 after ''preference to States''; and
23 (iv) by inserting before the period of
24 the second sentence ''or other Indian
25 Tribes, as applicable'';

1 (B) in paragraph (2)—
2 (i) in the matter preceding subpara-
3 graph (A), by striking ‘‘to a State’’;
4 (ii) in subparagraph (A), by striking
5 ‘‘State’’;
6 (iii) in subparagraph (C), by inserting
7 ‘‘preventing diversion of controlled sub-
8 stances,’’ after ‘‘treatment programs,’’;
9 and
10 (iv) in subparagraph (E), by striking
11 ‘‘as the State determines appropriate, re-
12 lated to addressing the opioid abuse crisis
13 within the State’’ and inserting ‘‘as the
14 State or Indian Tribe determines appro-
15 priate, related to addressing the opioid
16 abuse crisis within the State, including di-
17 recting resources in accordance with local
18 needs related to substance use disorders’’;
19 (6) in subsection (c), as so redesignated, by
20 striking ‘‘subsection (c)’’ and inserting ‘‘subsection
21 (b)’’;
22 (7) in subsection (d), as so redesignated—
23 (A) in the matter preceding paragraph (1),
24 by striking ‘‘the authorization of appropriations

1 under subsection (b)'' and inserting ''subsection
2 (h)''; and
3 (B) in paragraph (1), by striking ''sub-
4 section (c)'' and inserting ''subsection (b)''; and
5 (8) by inserting after subsection (d), as so re-
6 designated, the following:
7 ''(e) INDIAN TRIBES.—
8 ''(1) DEFINITION.—For purposes of this sec-
9 tion, the term 'Indian Tribe' has the meaning given
10 the term 'Indian tribe' in section 4 of the Indian
11 Self-Determination and Education Assistance Act
12 (25 U.S.C. 5304).
13 ''(2) APPROPRIATE MECHANISMS.—The Sec-
14 retary, in consultation with Indian Tribes, shall
15 identify and establish appropriate mechanisms for
16 Tribes to demonstrate or report the information as
17 required under subsections (b), (c), and (d).
18 ''(f) REPORT TO CONGRESS.—Not later than 1 year
19 after the date on which amounts are first awarded after
20 the date of enactment of the Opioid Crisis Response Act
21 of 2018, pursuant to subsection (b), and annually there-
22 after, the Secretary shall submit to the Committee on
23 Health, Education, Labor, and Pensions of the Senate and
24 the Committee on Energy and Commerce of the House
25 of Representatives a report summarizing the information

1 provided to the Secretary in reports made pursuant to
2 subsection (c), including the purposes for which grant
3 funds are awarded under this section and the activities
4 of such grant recipients.
5 ‘‘(g) TECHNICAL ASSISTANCE.—The Secretary, in-
6 cluding through the Tribal Training and Technical Assist-
7 ance Center of the Substance Abuse and Mental Health
8 Services Administration, shall provide State agencies and
9 Indian Tribes, as applicable, with technical assistance con-
10 cerning grant application and submission procedures
11 under this section, award management activities, and en-
12 hancing outreach and direct support to rural and under-
13 served communities and providers in addressing the opioid
14 crisis.
15 ‘‘(h) AUTHORIZATION OF APPROPRIATIONS.—For
16 purposes of carrying out the grant program under sub-
17 section (b), there is authorized to be appropriated
18 $500,000,000 for each of fiscal years 2019 through 2021,
19 to remain available until expended.
20 ‘‘(i) SET ASIDE.—Of the amounts made available for
21 each fiscal year to award grants under subsection (b) for
22 a fiscal year, 5 percent of such amount for such fiscal year
23 shall be made available to Indian Tribes, and up to 15
24 percent of such amount for such fiscal year may be set
25 aside for States with the highest age-adjusted rate of drug

1 overdose death based on the ordinal ranking of States ac-
2 cording to the Director of the Centers for Disease Control
3 and Prevention.''.

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

9 Subtitle B—Research and
10 Innovation

11 SEC. 1201. ADVANCING CUTTING-EDGE RESEARCH.

12 Section 402(n)(1) of the Public Health Service Act
13 (42 U.S.C. 282(n)(1)) is amended—

14 (1) in subparagraph (A), by striking ''or'';
15 (2) in subparagraph (B), by striking the period
16 and inserting ''; or''; and
17 (3) by adding at the end the following:
18 ''(C) high impact cutting-edge research
19 that fosters scientific creativity and increases
20 fundamental biological understanding leading to
21 the prevention, diagnosis, or treatment of dis-
22 eases and disorders, or research urgently re-
23 quired to respond to a public health threat.''.

1 **SEC. 1202. PAIN RESEARCH.**
2 Section 409J(b) of the Public Health Service Act (42
3 U.S.C. 284q(b)) is amended—
4 (1) in paragraph (5)—
5 (A) in subparagraph (A), by striking "and
6 treatment of pain and diseases and disorders
7 associated with pain" and inserting "treatment,
8 and management of pain and diseases and dis-
9 orders associated with pain, including informa-
10 tion on best practices for utilization of non-
11 pharmacologic treatments, non-addictive med-
12 ical products, and other drugs or devices ap-
13 proved or cleared by the Food and Drug Ad-
14 ministration";
15 (B) in subparagraph (B), by striking "on
16 the symptoms and causes of pain;" and insert-
17 ing the following: "on—
18 "(i) the symptoms and causes of pain,
19 including the identification of relevant bio-
20 markers and screening models and the epi-
21 demiology of acute and chronic pain;
22 "(ii) the diagnosis, prevention, treat-
23 ment, and management of acute or chronic
24 pain, including with respect to non-phar-
25 macologic treatments, non-addictive med-
26 ical products, and other drugs or devices

1 approved or cleared by the Food and Drug
2 Administration; and
3 ''(iii) risk factors for, and early warn-
4 ing signs of, substance use disorders; and'';
5 and
6 (C) by striking subparagraphs (C) through
7 (E) and inserting the following:
8 ''(C) make recommendations to the Direc-
9 tor of NIH—
10 ''(i) to ensure that the activities of the
11 National Institutes of Health and other
12 Federal agencies are free of unnecessary
13 duplication of effort;
14 ''(ii) on how best to disseminate infor-
15 mation on pain care and epidemiological
16 data related to acute and chronic pain; and
17 ''(iii) on how to expand partnerships
18 between public entities and private entities
19 to expand collaborative, cross-cutting re-
20 search.'';
21 (2) by redesignating paragraph (6) as para-
22 graph (7); and
23 (3) by inserting after paragraph (5) the fol-
24 lowing:

1 "(6) REPORT.—The Director of NIH shall en-
2 sure that recommendations and actions taken by the
3 Director with respect to the topics discussed at the
4 meetings described in paragraph (4) are included in
5 appropriate reports to Congress.".

6 **SEC. 1203. REPORT ON SYNTHETIC DRUG USE.**

7 (a) IN GENERAL.—Not later than 3 years after the
8 date of the enactment of this Act, the Secretary shall sub-
9 mit to the Committee on Health, Education, Labor, and
10 Pensions of the Senate and the Committee on Energy and
11 Commerce of the House of Representatives a report on
12 the health effects of new psychoactive substances, includ-
13 ing synthetic drugs, by adolescents and young adults.

14 (b) NEW PSYCHOACTIVE SUBSTANCE DEFINED.—
15 For purposes of subsection (a), the term "new
16 psychoactive substance" means a controlled substance
17 analogue (as defined in section 102(32) of the Controlled
18 Substances Act (21 U.S.C. 802(32))).

19 Subtitle C—Medical Products and 20 Controlled Substances Safety

21 **SEC. 1301. CLARIFYING FDA REGULATION OF NON-ADDICT-**
22 **IVE PAIN PRODUCTS.**

23 (a) PUBLIC MEETINGS.—Not later than one year
24 after the date of enactment of this Act, the Secretary, act-
25 ing through the Commissioner of Food and Drugs, shall

1 hold not less than one public meeting to address the chal-
2 lenges and barriers of developing non-addictive medical
3 products intended to treat pain or addiction, which may
4 include—
5 (1) the manner by which the Secretary may in-
6 corporate the risks of misuse and abuse of a con-
7 trolled substance (as defined in section 102 of the
8 Controlled Substances Act (21 U.S.C. 802) into the
9 risk benefit assessments under subsections (d) and
10 (e) of section 505 of the Federal Food, Drug, and
11 Cosmetic Act (21 U.S.C. 355), section 510(k) of
12 such Act (21 U.S.C. 360(k)), or section 515(c) of
13 such Act (21 U.S.C. 360e(c)), as applicable;
14 (2) the application of novel clinical trial designs
15 (consistent with section 3021 of the 21st Century
16 Cures Act (Public Law 114–255)), use of real world
17 evidence (consistent with section 505F of the Fed-
18 eral Food, Drug, and Cosmetic Act (21 U.S.C.
19 355g)), and use of patient experience data (con-
20 sistent with section 569C of the Federal Food,
21 Drug, and Cosmetic Act (21 U.S.C. 360bbb–8c)) for
22 the development of non-addictive medical products
23 intended to treat pain or addiction;

1 (3) the evidentiary standards and the develop-
2 ment of opioid sparing data for inclusion in the la-
3 beling of medical products; and
4 (4) the application of eligibility criteria under
5 sections 506 and 515B of the Federal Food, Drug,
6 and Cosmetic Act (21 U.S.C. 356, 360e–3) for non-
7 addictive medical products intended to treat pain or
8 addiction.
9 (b) GUIDANCE.—Not less than one year after the
10 public meetings are conducted under subsection (a) the
11 Secretary shall issue one or more final guidance docu-
12 ments, or update existing guidance documents, to help ad-
13 dress challenges to developing non-addictive medical prod-
14 ucts to treat pain or addiction. Such guidance documents
15 shall include information regarding—
16 (1) how the Food and Drug Administration
17 may apply sections 506 and 515B of the Federal
18 Food, Drug, and Cosmetic Act (21 U.S.C. 356,
19 360e–3) to non-addictive medical products intended
20 to treat pain or addiction, including the cir-
21 cumstances under which the Secretary—
22 (A) may apply the eligibility criteria under
23 such sections 506 and 515B to non-addictive
24 medical products intended to treat pain or ad-
25 diction;

1 (B) considers the risk of addiction of con-
2 trolled substances approved to treat pain when
3 establishing unmet medical need; and
4 (C) considers pain, pain control, or pain
5 management in assessing whether a disease or
6 condition is a serious or life-threatening disease
7 or condition;
8 (2) the methods by which sponsors may evalu-
9 ate acute and chronic pain, endpoints for non-addict-
10 ive medical products intended to treat pain, the
11 manner in which endpoints and evaluations of effi-
12 cacy will be applied across and within review divi-
13 sions, taking into consideration the etiology of the
14 underlying disease, and the manner in which spon-
15 sors may use surrogate endpoints, intermediate
16 endpoints, and real world evidence;
17 (3) the manner in which the Food and Drug
18 Administration will assess evidence to support the
19 inclusion of opioid sparing data in the labeling of
20 non-addictive medical products intended to treat
21 pain, including—
22 (A) data collection methodologies, includ-
23 ing the use of novel clinical trial designs (con-
24 sistent with section 3021 of the 21st Century
25 Cures Act (Public Law 114–255)) and real

1 world evidence (consistent with section 505F of
2 the Federal Food, Drug, and Cosmetic Act (21
3 U.S.C. 355g)), as appropriate, to support prod-
4 uct labeling;
5 (B) ethical considerations of exposing sub-
6 jects to controlled substances in clinical trials to
7 develop opioid sparing data and considerations
8 on data collection methods that reduce harm,
9 which may include the reduction of opioid use
10 as a clinical benefit;
11 (C) endpoints, including primary, sec-
12 ondary, and surrogate endpoints, to evaluate
13 the reduction of opioid use;
14 (D) best practices for communication be-
15 tween sponsors and the agency on the develop-
16 ment of data collection methods, including the
17 initiation of data collection; and
18 (E) the appropriate format in which to
19 submit such data results to the Secretary; and
20 (4) the circumstances under which the Food
21 and Drug Administration considers misuse and
22 abuse of a controlled substance (as defined in sec-
23 tion 102 of the Controlled Substances Act (21
24 U.S.C. 802) in making the risk benefit assessment
25 under paragraphs (2) and (4) of subsection (d) of

1 section 505 of the Federal Food, Drug, and Cos-
2 metic Act (21 U.S.C. 355) and in finding that a
3 drug is unsafe under paragraph (1) or (2) of sub-
4 section (e) of such section.

5 (c) DEFINITIONS.—In this section—

6 (1) the term ''medical product'' means a drug
7 (as defined in section 201(g)(1) of the Federal
8 Food, Drug, and Cosmetic Act (21 U.S.C.
9 321(g)(1))), biological product (as defined in section
10 351(i) of the Public Health Service Act (42 U.S.C.
11 262(i))), or device (as defined in section 201(h) of
12 the Federal Food, Drug, and Cosmetic Act (21
13 U.S.C. 321(h))); and

14 (2) the term ''opioid sparing'' means reducing,
15 replacing, or avoiding the use of opioids or other
16 controlled substances.

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

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

22 ''(4) PACKAGING AND DISPOSAL.—The Sec-
23 retary may require a risk evaluation mitigation
24 strategy for a drug for which there is a serious risk
25 of an adverse drug experience described in subpara-

1 graph (B) or (C) of subsection (b)(1), taking into
2 consideration the factors described in subparagraphs
3 (C) and (D) of subsection (f)(2) and in consultation
4 with other relevant Federal agencies with authorities
5 over drug packaging, which may include requiring
6 that—

7 "(A) the drug be made available for dis-
8 pensing to certain patients in unit dose pack-
9 aging, packaging that provides a set duration,
10 or another packaging system that the Secretary
11 determines may mitigate such serious risk; or

12 "(B) the drug be dispensed to certain pa-
13 tients with a safe disposal packaging or safe
14 disposal system for purposes of rendering drugs
15 non-retrievable (as defined in section 1300.05
16 of title 21, Code of Federal Regulations (or any
17 successor regulation)) if the Secretary has de-
18 termines that such safe disposal packaging or
19 system may mitigate such serious risk and ex-
20 ists in sufficient quantities.".

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

24 (1) in clause (i) by striking "and" at the end;
25 and

1 (2) by adding at the end the following:
2 ‘‘(iii) patients with functional needs;
3 and’’.
4 (c) APPLICATION TO ABBREVIATED NEW DRUG AP-
5 PLICATIONS.—Section 505–1(i) of the Federal Food,
6 Drug, and Cosmetic Act (21 U.S.C. 355–1(i)) is amend-
7 ed—
8 (1) in paragraph (1)—
9 (A) by redesignating subparagraph (B) as
10 subparagraph (C); and
11 (B) inserting after subparagraph (A) the
12 following:
13 ‘‘(B) A packaging or disposal requirement,
14 if required under subsection (e)(4) for the ap-
15 plicable listed drug.’’; and
16 (2) in paragraph (2)—
17 (A) in subparagraph (A), by striking
18 ‘‘and’’ at the end;
19 (B) by redesignating subparagraph (B) as
20 subparagraph (C); and
21 (C) by inserting after subparagraph (A)
22 the following:
23 ‘‘(B) shall permit packaging systems and
24 safe disposal packaging or safe disposal systems
25 that are different from those required for the

1 applicable listed drug under subsection (e)(4);
2 and''.

3 **SEC. 1303. STRENGTHENING FDA AND CBP COORDINATION**
4 **AND CAPACITY.**

5 (a) IN GENERAL.—The Secretary, acting through the
6 Commissioner of Food and Drugs, shall coordinate with
7 the Secretary of Homeland Security to carry out activities
8 related to customs and border protection and response to
9 illegal controlled substances and drug imports, including
10 at sites of import (such as international mail facilities).
11 Such Secretaries may carry out such activities through a
12 memorandum of understanding between the Food and
13 Drug Administration and the U.S. Customs and Border
14 Protection.

15 (b) FDA IMPORT FACILITIES AND INSPECTION CA-
16 PACITY.—

17 (1) IN GENERAL.—In carrying out this section,
18 the Secretary shall, in collaboration with the Sec-
19 retary of Homeland Security and the Postmaster
20 General of the United States Postal Service, provide
21 that import facilities in which the Food and Drug
22 Administration operates or carries out activities re-
23 lated to drug imports within the international mail
24 facilities include—

1 (A) facility upgrades and improved capac-
2 ity in order to increase and improve inspection
3 and detection capabilities, which may include,
4 as the Secretary determines appropriate—
5 (i) improvements to facilities, such as
6 upgrades or renovations, and support for
7 the maintenance of existing import facili-
8 ties and sites to improve coordination be-
9 tween Federal agencies;
10 (ii) the construction of, or upgrades
11 to, laboratory capacity for purposes of de-
12 tection and testing of imported goods;
13 (iii) upgrades to the security of import
14 facilities; and
15 (iv) innovative technology and equip-
16 ment to facilitate improved and near-real-
17 time information sharing between the Food
18 and Drug Administration, the Department
19 of Homeland Security, and the United
20 States Postal Service; and
21 (B) innovative technology, including con-
22 trolled substance detection and testing equip-
23 ment and other applicable technology, in order
24 to collaborate with the U.S. Customs and Bor-
25 der Protection to share near-real-time informa-

1 tion, including information about test results,
2 as appropriate.
3 (2) INNOVATIVE TECHNOLOGY.—Any tech-
4 nology used in accordance with paragraph (1)(B)
5 shall be interoperable with technology used by other
6 relevant Federal agencies, including the U.S. Cus-
7 toms and Border Protection, as the Secretary deter-
8 mines appropriate.
9 (c) REPORT.—Not later than 6 months after the date
10 of enactment of this Act, the Secretary, in consultation
11 with the Secretary of Homeland Security and the Post-
12 master General of the United States Postal Service, shall
13 report to the relevant committees of Congress on the im-
14 plementation of this section, including a summary of
15 progress made towards near-real-time information sharing
16 and the interoperability of such technologies.
17 (d) AUTHORIZATION OF APPROPRIATIONS.—Out of
18 amounts otherwise available to the Secretary, the Sec-
19 retary may allocate such sums as may be necessary for
20 purposes of carrying out this section.
21 **SEC. 1304. CLARIFYING FDA POST-MARKET AUTHORITIES.**
22 Section 505–1(b)(1)(E) of the Federal Food, Drug,
23 and Cosmetic Act (21 U.S.C. 355–1(b)(1)(E)) is amended
24 by striking ''of the drug'' and inserting ''of the drug,
25 which may include reduced effectiveness under the condi-

1 tions of use prescribed in the labeling of such drug, but
2 which may not include reduced effectiveness that is in ac-
3 cordance with such labeling''.

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

5 (a) IN GENERAL.—The Secretary, acting through the
6 Commissioner of Food and Drugs, upon discovering or re-
7 ceiving, in a package being offered for import, a controlled
8 substance that is offered for import in violation of any
9 requirement of the Controlled Substances Act (21 U.S.C.
10 801 et seq.), the Controlled Substances Import and Ex-
11 port Act (21 U.S.C. 951 et seq.), the Federal Food, Drug,
12 and Cosmetic Act (21 U.S.C. 301 et seq.), or any other
13 applicable law, shall transfer such package to the U.S.
14 Customs and Border Protection. If the Secretary identifies
15 additional packages that appear to be the same as such
16 package containing a controlled substance, such additional
17 packages may also be transferred to U.S. Customs and
18 Border Protection. The U.S. Customs and Border Protec-
19 tion shall receive such packages consistent with the re-
20 quirements of the Controlled Substances Act (21 U.S.C.
21 801 et seq.).

22 (b) DEBARMENT, TEMPORARY DENIAL OF AP-
23 PROVAL, AND SUSPENSION.—

1 (1) IN GENERAL.—Section 306(b) of the Fed-
2 eral Food, Drug, and Cosmetic Act (21 U.S.C.
3 335a(b)) is amended—
4 (A) in paragraph (1)—
5 (i) in the matter preceding subpara-
6 graph (A), by inserting ''or (3)'' after
7 ''paragraph (2)'';
8 (ii) in subparagraph (A), by striking
9 the comma at the end and inserting a
10 semicolon;
11 (iii) in subparagraph (B), by striking
12 '', or'' and inserting a semicolon;
13 (iv) in subparagraph (C), by striking
14 the period and inserting ''; or''; and
15 (v) by adding at the end the following:
16 ''(D) a person from importing or offering
17 for import into the United States a drug.''; and
18 (B) in paragraph (3)—
19 (i) in the heading, by striking
20 ''FOOD'';
21 (ii) in subparagraph (A), by striking
22 ''; or'' and inserting a semicolon;
23 (iii) in subparagraph (B), by striking
24 the period and inserting a semicolon; and

1 (iv) by adding at the end the fol-
2 lowing:
3 "(C) the person has been convicted of a
4 felony for conduct relating to the importation
5 into the United States of any drug or controlled
6 substance (as defined in section 102 of the Con-
7 trolled Substances Act);
8 "(D) the person has engaged in a pattern
9 of importing or offering for import—
10 "(i) controlled substances that are
11 prohibited from importation under section
12 401(m) of the Tariff Act of 1930 (19
13 U.S.C. 1401(m)); or
14 "(ii) adulterated or misbranded drugs
15 that are—
16 "(I) not designated in an author-
17 ized electronic data interchange sys-
18 tem as a product that is regulated by
19 the Secretary; or
20 "(II) knowingly or intentionally
21 falsely designated in an authorized
22 electronic data interchange system as
23 a product that is regulated by the
24 Secretary.".

1 (2) PROHIBITED ACT.—Section 301(cc) of the
2 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
3 331(cc)) is amended by inserting ‘‘or a drug’’ after
4 ‘‘food’’.
5 (c) IMPORTS AND EXPORTS.—Section 801(a) of the
6 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a))
7 is amended—
8 (1) by striking the second sentence;
9 (2) by striking ‘‘If it appears’’ and inserting
10 ‘‘Subject to subsection (b), if it appears’’;
11 (3) by striking ‘‘regarding such article, then
12 such article shall be refused’’ and inserting the fol-
13 lowing: ‘‘regarding such article, or (5) such article is
14 being imported or offered for import in violation of
15 section 301(cc), then any such article described in
16 any of clauses (1) through (5) may be refused ad-
17 mission. If it appears from the examination of such
18 samples or otherwise that the article is a counterfeit
19 drug, such article shall be refused admission.’’;
20 (4) by striking ‘‘this Act, then such article shall
21 be refused admission’’ and inserting ‘‘this Act, then
22 such article may be refused admission’’; and
23 (5) by striking ‘‘Clause (2) of the third sen-
24 tence’’ and all that follows through the period at the
25 end and inserting the following: ‘‘Neither clause (2)

1 nor clause (5) of the second sentence of this sub-
2 section shall be construed to prohibit the admission
3 of narcotic drugs, the importation of which is per-
4 mitted under the Controlled Substances Import and
5 Export Act.''.
6 (d) CERTAIN ILLICIT ARTICLES.—Section 801 of the
7 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381)
8 is amended by adding at the end the following—
9 ''(t) ILLICIT ARTICLES CONTAINING ACTIVE PHAR-
10 MACEUTICAL INGREDIENTS.—
11 ''(1) IN GENERAL.—For purposes of this sec-
12 tion, an article that is being imported or offered for
13 import into the United States may be treated by the
14 Secretary as a drug if the article—
15 ''(A) is not—
16 ''(i) accompanied by an electronic im-
17 port entry for such article submitted using
18 an authorized electronic data interchange
19 system; and
20 ''(ii) designated in such a system as
21 an article regulated by the Secretary
22 (which may include regulation as a drug, a
23 device, or a dietary supplement; and
24 ''(B) is an ingredient that presents signifi-
25 cant public health concern and is, or contains—

1 "(i) an active ingredient in a drug—
2 "(I) that is approved under sec-
3 tion 505 or licensed under section 351
4 of the Public Health Service Act; or
5 "(II) for which—
6 "(aa) an investigational use
7 exemption is in effect under sec-
8 tion 505(i) of this Act or section
9 351(a) of the Public Health Serv-
10 ice Act; and
11 "(bb) a substantial clinical
12 investigation has been instituted,
13 and such investigation has been
14 made public; or
15 "(ii) a substance that has a chemical
16 structure that is substantially similar to
17 the chemical structure of an active ingre-
18 dient in a drug or biological product de-
19 scribed in subclause (I) or (II) of clause
20 (i).
21 "(2) EFFECT.—This subsection shall not be
22 construed to bear upon any determination of wheth-
23 er an article is a drug within the meaning of section
24 201(g), other than for the purposes described in
25 paragraph (1).".

1 **SEC. 1306. FIRST RESPONDER TRAINING.**

2 Section 546 of the Public Health Service Act (42
3 U.S.C. 290ee–1) is amended—
4 (1) in subsection (c)—
5 (A) in paragraph (2), by striking ''and'' at
6 the end;
7 (B) in paragraph (3), by striking the pe-
8 riod and inserting ''; and''; and
9 (C) by adding at the end the following:
10 ''(4) train and provide resources for first re-
11 sponders and members of other key community sec-
12 tors on safety around fentanyl, carfentanil, and
13 other dangerous licit and illicit drugs to protect
14 themselves from exposure to such drugs and respond
15 appropriately when exposure occurs.'';
16 (2) in subsection (d), by striking ''and mecha-
17 nisms for referral to appropriate treatment for an
18 entity receiving a grant under this section'' and in-
19 serting ''mechanisms for referral to appropriate
20 treatment, and safety around fentanyl, carfentanil,
21 and other dangerous licit and illicit drugs'';
22 (3) in subsection (f)—
23 (A) in paragraph (3), by striking ''and'' at
24 the end;
25 (B) in paragraph (4), by striking the pe-
26 riod and inserting ''; and''; and

1 (C) by adding at the end the following:
2 "(5) the number of first responders and mem-
3 bers of other key community sectors trained on safe-
4 ty around fentanyl, carfentanil, and other dangerous
5 licit and illicit drugs.";
6 (4) by redesignating subsection (g) as sub-
7 section (h);
8 (5) by inserting after subsection (f) the fol-
9 lowing:
10 "(g) OTHER KEY COMMUNITY SECTORS.—In this
11 section, the term 'other key community sectors' includes
12 substance abuse treatment providers, emergency medical
13 services agencies, agencies and organizations working with
14 prison and jail populations and offender reentry programs,
15 health care providers, harm reduction groups, pharmacies,
16 community health centers, tribal health facilities, and
17 mental health providers."; and
18 (6) in subsection (h), as so redesignated, by
19 striking "$12,000,000 for each of fiscal years 2017
20 through 2021" and inserting "$36,000,000 for each
21 of fiscal years 2019 through 2023".

1 **SEC. 1307. DISPOSAL OF CONTROLLED SUBSTANCES OF**
2 **HOSPICE PATIENTS.**

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

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

12 ''(i) after the hospice patient's death;
13 ''(ii) if the controlled substance is expired; or
14 ''(iii) if—
15 ''(I) the employee is—
16 ''(aa) the physician of the hospice pa-
17 tient; and
18 ''(bb) registered under section 303(f);
19 and
20 ''(II) the hospice patient no longer requires
21 the controlled substance because the plan of
22 care of the hospice patient has been modified.

23 ''(B) In this paragraph:
24 ''(i) The term 'employee of a qualified hospice
25 program' means a physician, physician assistant,
26 registered nurse, or nurse practitioner who—

1 "(I) is employed by, or is acting pursuant
2 to arrangements made with, a qualified hospice
3 program; and
4 "(II) is licensed or certified to perform
5 such employment, or such activities arranged by
6 the qualified hospice program, in accordance
7 with applicable State law.
8 "(ii) The terms 'hospice care' and 'hospice pro-
9 gram' have the meanings given those terms in sec-
10 tion 1861(dd) of the Social Security Act (42 U.S.C.
11 1395x(dd)).
12 "(iii) The term 'hospice patient' means an indi-
13 vidual receiving hospice care.
14 "(iv) The term 'qualified hospice program'
15 means a hospice program that—
16 "(I) has written policies and procedures for
17 employees of the hospice program to use when
18 assisting in the disposal of the controlled sub-
19 stances of a hospice patient in a circumstance
20 described in clause (i), (ii), or (iii) of subpara-
21 graph (A);
22 "(II) at the time when the controlled sub-
23 stances are first ordered—
24 "(aa) provides a copy of the written
25 policies and procedures to the hospice pa-

1 tient or hospice patient representative and
2 the family of the hospice patient;
3 ''(bb) discusses the policies and proce-
4 dures with the hospice patient or hospice
5 patient's representative and the hospice
6 patient's family in a language and manner
7 that such individuals understand to ensure
8 that such individuals are informed regard-
9 ing the safe disposal of controlled sub-
10 stances; and
11 ''(cc) documents in the clinical record
12 of the hospice patient that the written poli-
13 cies and procedures were provided and dis-
14 cussed with the hospice patient or hospice
15 patient's representative; and
16 ''(III) at the time when an employee of the
17 hospice program assists in the disposal of con-
18 trolled substances of a hospice patient, docu-
19 ments in the clinical record of the hospice pa-
20 tient a list of all controlled substances disposed
21 of.
22 ''(C) The Attorney General may, by regulation, in-
23 clude additional types of licensed medical professionals in
24 the definition of the term 'employee of a qualified hospice
25 program' under subparagraph (B).''.

1 (b) NO REGISTRATION REQUIRED.—Section 302(c)
2 of the Controlled Substances Act (21 U.S.C. 822(c)) is
3 amended by adding at the end the following:
4 ''(4) An employee of a qualified hospice pro-
5 gram for the purpose of assisting in the disposal of
6 a controlled substance in accordance with subsection
7 (g)(5), except as provided in subparagraph (A)(iii)
8 of that subsection.''.
9 (c) GUIDANCE.—The Attorney General may issue
10 guidance to qualified hospice programs to assist the pro-
11 grams in satisfying the requirements under paragraph (5)
12 of section 302(g) of the Controlled Substances Act (21
13 U.S.C. 822(g)), as added by subsection (a).
14 (d) STATE AND LOCAL AUTHORITY.—Nothing in this
15 section or the amendments made by this section shall be
16 construed to prevent a State or local government from im-
17 posing additional controls or restrictions relating to the
18 regulation of the disposal of controlled substances in hos-
19 pice care or hospice programs.
20 **SEC. 1308. GAO STUDY AND REPORT ON HOSPICE SAFE**
21 **DRUG MANAGEMENT.**
22 (a) STUDY.—
23 (1) IN GENERAL.—The Comptroller General of
24 the United States (in this section referred to as the
25 ''Comptroller General'') shall conduct a study on the

1 requirements applicable to and challenges of hospice
2 programs with regard to the management and dis-
3 posal of controlled substances in the home of an in-
4 dividual.
5 (2) CONTENTS.—In conducting the study under
6 paragraph (1), the Comptroller General shall in-
7 clude—
8 (A) an overview of challenges encountered
9 by hospice programs regarding the disposal of
10 controlled substances, such as opioids, in a
11 home setting, including any key changes in poli-
12 cies, procedures, or best practices for the dis-
13 posal of controlled substances over time; and
14 (B) a description of Federal requirements,
15 including requirements under the Medicare pro-
16 gram, for hospice programs regarding the dis-
17 posal of controlled substances in a home set-
18 ting, and oversight of compliance with those re-
19 quirements.
20 (b) REPORT.—Not later than 18 months after the
21 date of enactment of this Act, the Comptroller General
22 shall submit to Congress a report containing the results
23 of the study conducted under subsection (a), together with
24 recommendations, if any, for such legislation and adminis-

1 trative action as the Comptroller General determines ap-
2 propriate.

3 **SEC. 1309. DELIVERY OF A CONTROLLED SUBSTANCE BY A**
4 **PHARMACY TO BE ADMINISTERED BY INJEC-**
5 **TION OR IMPLANTATION.**

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

9 ''DELIVERY OF A CONTROLLED SUBSTANCE BY A
10 PHARMACY TO AN ADMINISTERING PRACTITIONER

11 ''SEC. 309A. (a) IN GENERAL.—Notwithstanding
12 section 102(10), a pharmacy may deliver a controlled sub-
13 stance to a practitioner in accordance with a prescription
14 that meets the requirements of this title and the regula-
15 tions issued by the Attorney General under this title, for
16 the purpose of administering the controlled substance by
17 the practitioner if—

18 ''(1) the controlled substance is delivered by the
19 pharmacy to the prescribing practitioner or the prac-
20 titioner administering the controlled substance, as
21 applicable, at the location listed on the practitioner's
22 certificate of registration issued under this title;

23 ''(2) in the case of administering of the con-
24 trolled substance for the purpose of maintenance or
25 detoxification treatment under section 303(g)(2)—

1 "(A) the practitioner who issued the pre-
2 scription is a qualifying practitioner authorized
3 under, and acting within the scope of that sec-
4 tion; and
5 "(B) the controlled substance is to be ad-
6 ministered by injection or implantation;
7 "(3) the pharmacy and the practitioner are au-
8 thorized to conduct the activities specified in this
9 section under the law of the State in which such ac-
10 tivities take place;
11 "(4) the prescription is not issued to supply any
12 practitioner with a stock of controlled substances for
13 the purpose of general dispensing to patients;
14 "(5) except as provided in subsection (b), the
15 controlled substance is to be administered only to
16 the patient named on the prescription not later than
17 14 days after the date of receipt of the controlled
18 substance by the practitioner; and
19 "(6) notwithstanding any exceptions under sec-
20 tion 307, the prescribing practitioner, and the prac-
21 titioner administering the controlled substance, as
22 applicable, maintain complete and accurate records
23 of all controlled substances delivered, received, ad-
24 ministered, or otherwise disposed of under this sec-
25 tion, including the persons to whom controlled sub-

1 stances were delivered and such other information as
2 may be required by regulations of the Attorney Gen-
3 eral.
4 ''(b) MODIFICATION OF NUMBER OF DAYS BEFORE
5 WHICH CONTROLLED SUBSTANCE SHALL BE ADMINIS-
6 TERED.—
7 ''(1) INITIAL 2-YEAR PERIOD.—During the 2-
8 year period beginning on the date of enactment of
9 this section, the Attorney General, in coordination
10 with the Secretary, may reduce the number of days
11 described in subsection (a)(5) if the Attorney Gen-
12 eral determines that such reduction will—
13 ''(A) reduce the risk of diversion; or
14 ''(B) protect the public health.
15 ''(2) MODIFICATIONS AFTER SUBMISSION OF
16 REPORT.—After the date on which the report de-
17 scribed in subsection (c) is submitted, the Attorney
18 General, in coordination with the Secretary, may
19 modify the number of days described in subsection
20 (a)(5).
21 ''(3) MINIMUM NUMBER OF DAYS.—Any modi-
22 fication under this subsection shall be for a period
23 of not less than 7 days.''.
24 (b) STUDY AND REPORT.—Not later than 2 years
25 after the date of enactment of this section, the Comp-

1 troller General of the United States shall conduct a study
2 and submit to Congress a report on access to and potential
3 diversion of controlled substances administered by injec-
4 tion or implantation.

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

"Sec. 309A. Delivery of a controlled substance by a pharmacy to an administering practitioner.".

9 Subtitle D—Treatment and 10 Recovery

11 SEC. 1401. COMPREHENSIVE OPIOID RECOVERY CENTERS.

12 (a) IN GENERAL.—The Secretary shall award grants
13 on a competitive basis to eligible entities to establish or
14 operate a comprehensive opioid recovery center (referred
15 to in this section as a "Center"). A Center may be a single
16 entity or an integrated delivery network.

17 (b) GRANT PERIOD.—

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

21 (2) RENEWAL.—A grant awarded under sub-
22 section (a) may be renewed, on a competitive basis,
23 for additional periods of time, as determined by the
24 Secretary. In determining whether to renew a grant

1 under this paragraph, the Secretary shall consider
2 the data submitted under subsection (h).
3 (c) MINIMUM NUMBER OF GRANTS.—The Secretary
4 shall allocate the amounts made available under sub-
5 section (j) such that not fewer than 10 grants may be
6 awarded. Not more than one grant shall be made to enti-
7 ties in a single State for any one period.
8 (d) APPLICATION.—
9 (1) ELIGIBLE ENTITY.—An entity is eligible for
10 a grant under this section if the entity offers treat-
11 ment and other services for individuals with a sub-
12 stance use disorder.
13 (2) SUBMISSION OF APPLICATION.—In order to
14 be eligible for a grant under subsection (a), an enti-
15 ty shall submit an application to the Secretary at
16 such time and in such manner as the Secretary may
17 require. Such application shall include—
18 (A) evidence that such entity carries out,
19 or is capable of coordinating with other entities
20 to carry out, the activities described in sub-
21 section (g); and
22 (B) such other information as the Sec-
23 retary may require.
24 (e) PRIORITY.—In awarding grants under subsection
25 (a), the Secretary shall give priority to eligible entities lo-

1 cated in a State or Indian Tribe with an age-adjusted rate
2 of drug overdose deaths that is above the national over-
3 dose mortality rate, as determined by the Director of the
4 Centers for Disease Control and Prevention.

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

12 (g) CENTER ACTIVITIES.—Each Center shall, at a
13 minimum, carry out the following activities directly,
14 through referral, or through contractual arrangements,
15 which may include carrying out such activities through
16 technology-enabled collaborative learning and capacity
17 building models described in subsection (f):

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

20 (A) ensure that intake and evaluations
21 meet the individualized clinical needs of pa-
22 tients, including by offering assessments for
23 services and care recommendations through
24 independent, evidence-based verification proc-

1 esses for reviewing patient placement in treat-
2 ment settings;
3 (B) provide the full continuum of treat-
4 ment services, including—
5 (i) all drugs approved by the Food
6 and Drug Administration to treat sub-
7 stance use disorders, pursuant to Federal
8 and State law;
9 (ii) medically supervised withdrawal
10 management that includes patient evalua-
11 tion, stabilization, and readiness for and
12 entry into treatment;
13 (iii) counseling provided by a program
14 counselor or other certified professional
15 who is licensed and qualified by education,
16 training, or experience to assess the psy-
17 chological and sociological background of
18 patients, to contribute to the appropriate
19 treatment plan for the patient, and to
20 monitor patient progress;
21 (iv) treatment, as appropriate, for pa-
22 tients with co-occurring substance use and
23 mental disorders;

1 (v) testing, as appropriate, for infec-
2 tions commonly associated with illicit drug
3 use;
4 (vi) residential rehabilitation, and out-
5 patient and intensive outpatient programs;
6 (vii) recovery housing;
7 (viii) community-based and peer re-
8 covery support services;
9 (ix) job training, job placement assist-
10 ance, and continuing education assistance
11 to support reintegration into the work-
12 force; and
13 (x) other best practices to provide the
14 full continuum of treatment and services,
15 as determined by the Secretary;
16 (C) ensure that all programs covered by
17 the Center include medication-assisted treat-
18 ment, as appropriate, and do not exclude indi-
19 viduals receiving medication-assisted treatment
20 from any service;
21 (D) periodically conduct patient assess-
22 ments to support sustained and clinically sig-
23 nificant recovery, as defined by the Assistant
24 Secretary for Mental Health and Substance
25 Use;

1 (E) administer an onsite pharmacy and
2 provide toxicology services, for purposes of car-
3 rying out this section; and
4 (F) operate a secure, confidential, and
5 interoperable electronic health information sys-
6 tem.
7 (2) OUTREACH.—Each Center shall carry out
8 outreach activities to publicize the services offered
9 through the Centers, which may include—
10 (A) training and supervising outreach
11 staff, as appropriate, to work with State and
12 local health departments, health care providers,
13 the Indian Health Service, State and local edu-
14 cational agencies, schools funded by the Indian
15 Bureau of Education, institutions of higher
16 education, State and local workforce develop-
17 ment boards, State and local community action
18 agencies, public safety officials, first respond-
19 ers, Indian Tribes, child welfare agencies, as
20 appropriate, and other community partners and
21 the public, including patients, to identify and
22 respond to community needs;
23 (B) ensuring that the entities described in
24 subparagraph (A) are aware of the services of
25 the Center; and

1 (C) disseminating and making publicly
2 available, including through the internet, evi-
3 dence-based resources that educate profes-
4 sionals and the public on opioid use disorder
5 and other substance use disorders, including co-
6 occurring substance use and mental disorders.

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

14 (1) the programs and activities funded by the
15 grant;

16 (2) health outcomes of the population of indi-
17 viduals with a substance use disorder who received
18 services from the Center, evaluated by an inde-
19 pendent program evaluator through the use of out-
20 comes measures, as determined by the Secretary;

21 (3) the retention rate of program participants;
22 and

23 (4) any other information that the Secretary
24 may require for the purpose of ensuring that the
25 Center is complying with all the requirements of the

1 grant, including providing the full continuum of
2 services described in subsection (g)(1)(B).
3 (i) PRIVACY.—The provisions of this section, includ-
4 ing with respect to data reporting and program oversight,
5 shall be subject to all applicable Federal and State privacy
6 laws.
7 (j) AUTHORIZATION OF APPROPRIATIONS.—There is
8 authorized to be appropriated $10,000,000 for each of fis-
9 cal years 2019 through 2023 for purposes of carrying out
10 this section.
11 (k) REPORTS TO CONGRESS.—
12 (1) PRELIMINARY REPORT.—Not later than 3
13 years after the date of the enactment of this Act, the
14 Secretary shall submit to Congress a preliminary re-
15 port that analyzes data submitted under subsection
16 (h).
17 (2) FINAL REPORT.—Not later than 2 years
18 after submitting the preliminary report required
19 under paragraph (1), the Secretary shall submit to
20 Congress a final report that includes—
21 (A) an evaluation of the effectiveness of
22 the comprehensive services provided by the Cen-
23 ters established or operated pursuant to this
24 section with respect to health outcomes of the
25 population of individuals with substance use

1 disorder who receive services from the Center,
2 which shall include an evaluation of the effec-
3 tiveness of services for treatment and recovery
4 support and to reduce relapse, recidivism, and
5 overdose; and
6 (B) recommendations, as appropriate, re-
7 garding ways to improve Federal programs re-
8 lated to substance use disorders, which may in-
9 clude dissemination of best practices for the
10 treatment of substance use disorders to health
11 care professionals.
12 **SEC. 1402. PROGRAM TO SUPPORT COORDINATION AND**
13 **CONTINUATION OF CARE FOR DRUG OVER-**
14 **DOSE PATIENTS.**
15 (a) IN GENERAL.—The Secretary shall identify or fa-
16 cilitate the development of best practices for—
17 (1) emergency treatment of known or suspected
18 drug overdose;
19 (2) the use of recovery coaches, as appropriate,
20 to encourage individuals who experience a non-fatal
21 overdose to seek treatment for substance use dis-
22 order and to support coordination and continuation
23 of care;

1 (3) coordination and continuation of care and
2 treatment, including, as appropriate, through refer-
3 rals, of individuals after an opioid overdose; and
4 (4) the provision of overdose reversal medica-
5 tion, as appropriate.
6 (b) GRANT ESTABLISHMENT AND PARTICIPATION.—
7 (1) IN GENERAL.—The Secretary shall award
8 grants on a competitive basis to eligible entities to
9 support implementation of voluntary programs for
10 care and treatment of individuals after an opioid
11 overdose, as appropriate, which may include imple-
12 mentation of the best practices described in sub-
13 section (a).
14 (2) ELIGIBLE ENTITY.—In this section, the
15 term ''eligible entity'' means—
16 (A) a State alcohol or drug agency;
17 (B) an Indian Tribe or tribal organization;
18 or
19 (C) an entity that offers treatment or
20 other services for individuals in response to, or
21 following, drug overdoses or a drug overdose, in
22 consultation with a State alcohol and drug
23 agency.
24 (3) APPLICATION.—An eligible entity desiring a
25 grant under this section shall submit an application

1 to the Secretary, at such time and in such manner
2 as the Secretary may require, that includes—
3 (A) evidence that such eligible entity car-
4 ries out, or is capable of contracting and coordi-
5 nating with other community entities to carry
6 out, the activities described in paragraph (4);
7 (B) evidence that such eligible entity will
8 work with a recovery community organization to
9 recruit, train, hire, mentor, and supervise recov-
10 ery coaches and fulfill the requirements de-
11 scribed in paragraph (4)(A); and
12 (C) such additional information as the Sec-
13 retary may require.
14 (4) USE OF GRANT FUNDS.—An eligible entity
15 awarded a grant under this section shall use such
16 grant funds to—
17 (A) hire or utilize recovery coaches to help
18 support recovery, including by—
19 (i) connecting patients to a continuum
20 of care services, such as—
21 (I) treatment and recovery sup-
22 port programs;
23 (II) programs that provide non-
24 clinical recovery support services;
25 (III) peer support networks;

1 (IV) recovery community organi-
2 zations;
3 (V) health care providers, includ-
4 ing physicians and other providers of
5 behavioral health and primary care;
6 (VI) education and training pro-
7 viders;
8 (VII) employers;
9 (VIII) housing services; and
10 (IX) child welfare agencies;
11 (ii) providing education on overdose
12 prevention and overdose reversal to pa-
13 tients and families, as appropriate;
14 (iii) providing follow-up services for
15 patients after an overdose to ensure con-
16 tinued recovery and connection to support
17 services;
18 (iv) collecting and evaluating outcome
19 data for patients receiving recovery coach-
20 ing services; and
21 (v) providing other services the Sec-
22 retary determines necessary to help ensure
23 continued connection with recovery support
24 services, including culturally appropriate
25 services, as applicable;

1 (B) establish policies and procedures, pur-
2 suant to Federal and State law, that address
3 the provision of overdose reversal medication,
4 the administration of all drugs approved by the
5 Food and Drug Administration to treat sub-
6 stance use disorder, and subsequent continu-
7 ation of, or referral to, evidence-based treat-
8 ment for patients with a substance use disorder
9 who have experienced a non-fatal drug over-
10 dose, in order to support long-term treatment,
11 prevent relapse, and reduce recidivism and fu-
12 ture overdose; and
13 (C) establish integrated models of care for
14 individuals who have experienced a non-fatal
15 drug overdose which may include patient as-
16 sessment, follow up, and transportation to and
17 from treatment facilities.
18 (5) ADDITIONAL PERMISSIBLE USES.—In addi-
19 tion to the uses described in paragraph (4), a grant
20 awarded under this section may be used, directly or
21 through contractual arrangements, to provide—
22 (A) all drugs approved by the Food and
23 Drug Administration to treat substance use dis-
24 orders, pursuant to Federal and State law;

1 (B) withdrawal and detoxification services
2 that include patient evaluation, stabilization,
3 and preparation for treatment of substance use
4 disorder, including treatment described in sub-
5 paragraph (A), as appropriate; or
6 (C) mental health services provided by a
7 program counselor, social worker, therapist, or
8 other certified professional who is licensed and
9 qualified by education, training, or experience
10 to assess the psychosocial background of pa-
11 tients, to contribute to the appropriate treat-
12 ment plan for patients with substance use dis-
13 order, and to monitor patient progress.
14 (6) PREFERENCE.—In awarding grants under
15 this section, the Secretary shall give preference to el-
16 igible entities that meet any or all of the following
17 criteria:
18 (A) The eligible entity is a critical access
19 hospital (as defined in section 1861(mm)(1) of
20 the Social Security Act (42 U.S.C.
21 1395x(mm)(1))), a low volume hospital (as de-
22 fined in section 1886(d)(12)(C)(i) of such Act
23 (42 U.S.C. 1395ww(d)(12)(C)(i))), or a sole
24 community hospital (as defined in section

1 1886(d)(5)(D)(iii) of such Act (42 U.S.C.
2 1395ww(d)(5)(D)(iii))).
3 (B) The eligible entity is located in a
4 State, or under the jurisdiction of an Indian
5 Tribe, with an age-adjusted rate of drug over-
6 dose deaths that is above the national overdose
7 mortality rate, as determined by the Director of
8 the Centers for Disease Control and Prevention.
9 (C) The eligible entity demonstrates that
10 recovery coaches will be placed in both health
11 care settings and community settings.
12 (7) PERIOD OF GRANT.—A grant awarded to an
13 eligible entity under this section shall be for a period
14 of not more than 5 years.
15 (c) DEFINITIONS.—In this section:
16 (1) RECOVERY COACH.—the term ''recovery
17 coach'' means an individual—
18 (A) with knowledge of, or experience with,
19 recovery from a substance use disorder; and
20 (B) who has completed training from, and
21 is determined to be in good standing by, a re-
22 covery services organization capable of con-
23 ducting such training and making such deter-
24 mination.

1 (2) RECOVERY COMMUNITY ORGANIZATION.—
2 The term ''recovery community organization'' has
3 the meaning given such term in section 547(a) of
4 the Public Health Service Act (42 U.S.C. 290ee–
5 2(a)).
6 (3) STATE ALCOHOL AND DRUG AGENCY.—The
7 term ''State alcohol and drug agency'' means the
8 principal agency of a State that is responsible for
9 carrying out the block grant for prevention and
10 treatment of substance abuse under subpart II of
11 part B of title XIX of the Public Health Service Act
12 (42 U.S.C. 300x–21 et seq.)
13 (d) REPORTING REQUIREMENTS.—
14 (1) REPORTS BY GRANTEES.—Each eligible en-
15 tity awarded a grant under this section shall submit
16 to the Secretary an annual report for each year for
17 which the entity has received such grant that in-
18 cludes information on—
19 (A) the number of individuals treated by
20 the entity for non-fatal overdoses, including the
21 number of non-fatal overdoses where overdose
22 reversal medication was administered;
23 (B) the number of individuals administered
24 medication-assisted treatment by the entity;

1 (C) the number of individuals referred by
2 the entity to other treatment facilities after a
3 non-fatal overdose, the types of such other fa-
4 cilities, and the number of such individuals ad-
5 mitted to such other facilities pursuant to such
6 referrals; and
7 (D) the frequency and number of patients
8 with reoccurrences, including readmissions for
9 non-fatal overdoses and evidence of relapse re-
10 lated to substance use disorder.
11 (2) REPORT BY SECRETARY.—Not later than 5
12 years after the date of enactment of this Act, the
13 Secretary shall submit to Congress a report that in-
14 cludes an evaluation of the effectiveness of the grant
15 program carried out under this section with respect
16 to long term health outcomes of the population of in-
17 dividuals who have experienced a drug overdose, the
18 percentage of patients treated or referred to treat-
19 ment by grantees, and the frequency and number of
20 patients who experienced relapse, were readmitted
21 for treatment, or experienced another overdose.
22 (e) PRIVACY.—The requirements of this section, in-
23 cluding with respect to data reporting and program over-
24 sight, shall be subject to all applicable Federal and State
25 privacy laws.

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

5 **SEC. 1403. ALTERNATIVES TO OPIOIDS.**

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

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

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

24 (3) identifying or facilitating the development of
25 best practices on the use of alternatives to opioids

1 that target common painful conditions and include
2 certain patient populations, such as geriatric pa-
3 tients, pregnant women, and children;
4 (4) disseminating information on the use of al-
5 ternatives to opioids to providers in acute care set-
6 tings, which may include emergency departments,
7 outpatient clinics, critical access hospitals, Federally
8 qualified health centers, Indian Health Service
9 health facilities, and tribal hospitals; and
10 (5) collecting data and reporting on health out-
11 comes associated with the use of alternatives to
12 opioids.
13 (b) PAIN MANAGEMENT AND FUNDING.—
14 (1) IN GENERAL.—The Secretary shall award
15 grants to hospitals and other acute care settings re-
16 lating to alternatives to opioids for pain manage-
17 ment.
18 (2) AUTHORIZATION OF APPROPRIATIONS.—
19 There is authorized to be appropriated $5,000,000
20 for each of fiscal years 2019 through 2023 for pur-
21 poses of carrying out this section.
22 **SEC. 1404. BUILDING COMMUNITIES OF RECOVERY.**
23 Section 547 of the Public Health Service Act (42
24 U.S.C. 290ee–2) is amended to read as follows:

1 **"SEC. 547. BUILDING COMMUNITIES OF RECOVERY.**

2 "(a) DEFINITION.—In this section, the term 'recov-
3 ery community organization' means an independent non-
4 profit organization that—

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

10 "(2) is wholly or principally governed by people
11 in recovery for substance use disorders who reflect
12 the community served.

13 "(b) GRANTS AUTHORIZED.—The Secretary shall
14 award grants to recovery community organizations to en-
15 able such organizations to develop, expand, and enhance
16 recovery services.

17 "(c) FEDERAL SHARE.—The Federal share of the
18 costs of a program funded by a grant under this section
19 may not exceed 85 percent.

20 "(d) USE OF FUNDS.—Grants awarded under sub-
21 section (b)—

22 "(1) shall be used to develop, expand, and en-
23 hance community and statewide recovery support
24 services; and

25 "(2) may be used to—

1 "(A) build connections between recovery
2 networks, including between recovery commu-
3 nity organizations and peer support networks,
4 and with other recovery support services, in-
5 cluding—
6 "(i) behavioral health providers;
7 "(ii) primary care providers and phy-
8 sicians;
9 "(iii) educational and vocational
10 schools;
11 "(iv) employers;
12 "(v) housing services;
13 "(vi) child welfare agencies; and
14 "(vii) other recovery support services
15 that facilitate recovery from substance use
16 disorders, including non-clinical community
17 services;
18 "(B) reduce the stigma associated with
19 substance use disorders; and
20 "(C) conduct outreach on issues relating to
21 substance use disorders and recovery, includ-
22 ing—
23 "(i) identifying the signs of substance
24 use disorder;

1 "(ii) the resources available to individ-
2 uals with substance use disorder and to
3 families of an individual with a substance
4 use disorder, including programs that men-
5 tor and provide support services to chil-
6 dren;
7 "(iii) the resources available to help
8 support individuals in recovery; and
9 "(iv) related medical outcomes of sub-
10 stance use disorders, the potential of ac-
11 quiring an infection commonly associated
12 with illicit drug use, and neonatal absti-
13 nence syndrome among infants exposed to
14 opioids during pregnancy.
15 "(e) SPECIAL CONSIDERATION.—In carrying out this
16 section, the Secretary shall give special consideration to
17 the unique needs of rural areas, including areas with an
18 age-adjusted rate of drug overdose deaths that is above
19 the national average and areas with a shortage of preven-
20 tion and treatment services.
21 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section
23 $5,000,000 for each of fiscal years 2019 through 2023.".

1 **SEC. 1405. PEER SUPPORT TECHNICAL ASSISTANCE CEN-**
2 **TER.**

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

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

14 (1) training on identifying—

15 (A) signs of substance use disorder;

16 (B) resources to assist individuals with a
17 substance use disorder, or resources for families
18 of an individual with a substance use disorder;
19 and

20 (C) best practices for the delivery of recov-
21 ery support services;

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

25 (3) data collection to support research, includ-
26 ing for translational research;

1 (4) capacity building; and
2 (5) evaluation and improvement, as necessary,
3 of the effectiveness of such services provided by re-
4 covery community organizations (as defined in sec-
5 tion 547 of the Public Health Service Act).
6 (c) BEST PRACTICES.—The Center established under
7 subsection (a) shall periodically issue best practices for use
8 by recovery community organizations and peer support
9 networks.
10 (d) RECOVERY COMMUNITY ORGANIZATION.—In this
11 section, the term ''recovery community organization'' has
12 the meaning given such term in section 547 of the Public
13 Health Service Act.
14 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 such sums as may be necessary for each of fiscal years
17 2019 through 2023.
18 **SEC. 1406. MEDICATION-ASSISTED TREATMENT FOR RE-**
19 **COVERY FROM ADDICTION.**
20 (a) WAIVERS FOR MAINTENANCE TREATMENT OR
21 DETOXIFICATION.—Section 303(g)(2)(G)(ii) of the Con-
22 trolled Substances Act (21 U.S.C. 823(g)(2)(G)(ii)) is
23 amended by adding at the end the following:
24 ''(VIII) The physician graduated in good
25 standing from an accredited school of allopathic

1 medicine or osteopathic medicine in the United
2 States during the 5-year period immediately
3 preceding the date on which the physician sub-
4 mits to the Secretary a written notification
5 under subparagraph (B) and successfully com-
6 pleted a comprehensive allopathic or osteopathic
7 medicine curriculum or accredited medical resi-
8 dency that—
9 ‘‘(aa) included not less than 24 hours
10 of training on treating and managing
11 opioid-dependent patients; and
12 ‘‘(bb) included, at a minimum—
13 ‘‘(AA) the training described in
14 items (aa) through (gg) of subclause
15 (IV); and
16 ‘‘(BB) training with respect to
17 any other best practice the Secretary
18 determines should be included in the
19 curriculum, which may include train-
20 ing on pain management, including
21 assessment and appropriate use of
22 opioid and non-opioid alternatives.’’.
23 (b) TREATMENT FOR CHILDREN.—The Secretary
24 shall consider ways to ensure that an adequate number
25 of physicians who meet the requirements under the

1 amendment made by subsection (a) and have a specialty
2 in pediatrics, or the treatment of children or of adoles-
3 cents, are granted a waiver under section 303(g)(2) of the
4 Controlled Substances Act (21 U.S.C. 823(g)(2)) to treat
5 children and adolescents with substance use disorders.
6 (c) TECHNICAL AMENDMENT.—Section 102(24) of
7 the Controlled Substances Act (21 U.S.C. 802(24)) is
8 amended by striking ''Health, Education, and Welfare''
9 and inserting ''Health and Human Services''.
10 **SEC. 1407. GRANT PROGRAM.**
11 (a) IN GENERAL.—The Secretary shall establish a
12 grant program under which the Secretary may make
13 grants to accredited schools of allopathic medicine or os-
14 teopathic medicine and teaching hospitals located in the
15 United States to support the development of curricula that
16 meet the requirements under subclause (VIII) of section
17 303(g)(2)(G)(ii) of the Controlled Substances Act, as
18 added by section 1406(a) of this Act.
19 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated for grants under subsection
21 (a), $4,000,000 for each of fiscal years 2019 through
22 2023.

1 **SEC. 1408. ALLOWING FOR MORE FLEXIBILITY WITH RE-**
2 **SPECT TO MEDICATION-ASSISTED TREAT-**
3 **MENT FOR OPIOID USE DISORDERS.**

4 Subclause (II) of section 303(g)(2)(B)(iii) of the
5 Controlled Substances Act (21 U.S.C. 823(g)(2)(B)(iii))
6 is amended to read as follows:
7 ''(II) The applicable number is—
8 ''(aa) 100 if, not sooner than 1 year after
9 the date on which the practitioner submitted
10 the initial notification, the practitioner submits
11 a second notification to the Secretary of the
12 need and intent of the practitioner to treat up
13 to 100 patients; or
14 ''(bb) 275 if the practitioner meets the re-
15 quirements specified in section 8.610 of title
16 42, Code of Federal Regulations (or successor
17 regulations).''.

18 **SEC. 1409. NATIONAL RECOVERY HOUSING BEST PRAC-**
19 **TICES.**

20 (a) BEST PRACTICES FOR OPERATING RECOVERY
21 HOUSING.—
22 (1) IN GENERAL.—The Secretary, in consulta-
23 tion with the individuals and entities described in
24 paragraph (2), shall identify or facilitate the devel-
25 opment of best practices, which may include model

1 laws for implementing suggested minimum stand-
2 ards, for operating recovery housing.
3 (2) CONSULTATION.—In carrying out the activi-
4 ties described in paragraph (1) the Secretary shall
5 consult with, as appropriate—
6 (A) relevant divisions of the Department of
7 Health and Human Services, including the Sub-
8 stance Abuse and Mental Health Services Ad-
9 ministration, the Office of Inspector General,
10 the Indian Health Service, and the Centers for
11 Medicare & Medicaid Services;
12 (B) the Secretary of Housing and Urban
13 Development;
14 (C) directors or commissioners, as applica-
15 ble, of State health departments, tribal health
16 departments, State Medicaid programs, and
17 State insurance agencies;
18 (D) representatives of health insurance
19 issuers;
20 (E) national accrediting entities and rep-
21 utable providers of, and analysts of, recovery
22 housing services, including Indian Tribes, tribal
23 organizations, and tribally designated housing
24 entities that provide recovery housing services,
25 as applicable;

1 (F) individuals with a history of substance
2 use disorder; and
3 (G) other stakeholders identified by the
4 Secretary.
5 (b) IDENTIFICATION OF FRAUDULENT RECOVERY
6 HOUSING OPERATORS.—
7 (1) IN GENERAL.—The Secretary, in consulta-
8 tion with the individuals and entities described in
9 paragraph (2), shall identify or facilitate the devel-
10 opment of common indicators that could be used to
11 identify potentially fraudulent recovery housing oper-
12 ators.
13 (2) CONSULTATION.—In carrying out the activi-
14 ties described in paragraph (1), the Secretary shall
15 consult with, as appropriate—
16 (A) relevant divisions of the Department of
17 Health and Human Services, including the Sub-
18 stance Abuse and Mental Health Services Ad-
19 ministration, the Office of Inspector General,
20 the Indian Health Service, and the Centers for
21 Medicare & Medicaid Services;
22 (B) the Attorney General;
23 (C) the Secretary of Housing and Urban
24 Development;

1 (D) directors or commissioners, as applica-
2 ble, of State health departments, tribal health
3 departments, State Medicaid programs, and
4 State insurance agencies;
5 (E) representatives of health insurance
6 issuers;
7 (F) national accrediting entities and rep-
8 utable providers of, and analysts of, recovery
9 housing services, including Indian Tribes, tribal
10 organizations, and tribally designated housing
11 entities that provide recovery housing services,
12 as applicable;
13 (G) individuals with a history of substance
14 use disorder; and
15 (H) other stakeholders identified by the
16 Secretary.
17 (3) REQUIREMENTS.—
18 (A) PRACTICES FOR IDENTIFICATION AND
19 REPORTING.—In carrying out the activities de-
20 scribed in this subsection, the Secretary shall
21 consider how law enforcement, public and pri-
22 vate payers, and the public can best identify
23 and report fraudulent recovery housing opera-
24 tors.

1 (B) FACTORS TO BE CONSIDERED.—In
2 carrying out the activities described in this sub-
3 section, the Secretary shall consider identifying
4 or developing indicators regarding—
5 (i) unusual billing practices;
6 (ii) average lengths of stays;
7 (iii) excessive levels of drug testing (in
8 terms of cost or frequency);
9 (iv) unusually high levels of recidi-
10 vism; and
11 (v) any other factors identified by the
12 Secretary.
13 (c) DISSEMINATION.—The Secretary shall, as appro-
14 priate, disseminate the best practices identified or devel-
15 oped under subsection (a), and the common indicators
16 identified or developed under subsection (b), to—
17 (1) State agencies, which may include the provi-
18 sion of technical assistance to State agencies seeking
19 to adopt or implement such best practices;
20 (2) Indian Tribes, tribal organizations, and
21 tribally designated housing entities;
22 (3) the Attorney General;
23 (4) the Secretary of Labor;
24 (5) the Secretary of Housing and Urban Devel-
25 opment;

1 (6) State and local law enforcement agencies;
2 (7) health insurance issuers;
3 (8) recovery housing entities; and
4 (9) the public.
5 (d) REQUIREMENTS.—In carrying out the activities
6 under subsections (a) and (b), the Secretary, in consulta-
7 tion with appropriate stakeholders as described in each
8 such subsection, shall consider how recovery housing is
9 able to support recovery and prevent relapse, recidivism,
10 or overdose (including overdose death), including by im-
11 proving access and adherence to treatment, including
12 medication-assisted treatment.
13 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
14 tion shall be construed to provide the Secretary with the
15 authority to require States to adhere to minimum stand-
16 ards in the State oversight of recovery housing.
17 (f) DEFINITIONS.—In this section—
18 (1) the term ''recovery housing'' means a
19 shared living environment free from alcohol and il-
20 licit drug use and centered on peer support and con-
21 nection to services that promote sustained recovery
22 from substance use disorders; and
23 (2) the term ''tribally designated housing enti-
24 ty'' has the meaning given such term in section 4 of

1 the Native American Housing Assistance and Self-
2 Determination Act of 1996 (25 U.S.C. 4103).

3 **SEC. 1410. ADDRESSING ECONOMIC AND WORKFORCE IM-**
4 **PACTS OF THE OPIOID CRISIS.**

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

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

14 (2) EDUCATION PROVIDER.—The term ‘‘edu-
15 cation provider’’ means—

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

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

22 (3) ELIGIBLE ENTITY.—The term ‘‘eligible enti-
23 ty’’ means—

24 (A) a State workforce agency;

25 (B) an outlying area; or

1 (C) a Tribal entity.
2 (4) PARTICIPATING PARTNERSHIP.—The term
3 ''participating partnership'' means a partnership—
4 (A) evidenced by a written contract or
5 agreement; and
6 (B) including, as members of the partner-
7 ship, a local board receiving a subgrant under
8 subsection (d) and 1 or more of the following:
9 (i) The eligible entity.
10 (ii) A treatment provider.
11 (iii) An employer or industry organi-
12 zation.
13 (iv) An education provider.
14 (v) A legal service or law enforcement
15 organization.
16 (vi) A faith-based or community-based
17 organization.
18 (vii) Other State or local agencies, in-
19 cluding counties or local governments.
20 (viii) Other organizations, as deter-
21 mined to be necessary by the local board.
22 (ix) Indian Tribes or tribal organiza-
23 tions.
24 (5) PROGRAM PARTICIPANT.—The term ''pro-
25 gram participant'' means an individual who—

1 (A) is a member of a population of workers
2 described in subsection (e)(2) that is served by
3 a participating partnership through the pilot
4 program under this section; and
5 (B) enrolls with the applicable partici-
6 pating partnership to receive any of the services
7 described in subsection (e)(3).
8 (6) PROVIDER OF PEER RECOVERY SUPPORT
9 SERVICES.—The term ''provider of peer recovery
10 support services'' means a provider that delivers
11 peer recovery support services through an organiza-
12 tion described in section 547(a) of the Public Health
13 Service Act (42 U.S.C. 290ee–2(a)).
14 (7) SECRETARY.—The term ''Secretary'' means
15 the Secretary of Labor.
16 (8) STATE WORKFORCE AGENCY.—The term
17 ''State workforce agency'' means the lead State
18 agency with responsibility for the administration of
19 a program under chapter 2 or 3 of subtitle B of title
20 I of the Workforce Innovation and Opportunity Act
21 (29 U.S.C. 3161 et seq., 3171 et seq.).
22 (9) SUBSTANCE USE DISORDER.—The term
23 ''substance use disorder'' has the meaning given
24 such term by the Assistant Secretary for Mental
25 Health and Substance Use.

1 (10) TREATMENT PROVIDER.—The term ''treat-
2 ment provider''—
3 (A) means a health care provider that—
4 (i) offers services for treating sub-
5 stance use disorders and is licensed in ac-
6 cordance with applicable State law to pro-
7 vide such services; and
8 (ii) accepts health insurance for such
9 services, including coverage under title
10 XIX of the Social Security Act (42 U.S.C.
11 1396 et seq.); and
12 (B) may include—
13 (i) a nonprofit provider of peer recov-
14 ery support services;
15 (ii) a community health care provider;
16 (iii) a Federally qualified health cen-
17 ter (as defined in section 1861(aa) of the
18 Social Security Act (42 U.S.C. 1395x));
19 (iv) an Indian health program (as de-
20 fined in section 3 of the Indian Health
21 Care Improvement Act (25 U.S.C. 1603)),
22 including an Indian health program that
23 serves an urban center (as defined in such
24 section); and

1 (v) a Native Hawaiian health center
2 (as defined in section 12 of the Native Ha-
3 waiian Health Care Improvement Act (42
4 U.S.C. 11711)).
5 (11) TRIBAL ENTITY.—The term ''Tribal enti-
6 ty'' includes any Indian Tribe, tribal organization,
7 Indian-controlled organization serving Indians, Na-
8 tive Hawaiian organization, or Alaska Native entity,
9 as such terms are defined or used in section 166 of
10 the Workforce Innovation and Opportunity Act (29
11 U.S.C. 3221).
12 (b) PILOT PROGRAM AND GRANTS AUTHORIZED.—
13 (1) IN GENERAL.—The Secretary, in consulta-
14 tion with the Secretary of Health and Human Serv-
15 ices, shall carry out a pilot program to address eco-
16 nomic and workforce impacts associated with a high
17 rate of a substance use disorder. In carrying out the
18 pilot program, the Secretary shall make grants, on
19 a competitive basis, to eligible entities to enable such
20 entities to make subgrants to local boards to address
21 the economic and workforce impacts associated with
22 a high rate of a substance use disorder.
23 (2) GRANT AMOUNTS.—The Secretary shall
24 make each such grant in an amount that is not less

1 than $500,000, and not more than $5,000,000, for
2 a fiscal year.
3 (c) GRANT APPLICATIONS.—
4 (1) IN GENERAL.—An eligible entity applying
5 for a grant under this section shall submit an appli-
6 cation to the Secretary at such time and in such
7 form and manner as the Secretary may reasonably
8 require, including the information described in this
9 subsection.
10 (2) SIGNIFICANT IMPACT ON COMMUNITY BY
11 OPIOID AND SUBSTANCE USE DISORDER-RELATED
12 PROBLEMS.—
13 (A) DEMONSTRATION.—An eligible entity
14 shall include in the application—
15 (i) information that demonstrates sig-
16 nificant impact on the community by prob-
17 lems related to opioid abuse or another
18 substance use disorder, by—
19 (I) identifying the counties, com-
20 munities, regions, or local areas that
21 have been significantly impacted and
22 will be served through the grant (each
23 referred to in this section as a ''serv-
24 ice area''); and

1 (II) demonstrating for each such
2 service area, an increase equal to or
3 greater than the national increase in
4 such problems, between—
5 (aa) 1999; and
6 (bb) 2016 or the latest year
7 for which data are available; and
8 (ii) a description of how the eligible
9 entity will prioritize support for signifi-
10 cantly impacted service areas described in
11 clause (i)(I).
12 (B) INFORMATION.—To meet the require-
13 ments described in subparagraph (A)(i)(II), the
14 eligible entity may use information including
15 data on—
16 (i) the incidence or prevalence of
17 opioid abuse and other substance use dis-
18 orders;
19 (ii) the age-adjusted rate of drug
20 overdose deaths, as determined by the Di-
21 rector of the Centers for Disease Control
22 and Prevention;
23 (iii) the rate of non-fatal hospitaliza-
24 tions related to opioid abuse or other sub-
25 stance use disorders;

1 (iv) the number of arrests or convic-
2 tions, or a relevant law enforcement sta-
3 tistic, that reasonably shows an increase in
4 opioid abuse or another substance use dis-
5 order; or
6 (v) in the case of an eligible entity de-
7 scribed in subsection (a)(3)(C), other alter-
8 native relevant data as determined appro-
9 priate by the Secretary.
10 (C) SUPPORT FOR STATE STRATEGY.—The
11 eligible entity may include in the application in-
12 formation describing how the proposed services
13 and activities are aligned with the State, out-
14 lying area, or Tribal strategy, as applicable, for
15 addressing problems described in subparagraph
16 (A) in specific service areas or across the State,
17 outlying area, or Tribal land.
18 (3) ECONOMIC AND EMPLOYMENT CONDITIONS
19 DEMONSTRATE ADDITIONAL FEDERAL SUPPORT
20 NEEDED.—
21 (A) DEMONSTRATION.—An eligible entity
22 shall include in the application information that
23 demonstrates that a high rate of a substance
24 use disorder has caused, or is coincident to—

1 (i) an economic or employment down-
2 turn in the service area; or
3 (ii) persistent economically depressed
4 conditions in such service area.
5 (B) INFORMATION.—To meet the require-
6 ments of subparagraph (A), an eligible entity
7 may use information including—
8 (i) documentation of any layoff, an-
9 nounced future layoff, legacy industry de-
10 cline, decrease in an employment or labor
11 market participation rate, or economic im-
12 pact, whether or not the result described in
13 this clause is overtly related to a high rate
14 of a substance use disorder;
15 (ii) documentation showing decreased
16 economic activity related to, caused by, or
17 contributing to a high rate of a substance
18 use disorder, including a description of
19 how the service area has been impacted, or
20 will be impacted, by such a decrease;
21 (iii) information on economic indica-
22 tors, labor market analyses, information
23 from public announcements, and demo-
24 graphic and industry data;

1 (iv) information on rapid response ac-
2 tivities (as defined in section 3 of the
3 Workforce Innovation and Opportunity Act
4 (29 U.S.C. 3102)) that have been or will
5 be conducted, including demographic data
6 gathered by employer or worker surveys or
7 through other methods;
8 (v) data or documentation, beyond an-
9 ecdotal evidence, showing that employers
10 face challenges filling job vacancies due to
11 a lack of skilled workers able to pass a
12 drug test; or
13 (vi) any additional relevant data or in-
14 formation on the economy, workforce, or
15 another aspect of the service area to sup-
16 port the application.
17 (d) SUBGRANT AUTHORIZATION AND APPLICATION
18 PROCESS.—
19 (1) SUBGRANTS AUTHORIZED.—
20 (A) IN GENERAL.—An eligible entity re-
21 ceiving a grant under subsection (b)—
22 (i) may use not more than 5 percent
23 of the grant funds for the administrative
24 costs of carrying out the grant;

1 (ii) in the case of an eligible entity de-
2 scribed in subparagraph (A) or (B) of sub-
3 section (a)(3), shall use the remaining
4 grant funds to make subgrants to local en-
5 tities in the service area to carry out the
6 services and activities described in sub-
7 section (e); and
8 (iii) in the case of an eligible entity
9 described in subsection (a)(3)(C), shall use
10 the remaining grant funds to carry out the
11 services and activities described in sub-
12 section (e).
13 (B) EQUITABLE DISTRIBUTION.—In mak-
14 ing subgrants under this subsection, an eligible
15 entity shall ensure, to the extent practicable,
16 the equitable distribution of subgrants, based
17 on—
18 (i) geography (such as urban and
19 rural distribution); and
20 (ii) significantly impacted service
21 areas as described in subsection (c)(2).
22 (C) TIMING OF SUBGRANT FUNDS DIS-
23 TRIBUTION.—An eligible entity making sub-
24 grants under this subsection shall disburse
25 subgrant funds to a local board receiving a

1 subgrant from the eligible entity by the later
2 of—
3 (i) the date that is 90 days after the
4 date on which the Secretary makes the
5 funds available to the eligible entity; or
6 (ii) the date that is 15 days after the
7 date that the eligible entity makes the
8 subgrant under subparagraph (A)(ii).
9 (2) SUBGRANT APPLICATION.—
10 (A) IN GENERAL.—A local board desiring
11 to receive a subgrant under this subsection
12 from an eligible entity shall submit an applica-
13 tion at such time and in such manner as the el-
14 igible entity may reasonably require, including
15 the information described in this paragraph.
16 (B) CONTENTS.—Each application de-
17 scribed in subparagraph (A) shall include—
18 (i) an analysis of the estimated per-
19 formance of the local board in carrying out
20 the proposed services and activities under
21 the subgrant—
22 (I) based on—
23 (aa) primary indicators of
24 performance described in section
25 116(c)(1)(A)(i) of the Workforce

1 Innovation and Opportunity Act
2 (29 U.S.C. 3141(c)(1)(A)(i), to
3 assess estimated effectiveness of
4 the proposed services and activi-
5 ties, including the estimated
6 number of individuals with a sub-
7 stance use disorder who may be
8 served by the proposed services
9 and activities;
10 (bb) the record of the local
11 board in serving individuals with
12 a barrier to employment; and
13 (cc) the ability of the local
14 board to establish a participating
15 partnership; and
16 (II) which may include or uti-
17 lize—
18 (aa) data from the National
19 Center for Health Statistics of
20 the Centers for Disease Control
21 and Prevention;
22 (bb) data from the Center
23 for Behavioral Health Statistics
24 and Quality of the Substance

1 Abuse and Mental Health Serv-
2 ices Administration;
3 (cc) State vital statistics;
4 (dd) municipal police depart-
5 ment records;
6 (ee) reports from local coro-
7 ners; or
8 (ff) other relevant data; and
9 (ii) in the case of a local board pro-
10 posing to serve a population described in
11 subsection (e)(2)(B), a demonstration of
12 the workforce shortage in the professional
13 area to be addressed under the subgrant
14 (which may include substance use disorder
15 treatment and related services, non-addict-
16 ive pain therapy and pain management
17 services, mental health care treatment
18 services, emergency response services, or
19 mental health care), which shall include in-
20 formation that can demonstrate such a
21 shortage, such as—
22 (I) the distance between—
23 (aa) communities affected by
24 opioid abuse or another sub-
25 stance use disorder; and

1 (bb) facilities or profes-
2 sionals offering services in the
3 professional area; or
4 (II) the maximum capacity of fa-
5 cilities or professionals to serve indi-
6 viduals in an affected community, or
7 increases in arrests related to opioid
8 or another substance use disorder,
9 overdose deaths, or nonfatal overdose
10 emergencies in the community.
11 (e) SUBGRANT SERVICES AND ACTIVITIES.—
12 (1) IN GENERAL.—Each local board that re-
13 ceives a subgrant under subsection (d) shall carry
14 out the services and activities described in this sub-
15 section through a participating partnership.
16 (2) SELECTION OF POPULATION TO BE
17 SERVED.—A participating partnership shall elect to
18 provide services and activities under the subgrant to
19 one or both of the following populations of workers:
20 (A) Workers, including dislocated workers,
21 individuals with barriers to employment, new
22 entrants in the workforce, or incumbent work-
23 ers (employed or underemployed), each of
24 whom—

1 (i) is directly or indirectly affected by
2 a high rate of a substance use disorder;
3 and
4 (ii) voluntarily confirms that the
5 worker, or a friend or family member of
6 the worker, has a history of opioid abuse
7 or another substance use disorder.
8 (B) Workers, including dislocated workers,
9 individuals with barriers to employment, new
10 entrants in the workforce, or incumbent work-
11 ers (employed or underemployed), who—
12 (i) seek to transition to professions
13 that support individuals with a substance
14 use disorder or at risk for developing such
15 disorder, such as professions that pro-
16 vide—
17 (I) substance use disorder treat-
18 ment and related services;
19 (II) services offered through pro-
20 viders of peer recovery support serv-
21 ices;
22 (III) non-addictive pain therapy
23 and pain management services;
24 (IV) emergency response services;
25 or

1 (V) mental health care; and
2 (ii) need new or upgraded skills to
3 better serve such a population of strug-
4 gling or at-risk individuals.
5 (3) SERVICES AND ACTIVITIES.—Each partici-
6 pating partnership shall use funds available through
7 a subgrant under this subsection to carry out 1 or
8 more of the following:
9 (A) ENGAGING EMPLOYERS.—Engaging
10 with employers to—
11 (i) learn about the skill and hiring re-
12 quirements of employers;
13 (ii) learn about the support needed by
14 employers to hire and retain program par-
15 ticipants, and other individuals with a sub-
16 stance use disorder, and the support need-
17 ed by such employers to obtain their com-
18 mitment to testing creative solutions to
19 employing program participants and such
20 individuals;
21 (iii) connect employers and workers to
22 on-the-job or customized training programs
23 before or after layoff to help facilitate re-
24 employment;

1 (iv) connect employers with an edu-
2 cation provider to develop classroom in-
3 struction to complement on-the-job learn-
4 ing for program participants and such in-
5 dividuals;
6 (v) help employers develop the cur-
7 riculum design of a work-based learning
8 program for program participants and
9 such individuals;
10 (vi) help employers employ program
11 participants or such individuals engaging
12 in a work-based learning program for a
13 transitional period before hiring such a
14 program participant or individual for full-
15 time employment of not less than 30 hours
16 a week; or
17 (vii) connect employers to program
18 participants receiving concurrent out-
19 patient treatment and job training services.
20 (B) SCREENING SERVICES.—Providing
21 screening services, which may include—
22 (i) using an evidence-based screening
23 method to screen each individual seeking
24 participation in the pilot program to deter-

1 mine whether the individual has a sub-
2 stance use disorder;
3 (ii) conducting an assessment of each
4 such individual to determine the services
5 needed for such individual to obtain or re-
6 tain employment, including an assessment
7 of strengths and general work readiness; or
8 (iii) accepting walk-ins or referrals
9 from employers, labor organizations, or
10 other entities recommending individuals to
11 participate in such program.
12 (C) INDIVIDUAL TREATMENT AND EM-
13 PLOYMENT PLAN.—Developing an individual
14 treatment and employment plan for each pro-
15 gram participant—
16 (i) in coordination, as appropriate,
17 with other programs serving the partici-
18 pant such as the core programs within the
19 workforce development system under the
20 Workforce Innovation and Opportunity Act
21 (29 U.S.C. 3101 et seq.); and
22 (ii) which shall include providing a
23 case manager to work with each partici-
24 pant to develop the plan, which may in-
25 clude—

1 (I) identifying employment and
2 career goals;
3 (II) exploring career pathways
4 that lead to in-demand industries and
5 sectors, as determined by the State
6 board and the head of the State work-
7 force agency or, as applicable, the
8 Tribal entity;
9 (III) setting appropriate achieve-
10 ment objectives to attain the employ-
11 ment and career goals identified
12 under subclause (I); or
13 (IV) developing the appropriate
14 combination of services to enable the
15 participant to achieve the employment
16 and career goals identified under sub-
17 clause (I).
18 (D) OUTPATIENT TREATMENT AND RECOV-
19 ERY CARE.—In the case of a participating part-
20 nership serving program participants described
21 in paragraph (2)(A) with a substance use dis-
22 order, providing individualized and group out-
23 patient treatment and recovery services for such
24 program participants that are offered during

1 the day and evening, and on weekends. Such
2 treatment and recovery services—
3 (i) shall be based on a model that uti-
4 lizes combined behavioral interventions and
5 other evidence-based or evidence-informed
6 interventions; and
7 (ii) may include additional services
8 such as—
9 (I) health, mental health, addic-
10 tion, or other forms of outpatient
11 treatment that may impact a sub-
12 stance use disorder and co-occurring
13 conditions;
14 (II) drug testing for a current
15 substance use disorder prior to enroll-
16 ment in career or training services or
17 prior to employment;
18 (III) linkages to community serv-
19 ices, including services offered by
20 partner organizations designed to sup-
21 port program participants; or
22 (IV) referrals to health care, in-
23 cluding referrals to substance use dis-
24 order treatment and mental health
25 services.

1 (E) SUPPORTIVE SERVICES.—Providing
2 supportive services, which shall include services
3 such as—
4 (i) coordinated wraparound services to
5 provide maximum support for program
6 participants to assist the program partici-
7 pants in maintaining employment and re-
8 covery for not less than 12 months, as ap-
9 propriate;
10 (ii) assistance in establishing eligi-
11 bility for assistance under Federal, State,
12 Tribal, and local programs providing
13 health services, mental health services, vo-
14 cational services, housing services, trans-
15 portation services, social services, or serv-
16 ices through early childhood education pro-
17 grams (as defined in section 103 of the
18 Higher Education Act of 1965 (20 U.S.C.
19 1003));
20 (iii) services offered through providers
21 of peer recovery support services;
22 (iv) networking and mentorship op-
23 portunities; or
24 (v) any supportive services determined
25 necessary by the local board.

1 (F) CAREER AND JOB TRAINING SERV-
2 ICES.—Offering career services and training
3 services, and related services, concurrently or
4 sequentially with the services provided under
5 subparagraphs (B) through (E). Such services
6 shall include the following:
7 (i) Services provided to program par-
8 ticipants who are in a pre-employment
9 stage of the program, which may include—
10 (I) initial education and skills as-
11 sessments;
12 (II) traditional classroom train-
13 ing funded through individual training
14 accounts under chapter 3 of subtitle B
15 of title I of the Workforce Innovation
16 and Opportunity Act (29 U.S.C. 3171
17 et seq.);
18 (III) services to promote employ-
19 ability skills such as punctuality, per-
20 sonal maintenance skills, and profes-
21 sional conduct;
22 (IV) in-depth interviewing and
23 evaluation to identify employment bar-
24 riers and to develop individual em-
25 ployment plans;

1 (V) career planning that in-
2 cludes—
3 (aa) career pathways leading
4 to in-demand, high-wage jobs;
5 and
6 (bb) job coaching, job
7 matching, and job placement
8 services;
9 (VI) provision of payments and
10 fees for employment and training-re-
11 lated applications, tests, and certifi-
12 cations; or
13 (VII) any other appropriate ca-
14 reer service or training service de-
15 scribed in section 134(c) of the Work-
16 force Innovation and Opportunity Act
17 (29 U.S.C. 3174(c)).
18 (ii) Services provided to program par-
19 ticipants during their first 6 months of
20 employment to ensure job retention, which
21 may include—
22 (I) case management and support
23 services, including a continuation of
24 the services described in clause (i);

1 (II) a continuation of skills train-
2 ing, and career and technical edu-
3 cation, described in clause (i) that is
4 conducted in collaboration with the
5 employers of such participants;
6 (III) mentorship services and job
7 retention support for such partici-
8 pants; or
9 (IV) targeted training for man-
10 agers and workers working with such
11 participants (such as mentors), and
12 human resource representatives in the
13 business in which such participants
14 are employed.
15 (iii) Services to assist program partici-
16 pants in maintaining employment for not
17 less than 12 months, as appropriate.
18 (G) PROVEN AND PROMISING PRAC-
19 TICES.—Leading efforts in the service area to
20 identify and promote proven and promising
21 strategies and initiatives for meeting the needs
22 of employers and program participants.
23 (4) LIMITATIONS.—A participating partnership
24 may not use—

1 (A) more than 10 percent of the funds re-
2 ceived under a subgrant under subsection (d)
3 for the administrative costs of the partnership;
4 (B) more than 10 percent of the funds re-
5 ceived under such subgrant for the provision of
6 treatment and recovery services, as described in
7 paragraph (3)(D); and
8 (C) more than 10 percent of the funds re-
9 ceived under such subgrant for the provision of
10 supportive services described in paragraph
11 (3)(E) to program participants.
12 (f) PERFORMANCE ACCOUNTABILITY.—
13 (1) REPORTS.—The Secretary shall establish
14 quarterly reporting requirements for recipients of
15 grants and subgrants under this section that, to the
16 extent practicable, are based on the performance ac-
17 countability system under section 116 of the Work-
18 force Innovation and Opportunity Act (29 U.S.C.
19 3141) and, in the case of a grant awarded to an eli-
20 gible entity described in subsection (a)(3)(C), section
21 166(h) of such Act (29 U.S.C. 3221(h)), including
22 the indicators described in subsection (c)(1)(A)(i) of
23 such section 116 and the requirements for local area
24 performance reports under subsection (d) of such
25 section 116.

1 (2) EVALUATIONS.—
2 (A) AUTHORITY TO ENTER INTO AGREE-
3 MENTS.—The Secretary shall ensure that an
4 independent evaluation is conducted on the pilot
5 program carried out under this section to deter-
6 mine the impact of the program on employment
7 of individuals with substance use disorders. The
8 Secretary shall enter into an agreement with el-
9 igible entities receiving grants under this sec-
10 tion to pay for all or part of such evaluation.
11 (B) METHODOLOGIES TO BE USED.—The
12 independent evaluation required under this
13 paragraph shall use experimental designs using
14 random assignment or, when random assign-
15 ment is not feasible, other reliable, evidence-
16 based research methodologies that allow for the
17 strongest possible causal inferences.
18 (g) FUNDING.—
19 (1) COVERED FISCAL YEAR.—In this sub-
20 section, the term ''covered fiscal year'' means any of
21 fiscal years 2018 through 2023.
22 (2) USING FUNDING FOR NATIONAL DIS-
23 LOCATED WORKER GRANTS.—Subject to paragraph
24 (4) and notwithstanding section 132(a)(2)(A) and
25 subtitle D of the Workforce Innovation and Oppor-

1 tunity Act (29 U.S.C. 3172(a)(2)(A), 3221 et seq.),
2 the Secretary may use, to carry out the pilot pro-
3 gram under this section for a covered fiscal year—
4 (A) funds made available to carry out sec-
5 tion 170 of such Act (29 U.S.C. 3225) for that
6 fiscal year;
7 (B) funds made available to carry out sec-
8 tion 170 of such Act that remain available for
9 that fiscal year; and
10 (C) funds that remain available under sec-
11 tion 172(f) of such Act (29 U.S.C. 3227(f)).
12 (3) AVAILABILITY OF FUNDS.—Funds appro-
13 priated under section 136(c) of such Act (29 U.S.C.
14 3181(c)) and made available to carry out section
15 170 of such Act for a fiscal year shall remain avail-
16 able for use under paragraph (2) for a subsequent
17 fiscal year until expended.
18 (4) LIMITATION.—The Secretary may not use
19 more than $100,000,000 of the funds described in
20 paragraph (2) for any covered fiscal year under this
21 section.
22 **SEC. 1411. CAREER ACT.**
23 (a) IN GENERAL.—The Secretary, in consultation
24 with the Secretary of Labor, shall continue or establish
25 a program to support individuals in treatment for, or re-

1 covery from, a substance use disorder to transition to inde-
2 pendent living and the workforce.

3 (b) GRANTS AUTHORIZED.—In carrying out the ac-
4 tivities under this section, the Secretary shall, on a com-
5 petitive basis, award grants for a period of not more than
6 5 years to entities to enable such entities to carry out evi-
7 dence-based programs to help individuals in recovery from
8 a substance use disorder transition from treatment to
9 independent living and the workforce. Such entities shall
10 coordinate, as applicable, with Indian tribes or tribal orga-
11 nizations (as applicable), State boards and local boards
12 (as defined in section 3 of the Workforce Innovation and
13 Opportunity Act (29 U.S.C. 3102), lead State agencies
14 with responsibility for a workforce investment activity (as
15 defined in such section 3), and State agencies responsible
16 for carrying out substance use disorder prevention and
17 treatment programs.

18 (c) PRIORITY.—

19 (1) IN GENERAL.—In awarding grants under
20 this section, the Secretary shall give priority based
21 on the State in which the entity is located. Priority
22 shall be given among States according to a formula
23 based on the rates described in paragraph (2) and
24 weighted as described in paragraph (3).

1 (2) RATES.—The rates described in this para-
2 graph are the following:
3 (A) The amount by which the rate of drug
4 overdose deaths in the State, adjusted for age,
5 is above the national overdose mortality rate, as
6 determined by the Director of the Centers for
7 Disease Control and Prevention.
8 (B) The amount by which the rate of un-
9 employment for the State, based on data pro-
10 vided by the Bureau of Labor Statistics for cal-
11 endar years 2013 through 2017, is above the
12 national average.
13 (C) The amount by which rate of labor
14 force participation in the State, based on data
15 provided by the Bureau of Labor Statistics for
16 calendar years 2013 through 2017, is below the
17 national average.
18 (3) WEIGHTING.—The rates described in para-
19 graph (2) shall be weighted as follows:
20 (A) The rate described in paragraph
21 (2)(A) shall be weighted 70 percent.
22 (B) The rate described in paragraph
23 (2)(B) shall be weighted 15 percent.
24 (C) The rate described in paragraph (2)(C)
25 shall be weighted 15 percent.

1 (d) PREFERENCE.—In awarding grants under this
2 section, the Secretary shall give preference to entities lo-
3 cated in areas with the greatest need, as such need is de-
4 termined by the Secretary based on the highest mortality
5 rate related to substance use disorder.
6 (e) APPLICATIONS.—An eligible entity shall submit
7 an application at such time and in such manner as the
8 Secretary may require. In submitting an application, the
9 entity shall demonstrate the ability to partner with local
10 stakeholders, which may include local employers, commu-
11 nity stakeholders, the local workforce development board,
12 local and State governments, and Indian Tribes or tribal
13 organizations, as applicable, to—
14 (1) identify gaps in the workforce due to the
15 prevalence of substance use disorders;
16 (2) in coordination with statewide employment
17 and training activities, including coordination and
18 alignment of activities carried out by entities pro-
19 vided grant funds under section 1410, help individ-
20 uals in recovery from a substance use disorder tran-
21 sition into the workforce, including by providing ca-
22 reer services, training services as described in para-
23 graph (2) of section 134(c) of the Workforce Innova-
24 tion and Opportunity Act (29 U.S.C. 3174(c)), and

1 related services described in section 134(a)(3) of
2 such Act (42 U.S.C. 3174(a)); and
3 (3) assist employers with informing their em-
4 ployees of the resources, such as resources related to
5 substance use disorders that are available to their
6 employees.
7 (f) USE OF FUNDS.—An entity receiving a grant
8 under this section shall use the funds to conduct one or
9 more of the following activities:
10 (1) Hire case managers, care coordinators, pro-
11 viders of peer recovery support services, as described
12 in section 547(a) of the Public Health Service Act
13 (42 U.S.C. 290ee–2(a)), or other professionals, as
14 appropriate, to provide services that support treat-
15 ment, recovery, and rehabilitation, and prevent re-
16 lapse, recidivism, and overdose, including by encour-
17 aging—
18 (A) the development of daily living skills;
19 and
20 (B) the use of counseling, care coordina-
21 tion, and other services, as appropriate, to sup-
22 port recovery from substance use disorders.
23 (2) Implement or utilize innovative technologies,
24 which may include the use of telemedicine.

1 (3) In coordination with the lead State agency
2 with responsibility for a workforce investment activ-
3 ity or local board described in subsection (b), pro-
4 vide—
5 (A) short-term prevocational training serv-
6 ices; and
7 (B) training services that are directly
8 linked to the employment opportunities in the
9 local area or the planning region.
10 (g) SUPPORT FOR STATE STRATEGY.—An eligible en-
11 tity shall include in its application under subsection (e)
12 information describing how the services and activities pro-
13 posed in such application are aligned with the State, out-
14 lying area, or Tribal strategy, as applicable, for addressing
15 issues described in such application and how such entity
16 will coordinate with existing systems to deliver services as
17 described in such application.
18 (h) DATA REPORTING AND PROGRAM OVERSIGHT.—
19 Each eligible entity awarded a grant under this section
20 shall submit to the Secretary a report at such time and
21 in such manner as the Secretary may require. Such report
22 shall include a description of—
23 (1) the programs and activities funded by the
24 grant;

1 (2) outcomes of the population of individuals
2 with a substance use disorder the grantee served
3 through activities described in subsection (f); and
4 (3) any other information that the Secretary
5 may require for the purpose of ensuring that the
6 grantee is complying with all of the requirements of
7 the grant.
8 (i) REPORTS TO CONGRESS.—
9 (1) PRELIMINARY REPORT.—Not later than 2
10 years after the end of the first year of the grant pe-
11 riod under this section, the Secretary shall submit to
12 Congress a preliminary report that analyzes reports
13 submitted under subsection (h).
14 (2) FINAL REPORT.—Not later than 2 years
15 after submitting the preliminary report required
16 under paragraph (1), the Secretary shall submit to
17 Congress a final report that includes—
18 (A) an evaluation of the effectiveness of
19 the activities conducted by the grantee with re-
20 spect to outcomes of the population of individ-
21 uals with substance use disorder who receive
22 services from the grantee; and
23 (B) recommendations, as appropriate, re-
24 garding ways to improve Federal programs re-
25 lated to substance use disorders, which may in-

1 clude dissemination of best practices for sup-
2 porting health care professionals.
3 (j) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated such sums as may be nec-
5 essary for each of fiscal years 2019 through 2023 for pur-
6 poses of carrying out this section.
7 **SEC. 1412. PILOT PROGRAM TO HELP INDIVIDUALS IN RE-**
8 **COVERY FROM A SUBSTANCE USE DISORDER**
9 **BECOME STABLY HOUSED.**
10 (a) AUTHORIZATION OF APPROPRIATIONS.—There is
11 authorized to be appropriated under this section such
12 sums as may be necessary for each of fiscal years 2019
13 through 2023 for assistance to States to provide individ-
14 uals in recovery from a substance use disorder stable, tem-
15 porary housing for a period of not more than 2 years or
16 until the individual secures permanent housing, whichever
17 is earlier.
18 (b) ALLOCATION OF APPROPRIATED AMOUNTS.—
19 (1) IN GENERAL.—The amounts appropriated
20 or otherwise made available to States under this sec-
21 tion shall be allocated based on a funding formula
22 established by the Secretary of Housing and Urban
23 Development (referred to in this section as the ''Sec-
24 retary'') not later than 60 days after the date of en-
25 actment of this Act.

1 (2) CRITERIA.—
2 (A) IN GENERAL.—The funding formula
3 required under paragraph (1) shall ensure that
4 any amounts appropriated or otherwise made
5 available under this section are allocated to
6 States with an age-adjusted rate of drug over-
7 dose deaths that is above the national overdose
8 mortality rate, according to the Centers for Dis-
9 ease Control and Prevention.
10 (B) PRIORITY.—
11 (i) IN GENERAL.—Among such States,
12 priority shall be given to States with the
13 greatest need, as such need is determined
14 by the Secretary based on the following
15 factors, and weighting such factors as de-
16 scribed in clause (ii):
17 (I) The highest average rates of
18 unemployment based on data provided
19 by the Bureau of Labor Statistics for
20 calendar years 2013 through 2017.
21 (II) The lowest average labor
22 force participation rates based on data
23 provided by the Bureau of Labor Sta-
24 tistics for calendar years 2013
25 through 2017.

1 (III) The highest age-adjusted
2 rates of drug overdose deaths based
3 on data from the Centers for Disease
4 Control and Prevention.
5 (ii) WEIGHTING.—The factors de-
6 scribed in clause (i) shall be weighted as
7 follows:
8 (I) The rate described in clause
9 (i)(I) shall be weighted at 15 percent.
10 (II) The rate described in clause
11 (i)(II) shall be weighted at 15 percent.
12 (III) The rate described in clause
13 (i)(III) shall be weighted at 70 per-
14 cent.
15 (3) DISTRIBUTION.—Amounts appropriated or
16 otherwise made available under this section shall be
17 distributed according to the funding formula estab-
18 lished by the Secretary under paragraph (1) not
19 later than 30 days after the establishment of such
20 formula.
21 (c) USE OF FUNDS.—
22 (1) IN GENERAL.—Any State that receives
23 amounts pursuant to this section shall expend at
24 least 30 percent of such funds within one year of the

1 date funds become available to the grantee for obli-
2 gation.

3 (2) PRIORITY.—Any State that receives
4 amounts pursuant to this section shall distribute
5 such amounts giving priority to entities with the
6 greatest need and ability to deliver effective assist-
7 ance in a timely manner.

8 (3) ADMINISTRATIVE COSTS.—Any State that
9 receives amounts pursuant to this section may use
10 up to 5 percent of any grant for administrative
11 costs.

12 (d) RULES OF CONSTRUCTION.—

13 (1) IN GENERAL.—Except as otherwise pro-
14 vided by this section, amounts appropriated, or
15 amounts otherwise made available to States under
16 this section shall be treated as though such funds
17 were community development block grant funds
18 under title I of the Housing and Community Devel-
19 opment Act of 1974 (42 U.S.C. 5301 et seq.).

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

23 (e) AUTHORITY TO WAIVE OR SPECIFY ALTER-
24 NATIVE REQUIREMENTS.—

1 (1) IN GENERAL.—In administering any
2 amounts appropriated or otherwise made available
3 under this section, the Secretary may waive or speci-
4 fy alternative requirements to any provision under
5 title I of the Housing and Community Development
6 Act of 1974 (42 U.S.C. 5301 et seq.) except for re-
7 quirements related to fair housing, nondiscrimina-
8 tion, labor standards, the environment, and require-
9 ments that activities benefit persons of low- and
10 moderate-income, upon a finding that such a waiver
11 is necessary to expedite or facilitate the use of such
12 funds.
13 (2) NOTICE OF INTENT.—The Secretary shall
14 provide written notice of its intent to exercise the
15 authority to specify alternative requirements under
16 paragraph (1) to the Committee on Banking, Hous-
17 ing, and Urban Affairs of the Senate and the Com-
18 mittee on Financial Services of the House of Rep-
19 resentatives not later than 15 business days before
20 such exercise of authority occurs.
21 (3) NOTICE TO THE PUBLIC.—The Secretary
22 shall provide written notice of its intent to exercise
23 the authority to specify alternative requirements
24 under paragraph (1) to the public via notice, on the
25 internet website of the Department of Housing and

1 Urban Development, and by other appropriate
2 means, not later than 15 business days before such
3 exercise of authority occurs.
4 (f) TECHNICAL ASSISTANCE.—For the 2-year period
5 following the date of enactment of this Act, the Secretary
6 may use not more than 2 percent of the funds made avail-
7 able under this section for technical assistance to grantees.
8 (g) STATE.—For purposes of this section the term
9 ''State'' includes any State as defined in section 102 of
10 the Housing and Community Development Act of 1974
11 (42 U.S.C. 5302) and the District of Columbia.

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

13 (a) SUBSTANCE ABUSE TREATMENT SERVICES FOR
14 CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.—Sec-
15 tion 514 of the Public Health Service Act (42 U.S.C.
16 290bb–7) is amended—
17 (1) in the section heading, by striking ''**CHIL-**
18 **DREN AND ADOLESCENTS**'' and inserting ''**CHIL-**
19 **DREN, ADOLESCENTS, AND YOUNG ADULTS**'';
20 (2) in subsection (a)(2), by striking ''children,
21 including'' and inserting ''children, adolescents, and
22 young adults, including''; and
23 (3) by striking ''children and adolescents'' each
24 place it appears and inserting ''children, adolescents,
25 and young adults''.

1 (b) RESOURCE CENTER.—The Secretary, in consulta-
2 tion with the Secretary of Education and other heads of
3 agencies, including the Assistant Secretary of Mental
4 Health and Substance Use and the Administrator of
5 Health Resources and Services Administration, as appro-
6 priate, shall establish a resource center to provide tech-
7 nical support to recipients of grants under subsection (c).
8 (c) YOUTH PREVENTION AND RECOVERY INITIA-
9 TIVE.—
10 (1) IN GENERAL.—The Secretary, in consulta-
11 tion with the Secretary of Education, shall admin-
12 ister a program to provide support for communities
13 to support the prevention of, treatment of, and re-
14 covery from, substance use disorders for children,
15 adolescents, and young adults.
16 (2) DEFINITIONS.—In this subsection:
17 (A) ELIGIBLE ENTITY.—The term ''eligible
18 entity'' means—
19 (i) a local educational agency that is
20 seeking to establish or expand substance
21 use prevention or recovery support services
22 at one or more high schools;
23 (ii) a State educational agency;
24 (iii) an institution of higher education
25 (or consortia of such institutions), which

1 may include a recovery program at an in-
2 stitution of higher education;
3 (iv) a local board or one-stop oper-
4 ator;
5 (v) a nonprofit organization with ap-
6 propriate expertise in providing services or
7 programs for children, adolescents, or
8 young adults, excluding a school;
9 (vi) a State, political subdivision of a
10 State, Indian Tribe, or tribal organization;
11 or
12 (vii) a high school or dormitory serv-
13 ing high school students that receives
14 funding from the Bureau of Indian Edu-
15 cation.
16 (B) EVIDENCE-BASED.—The term ''evi-
17 dence-based'' has the meaning given such term
18 in section 8101 of the Elementary and Sec-
19 ondary Education Act (20 U.S.C. 7801).
20 (C) FOSTER CARE.—The term ''foster
21 care'' has the meaning given such term in sec-
22 tion 1355.20(a) of title 45, Code of Federal
23 Regulations (or any successor regulations).
24 (D) HIGH SCHOOL.—The term ''high
25 school'' has the meaning given such term in

1 section 8101 of the Elementary and Secondary
2 Education Act of 1965 (20 U.S.C. 7801).
3 (E) HOMELESS YOUTH.—The term ''home-
4 less youth'' has the meaning given the term
5 ''homeless children or youths'' in section 725 of
6 the McKinney-Vento Homeless Assistance Act
7 (42 U.S.C. 11434a);
8 (F) INSTITUTION OF HIGHER EDU-
9 CATION.—The term ''institution of higher edu-
10 cation'' has the meaning given such term in
11 section 101 of the Higher Education Act of
12 1965 (20 U.S.C. 1001) and includes a ''post-
13 secondary vocational institution'' as defined in
14 section 102(c) of such Act (20 U.S.C. 1002(c)).
15 (G) LOCAL EDUCATIONAL AGENCY.—The
16 term ''local educational agency'' has the mean-
17 ing given the term in section 8101 of the Ele-
18 mentary and Secondary Education Act of 1965
19 (20 U.S.C. 7801).
20 (H) LOCAL BOARD; ONE-STOP OPER-
21 ATOR.—The terms ''local board'' and ''one-stop
22 operator'' have the meanings given such terms
23 in section 3 of the Workforce Innovation and
24 Opportunity Act (29 U.S.C. 3102).

1 (I) OUT OF SCHOOL YOUTH.—The term
2 "out-of-school youth" has the meaning given
3 such term in section 129(a)(1)(B) of the Work-
4 force Innovation and Opportunity Act (29
5 U.S.C. 3164(a)(1)(B)).
6 (J) RECOVERY PROGRAM.—The term "re-
7 covery program" means a program—
8 (i) to help children, adolescents, or
9 young adults who are recovering from sub-
10 stance use disorders to initiate, stabilize,
11 and maintain healthy and productive lives
12 in the community; and
13 (ii) that includes peer-to-peer support
14 delivered by individuals with lived experi-
15 ence in recovery, and communal activities
16 to build recovery skills and supportive so-
17 cial networks.
18 (K) STATE EDUCATIONAL AGENCY.—The
19 term "State educational agency" has the mean-
20 ing given the term in section 8101 of the Ele-
21 mentary and Secondary Education Act (20
22 U.S.C. 7801).
23 (3) BEST PRACTICES.—The Secretary, in con-
24 sultation with the Secretary of Education, shall—

1 (A) identify or facilitate the development of
2 evidence-based best practices for prevention of
3 substance misuse and abuse by children, adoles-
4 cents, and young adults, including for specific
5 populations such as youth in foster care, home-
6 less youth, out-of-school youth, and youth who
7 are at risk of or have experienced trafficking
8 that address—
9 (i) primary prevention;
10 (ii) appropriate recovery support serv-
11 ices;
12 (iii) appropriate use of medication-as-
13 sisted treatment for such individuals, if ap-
14 plicable, and ways of overcoming barriers
15 to the use of medication-assisted treatment
16 in such population; and
17 (iv) efficient and effective communica-
18 tion, which may include the use of social
19 media, to maximize outreach efforts;
20 (B) disseminate such best practices to
21 State educational agencies, local educational
22 agencies, schools and dormitories funded by the
23 Bureau of Indian Education, institutions of
24 higher education, recovery programs at institu-
25 tions of higher education, local boards, one-stop

1 operators, family and youth homeless providers,
2 and nonprofit organizations, as appropriate;
3 (C) conduct a rigorous evaluation of each
4 grant funded under this subsection, particularly
5 its impact on the indicators described in para-
6 graph (8)(B); and
7 (D) provide technical assistance for grant-
8 ees under this subsection.
9 (4) GRANTS AUTHORIZED.—The Secretary, in
10 consultation with the Secretary of Education, shall
11 award 3-year grants, on a competitive basis, to eligi-
12 ble entities to enable such entities, in coordination
13 with Indian Tribes, if applicable, and State agencies
14 responsible for carrying out substance use disorder
15 prevention and treatment programs, to carry out evi-
16 dence-based programs for—
17 (A) prevention of substance misuse and
18 abuse by children, adolescents, and young
19 adults, which may include primary prevention;
20 (B) recovery support services for children,
21 adolescents, and young adults, which may in-
22 clude counseling, job training, linkages to com-
23 munity-based services, family support groups,
24 peer mentoring, and recovery coaching; or

1 (C) treatment or referrals for treatment of
2 substance use disorders, which may include the
3 use of medication-assisted treatment, as appro-
4 priate.
5 (5) SPECIAL CONSIDERATION.—In awarding
6 grants under this subsection, the Secretary shall give
7 special consideration to the unique needs of tribal,
8 urban, suburban, and rural populations.
9 (6) APPLICATION.—To be eligible for a grant
10 under this subsection, an entity shall submit to the
11 Secretary an application at such time, in such man-
12 ner, and containing such information as the Sec-
13 retary may require. Such application shall include—
14 (A) a description of—
15 (i) the impact of substance use dis-
16 orders in the population that will be served
17 by the grant program;
18 (ii) how the eligible entity has solic-
19 ited input from relevant stakeholders,
20 which may include faculty, teachers, staff,
21 families, students, and experts in sub-
22 stance use prevention and treatment in de-
23 veloping such application;
24 (iii) the goals of the proposed project,
25 including the intended outcomes;

1 (iv) how the eligible entity plans to
2 use grant funds for evidence-based activi-
3 ties, in accordance with this subsection to
4 prevent, provide recovery support for, or
5 treat substance use disorders amongst
6 such individuals, or a combination of such
7 activities; and
8 (v) how the eligible entity will collabo-
9 rate with relevant partners, which may in-
10 clude State educational agencies, local edu-
11 cational agencies, institutions of higher
12 education, juvenile justice agencies, preven-
13 tion and recovery support providers, local
14 service providers, including substance use
15 disorder treatment programs, providers of
16 mental health services, youth serving orga-
17 nizations, family and youth homeless pro-
18 viders, child welfare agencies, and primary
19 care providers, in carrying out the grant
20 program; and
21 (B) an assurance that the eligible entity
22 will participate in the evaluation described in
23 paragraph (3)(C).
24 (7) PRIORITY.—In awarding grants under this
25 subsection, the Secretary shall give priority to eligi-

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

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

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

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

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

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

1 cluding the number of overdoses and
2 deaths amongst children, adolescents, and
3 young adults during the grant period; and
4 (iii) other indicators, as the Secretary
5 determines appropriate.
6 (9) REPORT TO CONGRESS.—The Secretary
7 shall, not later than October 1, 2022, submit a re-
8 port to the Committee on Health, Education, Labor,
9 and Pensions of the Senate, and the Committee on
10 Energy and Commerce and the Committee on Edu-
11 cation and the Workforce of the House of Rep-
12 resentatives, a report summarizing the effectiveness
13 of the grant program under this subsection, based
14 on the information submitted in reports required
15 under paragraph (8).
16 (10) AUTHORIZATION OF APPROPRIATIONS.—
17 There is authorized to be appropriated such sums as
18 may be necessary to carry out this subsection for
19 each of fiscal years 2019 through 2023.
20 **SEC. 1414. PLANS OF SAFE CARE.**
21 Section 105(a) of the Child Abuse Prevention and
22 Treatment Act (42 U.S.C. 5106(a)) is amended by adding
23 at the end the following:
24 ''(7) GRANTS TO STATES TO IMPROVE AND CO-
25 ORDINATE THEIR RESPONSE TO ENSURE THE SAFE-

1 TY, PERMANENCY, AND WELL-BEING OF INFANTS
2 AFFECTED BY SUBSTANCE USE.—
3 ''(A) PROGRAM AUTHORIZED.—The Sec-
4 retary shall make grants to States for the pur-
5 pose of assisting child welfare agencies, social
6 services agencies, substance use disorder treat-
7 ment agencies, hospitals with labor and delivery
8 units, medical staff, public health and mental
9 health agencies, and maternal and child health
10 agencies to facilitate collaboration in developing,
11 updating, implementing, and monitoring plans
12 of safe care described in section
13 106(b)(2)(B)(iii).
14 ''(B) DISTRIBUTION OF FUNDS.—
15 ''(i) RESERVATIONS.—Of the amounts
16 appropriated under subparagraph (H), the
17 Secretary shall reserve—
18 ''(I) no more than 3 percent for
19 the purposes described in subpara-
20 graph (G); and
21 ''(II) up to 3 percent for grants
22 to Indian Tribes and tribal organiza-
23 tions to address the needs of infants
24 born with, and identified as being af-
25 fected by, substance abuse or with-

1 drawal symptoms resulting from pre-
2 natal drug exposure or a fetal alcohol
3 spectrum disorder and their families
4 or caregivers, which to the extent
5 practicable, shall be consistent with
6 the uses of funds described under sub-
7 paragraph (D).
8 ‘‘(ii) ALLOTMENTS TO STATES AND
9 TERRITORIES.—The Secretary shall allot
10 the amount appropriated under subpara-
11 graph (H) that remains after application
12 of clause (i) to each State that applies for
13 such a grant, in an amount equal to the
14 sum of—
15 ‘‘(I) $500,000; and
16 ‘‘(II) an amount that bears the
17 same relationship to any funds appro-
18 priated under subparagraph (H) and
19 remaining after application of clause
20 (i), as the number of live births in the
21 State in the previous calendar year
22 bears to the number of live births in
23 all States in such year.
24 ‘‘(iii) RATABLE REDUCTION.—If the
25 amount appropriated under subparagraph

1 (H) is insufficient to satisfy the require-
2 ments of clause (ii), the Secretary shall
3 ratably reduce each allotment to a State.
4 ‘‘(C) APPLICATION.—A State desiring a
5 grant under this paragraph shall submit an ap-
6 plication to the Secretary at such time and in
7 such manner as the Secretary may require.
8 Such application shall include—
9 ‘‘(i) a description of—
10 ‘‘(I) the impact of substance use
11 disorder in such State, including with
12 respect to the substance or class of
13 substances with the highest incidence
14 of abuse in the previous year in such
15 State, including—
16 ‘‘(aa) the prevalence of sub-
17 stance use disorder in such State;
18 ‘‘(bb) the aggregate rate of
19 births in the State of infants af-
20 fected by substance abuse or
21 withdrawal symptoms or a fetal
22 alcohol spectrum disorder (as de-
23 termined by hospitals, insurance
24 claims, claims submitted to the
25 State Medicaid program, or other

1 records), if available and to the
2 extent practicable; and
3 "(cc) the number of infants
4 identified, for whom a plan of
5 safe care was developed, and for
6 whom a referral was made for
7 appropriate services, as reported
8 under section 106(d)(18);
9 "(II) the challenges the State
10 faces in developing, implementing, and
11 monitoring plans of safe care in ac-
12 cordance with section
13 106(b)(2)(B)(iii);
14 "(III) the State's lead agency for
15 the grant program and how that agen-
16 cy will coordinate with relevant State
17 entities and programs, including the
18 child welfare agency, the substance
19 use disorder treatment agency, hos-
20 pitals with labor and delivery units,
21 health care providers, the public
22 health and mental health agencies,
23 programs funded by the Substance
24 Abuse and Mental Health Services
25 Administration that provide substance

1 use disorder treatment for women, the
2 State Medicaid program, the State
3 agency administering the block grant
4 program under title V of the Social
5 Security Act (42 U.S.C. 701 et seq.),
6 the State agency administering the
7 programs funded under part C of the
8 Individuals with Disabilities Edu-
9 cation Act (20 U.S.C. 1431 et seq.),
10 the maternal, infant, and early child-
11 hood home visiting program under
12 section 511 of the Social Security Act
13 (42 U.S.C. 711), the State judicial
14 system, and other agencies, as deter-
15 mined by the Secretary, and Indian
16 Tribes and tribal organizations, as ap-
17 propriate;
18 ''(IV) how the State will monitor
19 local development and implementation
20 of plans of safe care, in accordance
21 with section 106(b)(2)(B)(iii)(II), in-
22 cluding how the State will monitor to
23 ensure plans of safe care address dif-
24 ferences between substance use dis-
25 order and medically supervised sub-

1 stance use, including for the treat-
2 ment of a substance use disorder;
3 ‘‘(V) how the State meets the re-
4 quirements of section 1927 of the
5 Public Health Service Act (42 U.S.C.
6 300x–27);
7 ‘‘(VI) how the State plans to uti-
8 lize funding authorized under part E
9 of title IV of the Social Security Act
10 (42 U.S.C. 670 et seq.) to assist in
11 carrying out any plan of safe care, in-
12 cluding such funding authorized under
13 section 471(e) of such Act (as in ef-
14 fect on October 1, 2018) for mental
15 health and substance abuse prevention
16 and treatment services and in-home
17 parent skill-based programs and fund-
18 ing authorized under such section
19 472(j) (as in effect on October 1,
20 2018) for children with a parent in a
21 licensed residential family-based treat-
22 ment facility for substance abuse; and
23 ‘‘(VII) an assessment of the
24 treatment and other services and pro-
25 grams available in the State, to effec-

1 tively carry out any plan of safe care
2 developed, including identification of
3 needed treatment, and other services
4 and programs to ensure the well-being
5 of young children and their families
6 affected by substance use disorder,
7 such as programs carried out under
8 part C of the Individuals with Disabil-
9 ities Education Act and comprehen-
10 sive early childhood development serv-
11 ices and programs such as Head Start
12 programs;
13 ''(ii) a description of how the State
14 plans to use funds for activities described
15 in subparagraph (D) for the purposes of
16 ensuring State compliance with require-
17 ments under clauses (ii) and (iii) of section
18 106(b)(2)(B); and
19 ''(iii) an assurance that the State
20 will—
21 ''(I) comply with this Act and
22 parts B and E of title IV of the Social
23 Security Act (42 U.S.C. 621 et seq.,
24 670 et seq.); and

1 "(II) comply with requirements
2 to refer a child identified as sub-
3 stance-exposed to early intervention
4 services as required pursuant to a
5 grant under part C of the Individuals
6 with Disabilities Education Act (20
7 U.S.C. 1431 et seq.).
8 "(D) USES OF FUNDS.—Funds awarded to
9 a State under this paragraph may be used for
10 the following activities, which may be carried
11 out by the State directly, or through grants or
12 subgrants, contracts, or cooperative agreements:
13 "(i) Improving State and local sys-
14 tems with respect to the development and
15 implementation of plans of safe care,
16 which—
17 "(I) shall include parent and
18 caregiver engagement, as required
19 under section 106(b)(2)(B)(iii)(I), re-
20 garding available treatment and serv-
21 ice options, which may include re-
22 sources available for pregnant,
23 perinatal, and postnatal women; and
24 "(II) may include activities such
25 as—

1 "(aa) developing policies,
2 procedures, or protocols for the
3 administration or development of
4 evidence-based and validated
5 screening tools for infants who
6 may be affected by substance use
7 withdrawal symptoms or a fetal
8 alcohol spectrum disorder and
9 pregnant, perinatal, and post-
10 natal women whose infants may
11 be affected by substance use
12 withdrawal symptoms or a fetal
13 alcohol spectrum disorder;
14 "(bb) improving assessments
15 used to determine the needs of
16 the infant and family;
17 "(cc) improving ongoing
18 case management services; and
19 "(dd) improving access to
20 treatment services, which may be
21 prior to the pregnant woman's
22 delivery date.
23 "(ii) Developing policies, procedures,
24 or protocols in consultation and coordina-
25 tion with health professionals, public and

1 private health facilities, and substance use
2 disorder treatment agencies to ensure
3 that—
4 “(I) appropriate notification to
5 child protective services is made in a
6 timely manner;
7 “(II) a plan of safe care is in
8 place, in accordance with section
9 106(b)(2)(B)(iii), before the infant is
10 discharged from the birth or health
11 care facility; and
12 “(III) such health and related
13 agency professionals are trained on
14 how to follow such protocols and are
15 aware of the supports that may be
16 provided under a plan of safe care.
17 “(iii) Training health professionals
18 and health system leaders, child welfare
19 workers, substance use disorder treatment
20 agencies, and other related professionals
21 such as home visiting agency staff and law
22 enforcement in relevant topics including—
23 “(I) State mandatory reporting
24 laws and the referral and process re-
25 quirements for notification to child

1 protective services when child abuse or
2 neglect reporting is not mandated;
3 ''(II) the co-occurrence of preg-
4 nancy and substance use disorder, and
5 implications of prenatal exposure;
6 ''(III) the clinical guidance about
7 treating substance use disorder in
8 pregnant and postpartum women;
9 ''(IV) appropriate screening and
10 interventions for infants affected by
11 substance use disorder, withdrawal
12 symptoms, or a fetal alcohol spectrum
13 disorder and the requirements under
14 section 106(b)(2)(B)(iii); and
15 ''(V) appropriate
16 multigenerational strategies to ad-
17 dress the mental health needs of the
18 parent and child together.
19 ''(iv) Establishing partnerships, agree-
20 ments, or memoranda of understanding be-
21 tween the lead agency and health profes-
22 sionals, health facilities, child welfare pro-
23 fessionals, juvenile and family court
24 judges, substance use and mental disorder
25 treatment programs, early childhood edu-

1 cation programs, and maternal and child
2 health and early intervention professionals,
3 including home visiting providers, peer-to-
4 peer recovery programs such as parent
5 mentoring programs, and housing agencies
6 to facilitate the implementation of, and
7 compliance with section 106(b)(2) and
8 clause (ii) of this subparagraph, in areas
9 which may include—
10 ''(I) developing a comprehensive,
11 multi-disciplinary assessment and
12 intervention process for infants, preg-
13 nant women, and their families who
14 are affected by substance use dis-
15 order, withdrawal symptoms, or a
16 fetal alcohol spectrum disorder, that
17 includes meaningful engagement with
18 and takes into account the unique
19 needs of each family and addresses
20 differences between medically super-
21 vised substance use, including for the
22 treatment of substance use disorder,
23 and substance use disorder;
24 ''(II) ensuring that treatment ap-
25 proaches for serving infants, pregnant

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

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

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

1 "(E) REPORTING.—Each State that re-
2 ceives funds under this paragraph, for each
3 year such funds are received, shall submit a re-
4 port to the Secretary, disaggregated by geo-
5 graphic location, economic status, and major
6 racial and ethnic groups, except that such
7 disaggregation shall not be required if the re-
8 sults would reveal personally identifiable infor-
9 mation on, with respect to infants identified
10 under section 106(b)(2)(B)(ii)—
11 "(i) the number who experienced re-
12 moval associated with parental substance
13 use;
14 "(ii) the number who experienced re-
15 moval and subsequently are reunified with
16 parents, and the length of time between
17 such removal and reunification;
18 "(iii) the number who are referred to
19 community providers without a child pro-
20 tection case;
21 "(iv) the number who receive services
22 while in the care of their birth parents;
23 "(v) the number who receive post-re-
24 unification services within 1 year after a
25 reunification has occurred; and

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

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

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

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

1 Center on Substance Abuse and Child Wel-
2 fare;
3 ''(ii) issuing guidance on the require-
4 ments of this Act with respect to infants
5 born with and identified as being affected
6 by substance use or withdrawal symptoms
7 or fetal alcohol spectrum disorder, as de-
8 scribed in clauses (ii) and (iii) of section
9 106(b)(2)(B), including by—
10 ''(I) clarifying key terms; and
11 ''(II) disseminating best practices
12 on implementation of plans of safe
13 care, on such topics as differential re-
14 sponse, collaboration and coordina-
15 tion, and identification and delivery of
16 services for different populations;
17 ''(iii) supporting State efforts to de-
18 velop information technology systems to
19 manage plans of safe care; and
20 ''(iv) preparing the Secretary's report
21 to Congress described in subparagraph
22 (F).
23 ''(H) AUTHORIZATION OF APPROPRIA-
24 TIONS.—To carry out the program under this
25 paragraph, there is authorized to be appro-

1 priated $60,000,000 for each of fiscal years
2 2019 through 2023.''.

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

5 Section 311(h) of the Controlled Substances Act (21
6 U.S.C. 831(h)) is amended by striking paragraph (2) and
7 inserting the following:
8 ''(2) REGULATIONS.—
9 ''(A) IN GENERAL.—Not later than 1 year
10 after the date of enactment of the Opioid Crisis
11 Response Act of 2018, in consultation with the
12 Secretary, and in accordance with the procedure
13 described in subparagraph (B), the Attorney
14 General shall promulgate final regulations
15 specifying—
16 ''(i) the limited circumstances in
17 which a special registration under this sub-
18 section may be issued; and
19 ''(ii) the procedure for obtaining a
20 special registration under this subsection.
21 ''(B) PROCEDURE.—In promulgating final
22 regulations under subparagraph (A), the Attor-
23 ney General shall—

1 "(i) issue a notice of proposed rule-
2 making that includes a copy of the pro-
3 posed regulations;
4 "(ii) provide a period of not less than
5 60 days for comments on the proposed reg-
6 ulations;
7 "(iii) finalize the proposed regulation
8 not later than 6 months after the close of
9 the comment period; and
10 "(iv) publish the final regulations not
11 later than 30 days before the effective date
12 of the final regulations.".
13 **SEC. 1416. NATIONAL HEALTH SERVICE CORPS BEHAV-**
14 **IORAL AND MENTAL HEALTH PROFES-**
15 **SIONALS PROVIDING OBLIGATED SERVICE IN**
16 **SCHOOLS AND OTHER COMMUNITY-BASED**
17 **SETTINGS.**
18 Subpart III of part D of title III of the Public Health
19 Service Act (42 U.S.C. 254*l* et seq.) is amended by adding
20 at the end the following:

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

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

13 ''(b) OBLIGATED SERVICE.—

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

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

1 less than 50 percent of the total hours required to
2 complete such obligated service requirements.
3 ‘‘(c) RULE OF CONSTRUCTION.—The authorization
4 under subsection (a) shall be notwithstanding any other
5 provision of this subpart or subpart II.’’.

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

8 (a) LOAN REPAYMENT FOR SUBSTANCE USE TREAT-
9 MENT PROVIDERS.—The Secretary shall enter into con-
10 tracts under section 338B of the Public Health Service
11 Act (42 U.S.C. 254l–1) with eligible health professionals
12 providing substance use disorder treatment services in
13 substance use disorder treatment facilities, as defined by
14 the Secretary.
15 (b) PROVISION OF SUBSTANCE USE DISORDER
16 TREATMENT.—In carrying out the activities described in
17 subsection (a)—
18 (1) each such facility shall be located in or serv-
19 ing a mental health professional shortage area des-
20 ignated under section 332 of the Public Health Serv-
21 ice Act (42 U.S.C. 254e), or, as the Secretary deter-
22 mines appropriate, an area with an age-adjusted
23 rate of drug overdose deaths that is above the na-
24 tional overdose mortality rate;

1 (2) section 331(a)(3)(D) of such Act (42 U.S.C.
2 254d(a)(3)(D)) shall be applied as if the term ''pri-
3 mary health services'' includes health services re-
4 garding substance use disorder treatment and infec-
5 tions associated with illicit drug use;
6 (3) section 331(a)(3)(E)(i) of such Act (42
7 U.S.C. 254d(a)(3)(E)(i)) shall be applied as if the
8 term ''behavioral and mental health professionals''
9 includes master's level, licensed substance use dis-
10 order treatment counselors, and other relevant pro-
11 fessionals or paraprofessionals, as the Secretary de-
12 termines appropriate; and
13 (4) such professionals and facilities shall pro-
14 vide—
15 (A) directly, or through the use of tele-
16 health technology, and pursuant to Federal and
17 State law, counseling by a program counselor or
18 other certified professional who is licensed and
19 qualified by education, training, or experience
20 to assess the psychological and sociological
21 background of patients, to contribute to the ap-
22 propriate treatment plan for the patient, and to
23 monitor progress; and
24 (B) medication-assisted treatment, includ-
25 ing, to the extent practicable, all drugs ap-

1 proved by the Food and Drug Administration to
2 treat substance use disorders, pursuant to Fed-
3 eral and State law.
4 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
5 authorized to be appropriated to carry out this section
6 $25,000,000 for each of fiscal years 2019 through 2023.
7 **SEC. 1418. PROTECTING MOMS AND INFANTS.**
8 (a) REPORT.—
9 (1) IN GENERAL.—Not later than 60 days after
10 the date of enactment of this Act, the Secretary
11 shall submit to the appropriate committees of Con-
12 gress and make available to the public on the inter-
13 net website of the Department of Health and
14 Human Services a report regarding the implementa-
15 tion of the recommendations in the strategy relating
16 to prenatal opioid use, including neonatal abstinence
17 syndrome, developed pursuant to section 2 of the
18 Protecting Our Infants Act of 2015 (Public Law
19 114–91). Such report shall include—
20 (A) an update on the implementation of
21 the recommendations in the strategy, including
22 information regarding the agencies involved in
23 the implementation; and
24 (B) information on additional funding or
25 authority the Secretary requires, if any, to im-

1 plement the strategy, which may include au-
2 thorities needed to coordinate implementation
3 of such strategy across the Department of
4 Health and Human Services.
5 (2) PERIODIC UPDATES.—The Secretary shall
6 periodically update the report under paragraph (1).
7 (b) RESIDENTIAL TREATMENT PROGRAMS FOR
8 PREGNANT AND POSTPARTUM WOMEN.—Section 508(s)
9 of the Public Health Service Act (42 U.S.C. 290bb–1(s))
10 is amended by striking ''$16,900,000 for each of fiscal
11 years 2017 through 2021'' and inserting ''$29,931,000 for
12 each of fiscal years 2019 through 2023''.

13 **SEC. 1419. EARLY INTERVENTIONS FOR PREGNANT WOMEN**
14 **AND INFANTS.**

15 (a) DEVELOPMENT OF EDUCATIONAL MATERIALS BY
16 CENTER FOR SUBSTANCE ABUSE PREVENTION.—Section
17 515(b) of the Public Health Service Act (42 U.S.C.
18 290bb–21(b)) is amended—
19 (1) in paragraph (13), by striking ''and'' at the
20 end;
21 (2) in paragraph (14), by striking the period at
22 the end and inserting ''; and''; and
23 (3) by adding at the end the following:
24 ''(15) in cooperation with relevant stakeholders
25 and the Director of the Centers for Disease Control

1 and Prevention, develop educational materials for
2 clinicians to use with pregnant women for shared de-
3 cisionmaking regarding pain management during
4 pregnancy.''.
5 (b) GUIDELINES AND RECOMMENDATIONS BY CEN-
6 TER FOR SUBSTANCE ABUSE TREATMENT.—Section
7 507(b) of the Public Health Service Act (42 U.S.C.
8 290bb(b)) is amended—
9 (1) in paragraph (13), by striking ''and'' at the
10 end;
11 (2) in paragraph (14), by striking the period at
12 the end and inserting a semicolon; and
13 (3) by adding at the end the following:
14 ''(15) in cooperation with the Secretary, imple-
15 ment and disseminate, as appropriate, the rec-
16 ommendations in the report entitled 'Protecting Our
17 Infants Act: Final Strategy' issued by the Depart-
18 ment of Health and Human Services in 2017; and''.
19 (c) SUPPORT OF PARTNERSHIPS BY CENTER FOR
20 SUBSTANCE ABUSE TREATMENT.—Section 507(b) of the
21 Public Health Service Act (42 U.S.C. 290bb(b)), as
22 amended by subsection (b), is further amended by adding
23 at the end the following:
24 ''(16) in cooperation with relevant stakeholders,
25 support public-private partnerships to assist with

1 education about, and support with respect to, sub-
2 stance use disorder for pregnant women and health
3 care providers who treat pregnant women and ba-
4 bies.''.

5 **SEC. 1420. REPORT ON INVESTIGATIONS REGARDING PAR-**
6 **ITY IN MENTAL HEALTH AND SUBSTANCE**
7 **USE DISORDER BENEFITS.**

8 (a) IN GENERAL.—Section 13003 of the 21st Cen-
9 tury Cures Act (Public Law 114–255) is amended—
10 (1) in subsection (a), by striking ''with findings
11 of any serious violation regarding'' and inserting
12 ''concerning''; and
13 (2) in subsection (b)(1)—
14 (A) by inserting ''complaints received and
15 number of'' before ''closed''; and
16 (B) by inserting before the period '', and,
17 for each such investigation closed, which agency
18 conducted the investigation, whether the health
19 plan that is the subject of the investigation is
20 fully insured or not fully insured and a sum-
21 mary of any coordination between the applicable
22 State regulators and the Department of Labor,
23 the Department of Health and Human Services,
24 or the Department of the Treasury, and ref-
25 erences to any guidance provided by the agen-

1 cies addressing the category of violation com-
2 mitted''.
3 (b) APPLICABILITY.—The amendments made by sub-
4 section (a) shall apply with respect to the second annual
5 report required under such section 13003 and each such
6 annual report thereafter.

7 Subtitle E—Prevention

8 SEC. 1501. STUDY ON PRESCRIBING LIMITS.

9 Not later than 2 years after the date of enactment
10 of this Act, the Secretary, in consultation with the Attor-
11 ney General, shall submit to the Committee on Health,
12 Education, Labor, and Pensions of the Senate and the
13 Committee on Energy and Commerce of the House of
14 Representatives a report on the impact of Federal and
15 State laws and regulations that limit the length, quantity,
16 or dosage of opioid prescriptions. Such report shall ad-
17 dress—
18 (1) the impact of such limits on—
19 (A) the incidence and prevalence of over-
20 dose related to prescription opioids;
21 (B) the incidence and prevalence of over-
22 dose related to illicit opioids;
23 (C) the prevalence of opioid use disorders;
24 (D) medically appropriate use of, and ac-
25 cess to, opioids, including any impact on travel

1 expenses and pain management outcomes for
2 patients, whether such limits are associated
3 with significantly higher rates of negative
4 health outcomes, including suicide, and whether
5 the impact of such limits differs based on the
6 clinical indication for which opioids are pre-
7 scribed;
8 (2) whether such limits lead to a significant in-
9 crease in burden for prescribers of opioids or pre-
10 scribers of treatments for opioid use disorder, in-
11 cluding any impact on patient access to treatment,
12 and whether any such burden is mitigated by any
13 factors such as electronic prescribing or telemedi-
14 cine; and
15 (3) the impact of such limits on diversion or
16 misuse of any controlled substance in schedule II,
17 III, or IV of section 202(c) of the Controlled Sub-
18 stances Act (21 U.S.C. 812(c)).
19 **SEC. 1502. PROGRAMS FOR HEALTH CARE WORKFORCE.**
20 (a) PROGRAM FOR EDUCATION AND TRAINING IN
21 PAIN CARE.—Section 759 of the Public Health Service
22 Act (42 U.S.C. 294i) is amended—
23 (1) in subsection (a), by striking ‘‘hospices, and
24 other public and private entities’’ and inserting
25 ‘‘hospices, tribal health programs (as defined in sec-

1 tion 4 of the Indian Health Care Improvement Act),
2 and other public and nonprofit private entities'';
3 (2) in subsection (b)—
4 (A) in the matter preceding paragraph (1),
5 by striking ''award may be made under sub-
6 section (a) only if the applicant for the award
7 agrees that the program carried out with the
8 award will include'' and inserting ''entity receiv-
9 ing an award under this section shall develop a
10 comprehensive education and training plan that
11 includes'';
12 (B) in paragraph (1)—
13 (i) by inserting ''preventing,'' after
14 ''diagnosing,''; and
15 (ii) by inserting ''non-addictive med-
16 ical products and non-pharmacologic treat-
17 ments and'' after ''including'';
18 (C) in paragraph (2)—
19 (i) by inserting ''Federal, State, and
20 local'' after ''applicable''; and
21 (ii) by striking ''the degree to which''
22 and all that follows through ''effective pain
23 care'' and inserting ''opioids'';
24 (D) in paragraph (3), by inserting '', inte-
25 grated, evidence-based pain management, and,

1 as appropriate, non-pharmacotherapy'' before
2 the semicolon;
3 (E) in paragraph (4), by striking ''; and''
4 and inserting '';''; and
5 (F) by striking paragraph (5) and insert-
6 ing the following:
7 ''(5) recent findings, developments, and ad-
8 vancements in pain care research and the provision
9 of pain care, which may include non-addictive med-
10 ical products and non-pharmacologic treatments in-
11 tended to treat pain; and
12 ''(6) the dangers of opioid abuse and misuse,
13 detection of early warning signs of opioid use dis-
14 orders (which may include best practices related to
15 screening for opioid use disorders, training on
16 screening, brief intervention, and referral to treat-
17 ment), and safe disposal options for prescription
18 medications (including such options provided by law
19 enforcement or other innovative deactivation mecha-
20 nisms).'';
21 (3) in subsection (d), by inserting ''prevention,''
22 after ''diagnosis,''; and
23 (4) in subsection (e), by striking ''2010 through
24 2012'' and inserting ''2019 through 2023''.

1 (b) MENTAL AND BEHAVIORAL HEALTH EDUCATION
2 AND TRAINING PROGRAM.—Section 756(a) of the Public
3 Health Service Act (42 U.S.C. 294e–1(a)) is amended—
4 (1) in paragraph (1), by inserting ", trauma,"
5 after "focus on child and adolescent mental health";
6 and
7 (2) in paragraphs (2) and (3), by inserting
8 "trauma-informed care and" before "substance use
9 disorder prevention and treatment services".
10 **SEC. 1503. EDUCATION AND AWARENESS CAMPAIGNS.**
11 Section 102 of the Comprehensive Addiction and Re-
12 covery Act of 2016 (Public Law 114–198) is amended—
13 (1) by amending subsection (a) to read as fol-
14 lows:
15 "(a) IN GENERAL.—The Secretary of Health and
16 Human Services, acting through the Director of the Cen-
17 ters for Disease Control and Prevention and in coordina-
18 tion with the heads of other departments and agencies,
19 shall advance education and awareness regarding the risks
20 related to misuse and abuse of opioids, as appropriate,
21 which may include developing or improving existing pro-
22 grams, conducting activities, and awarding grants that ad-
23 vance the education and awareness of—
24 "(1) the public, including patients and con-
25 sumers;

1 "(2) patients, consumers, and other appropriate
2 members of the public, regarding such risks related
3 to unused opioids and the dispensing options under
4 section 309(f) of the Controlled Substances Act, as
5 applicable;
6 "(3) providers, which may include—
7 "(A) providing for continuing education on
8 appropriate prescribing practices;
9 "(B) education related to applicable State
10 or local prescriber limit laws, information on
11 the use of non-addictive alternatives for pain
12 management, and the use of overdose reversal
13 drugs, as appropriate;
14 "(C) disseminating and improving the use
15 of evidence-based opioid prescribing guidelines
16 across relevant health care settings, as appro-
17 priate, and updating guidelines as necessary;
18 "(D) implementing strategies, such as best
19 practices, to encourage and facilitate the use of
20 prescriber guidelines, in accordance with State
21 and local law;
22 "(E) disseminating information to pro-
23 viders about prescribing options for controlled
24 substances, including such options under sec-

1 tion 309(f) of the Controlled Substances Act, as
2 applicable; and
3 ''(F) disseminating information, as appro-
4 priate, on the National Pain Strategy developed
5 by or in consultation with the Assistant Sec-
6 retary for Health; and
7 ''(4) other appropriate entities.''; and
8 (2) in subsection (b)—
9 (A) by striking ''opioid abuse'' each place
10 such term appears and inserting ''opioid misuse
11 and abuse''; and
12 (B) in paragraph (2), by striking ''safe dis-
13 posal of prescription medications and other''
14 and inserting ''non-addictive treatment options,
15 safe disposal options for prescription medica-
16 tions, and other applicable''.
17 **SEC. 1504. ENHANCED CONTROLLED SUBSTANCE**
18 **OVERDOSES DATA COLLECTION, ANALYSIS,**
19 **AND DISSEMINATION.**
20 Part J of title III of the Public Health Service Act
21 is amended by inserting after section 392 (42 U.S.C.
22 280b–1) the following:

"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 dissemination 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 infor-

1 mation on such overdoses from appropriate sources
2 such as toxicology reports, autopsy reports, death
3 scene investigations, and emergency department
4 services.
5 "(3) Modernizing the system for coding causes
6 of death related to controlled substance overdoses to
7 use an electronic-based system.
8 "(4) Using data to help identify risk factors as-
9 sociated with controlled substance overdoses, includ-
10 ing the delivery of certain health care services.
11 "(5) Supporting entities involved in reporting
12 information on controlled substance overdoses, such
13 as coroners and medical examiners, to improve accu-
14 rate testing and standardized reporting of causes
15 and contributing factors of such overdoses, and anal-
16 ysis of various opioid analogues to controlled sub-
17 stance overdoses.
18 "(6) Working to enable and encourage the ac-
19 cess, exchange, and use of data regarding controlled
20 substances overdoses among data sources and enti-
21 ties.
22 "(c) DEFINITIONS.—In this section—
23 "(1) the term 'controlled substance' has the
24 meaning given that term in section 102 of the Con-
25 trolled Substances Act; and

1 ''(2) the term 'Indian Tribe' has the meaning
2 given the term 'Indian tribe' in section 4 of the In-
3 dian Self-Determination and Education Assistance
4 Act.''.

5 **SEC. 1505. PREVENTING OVERDOSES OF CONTROLLED SUB-**
6 **STANCES.**

7 Part J of title III of the Public Health Service Act
8 (42 U.S.C. 280b et seq.), as amended by section 504, is
9 further amended by inserting after section 392A the fol-
10 lowing:

11 **''SEC. 392B. PREVENTING OVERDOSES OF CONTROLLED**
12 **SUBSTANCES.**

13 ''(a) PREVENTION ACTIVITIES.—
14 ''(1) IN GENERAL.—The Director of the Cen-
15 ters for Disease Control and Prevention (referred to
16 in this section as the 'Director'), using the authority
17 provided to the Director under section 392, may—
18 ''(A) to the extent practicable, carry out
19 and expand any prevention activity described in
20 paragraph (2);
21 ''(B) provide training and technical assist-
22 ance to States, localities, and Indian Tribes to
23 carry out any such activity; and

1 "(C) award grants to States, localities, and
2 Indian Tribes for the purpose of carrying out
3 any such activity.
4 "(2) PREVENTION ACTIVITIES.—A prevention
5 activity described in this paragraph is an activity to
6 improve the efficiency and use of a new or currently
7 operating prescription drug monitoring program,
8 such as—
9 "(A) encouraging all authorized users (as
10 specified by the State or other entity) to reg-
11 ister with and use the program;
12 "(B) enabling such users to access any
13 data updates in as close to real-time as prac-
14 ticable;
15 "(C) providing for a mechanism for the
16 program to notify authorized users of any po-
17 tential misuse or abuse of controlled substances
18 and any detection of inappropriate prescribing
19 or dispensing practices relating to such sub-
20 stances;
21 "(D) encouraging the analysis of prescrip-
22 tion drug monitoring data for purposes of pro-
23 viding de-identified, aggregate reports based on
24 such analysis to State public health agencies,
25 State alcohol and drug agencies, State licensing

1 boards, and other appropriate State agencies,
2 as permitted under applicable Federal and
3 State law and the policies of the prescription
4 drug monitoring program and not containing
5 any protected health information, to prevent in-
6 appropriate prescribing, drug diversion, or
7 abuse and misuse of controlled substances, and
8 to facilitate better coordination among agencies;
9 ‘‘(E) enhancing interoperability between
10 the program and any health information tech-
11 nology (including certified health information
12 technology), including by integrating program
13 data into such technology;
14 ‘‘(F) updating program capabilities to re-
15 spond to technological innovation for purposes
16 of appropriately addressing the occurrence and
17 evolution of controlled substance overdoses;
18 ‘‘(G) developing or enhancing data ex-
19 change with other sources such as the Medicaid
20 agency, the Medicare program, pharmacy ben-
21 efit managers, coroners’ reports, and workers’
22 compensation data;
23 ‘‘(H) facilitating and encouraging data ex-
24 change between the program and the prescrip-
25 tion drug monitoring programs of other States;

1 "(I) enhancing data collection and quality,
2 including improving patient matching and
3 proactively monitoring data quality; and
4 "(J) providing prescriber and dispenser
5 practice tools, including prescriber practice in-
6 sight reports for practitioners to review their
7 prescribing patterns in comparison to such pat-
8 ters of other practitioners in the specialty.
9 "(b) ADDITIONAL GRANTS.—The Director may
10 award grants to States, localities, and Indian Tribes—
11 "(1) to carry out innovative projects for grant-
12 ees to rapidly respond to controlled substance mis-
13 use, abuse, and overdoses, including changes in pat-
14 terns of controlled substance use; and
15 "(2) for any other evidence-based activity for
16 preventing controlled substance misuse, abuse, and
17 overdoses as the Director determines appropriate.
18 "(c) RESEARCH.—The Director, in coordination with
19 the Assistant Secretary for Mental Health and Substance
20 Use and the National Mental Health and Substance Use
21 Policy Laboratory established under section 501A, as ap-
22 propriate and applicable, may conduct studies and evalua-
23 tions to address substance use disorders, including pre-
24 venting substance use disorders or other related topics the
25 Director determines appropriate.

1 "(d) PUBLIC AND PRESCRIBER EDUCATION.—Pursu-
2 ant to section 102 of the Comprehensive Addiction and
3 Recovery Act of 2016, the Director may advance the edu-
4 cation and awareness of prescribers and the public regard-
5 ing the risk of abuse and misuse of prescription opioids.
6 "(e) DEFINITIONS.—In this section—
7 "(1) the term 'controlled substance' has the
8 meaning given that term in section 102 of the Con-
9 trolled Substances Act; and
10 "(2) the term 'Indian Tribe' has the meaning
11 given the term 'Indian tribe' in section 4 of the In-
12 dian Self-Determination and Education Assistance
13 Act.
14 "(f) AUTHORIZATION OF APPROPRIATIONS.—For
15 purposes of carrying out this section, section 392A of this
16 Act, and section 102 of the Comprehensive Addiction and
17 Recovery Act of 2016, there is authorized to be appro-
18 priated $486,000,000 for each of fiscal years 2019
19 through 2024.".

20 **SEC. 1506. CDC SURVEILLANCE AND DATA COLLECTION**
21 **FOR CHILD, YOUTH, AND ADULT TRAUMA.**

22 (a) DATA COLLECTION.—The Director of the Centers
23 for Disease Control and Prevention (referred to in this
24 section as the "Director") may, in cooperation with the
25 States, collect and report data on adverse childhood expe-

1 riences through the Behavioral Risk Factor Surveillance
2 System, the Youth Risk Behavior Surveillance System,
3 and other relevant public health surveys or questionnaires.
4 (b) TIMING.—The collection of data under subsection
5 (a) may occur in fiscal year 2019 and every 2 years there-
6 after.
7 (c) DATA FROM RURAL AREAS.—The Director shall
8 encourage each State that participates in collecting and
9 reporting data under subsection (a) to collect and report
10 data from tribal and rural areas within such State, in
11 order to generate a statistically reliable representation of
12 such areas.
13 (d) DATA FROM TRIBAL AREAS.—The Director may,
14 in cooperation with Indian Tribes and pursuant to a writ-
15 ten request from an Indian Tribe, provide technical assist-
16 ance to such Indian Tribe to collect and report data on
17 adverse childhood experiences through the Behavioral Risk
18 Factor Surveillance System, the Youth Risk Behavior Sur-
19 veillance System, or another relevant public health survey
20 or questionnaire.
21 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
22 out this section, there is authorized to be appropriated
23 such sums as may be necessary for the period of fiscal
24 years 2019 through 2021.

1 **SEC. 1507. REAUTHORIZATION OF NASPER.**

2 Section 399O of the Public Health Service Act (42
3 U.S.C. 280g–3) is amended—

4 (1) in subsection (a)—

5 (A) in paragraph (1), in the matter pre-
6 ceding subparagraph (A), by striking ''in con-
7 sultation with the Administrator of the Sub-
8 stance Abuse and Mental Health Services Ad-
9 ministration and Director of the Centers for
10 Disease Control and Prevention'' and inserting
11 ''in coordination with the Director of the Cen-
12 ters for Disease Control and the heads of other
13 departments and agencies as appropriate''; and

14 (B) by adding at the end the following:

15 ''(4) STATES AND LOCAL GOVERNMENTS.—

16 ''(A) IN GENERAL.—In the case of a State
17 that does not have a prescription drug moni-
18 toring program, a county or other unit of local
19 government within the State that has a pre-
20 scription drug monitoring program shall be
21 treated as a State for purposes of this section,
22 including for purposes of eligibility for grants
23 under paragraph (1).

24 ''(B) PLAN FOR INTEROPERABILITY.—For
25 purposes of meeting the interoperability re-
26 quirements under subsection (c)(3), a county or

1 other unit of local government shall submit a
2 plan outlining the methods such county or unit
3 of local government will use to ensure the capa-
4 bility of data sharing with other counties and
5 units of local government within the State and
6 with other States, as applicable.'';
7 (2) in subsection (c)—
8 (A) in paragraph (1)(A)(iii)—
9 (i) by inserting ''as such standards
10 become available,'' after ''interoperability
11 standards,''; and
12 (ii) by striking ''generated or identi-
13 fied by the Secretary or his or her des-
14 ignee'' and inserting ''recognized by the
15 Office of the National Coordinator for
16 Health Information Technology''; and
17 (B) in paragraph (3)(A), by inserting ''in-
18 cluding electronic health records,'' after ''tech-
19 nology systems,'';
20 (3) in subsection (d)(1), by striking ''not later
21 than 1 week after the date of such dispensing'' and
22 inserting ''in as close to real time as practicable'';
23 (4) in subsection (f)—
24 (A) in paragraph (1)(D), by striking ''med-
25 icaid'' and inserting ''Medicaid''; and

1 (B) in paragraph (2)—
2 (i) in subparagraph (A), by striking
3 ‘‘and’’ at the end;
4 (ii) in subparagraph (B), by striking
5 the period and inserting a semicolon; and
6 (iii) by adding at the end the fol-
7 lowing:
8 ‘‘(C) may conduct analyses of controlled
9 substance program data for purposes of pro-
10 viding appropriate State agencies with aggre-
11 gate reports based on such analyses in as close
12 to real-time as practicable, regarding prescrip-
13 tion patterns flagged as potentially presenting a
14 risk of misuse, abuse, addiction, overdose, and
15 other aggregate information, as appropriate and
16 in compliance with applicable Federal and State
17 laws and provided that such reports shall not
18 include protected health information; and
19 ‘‘(D) may access information about pre-
20 scriptions, such as claims data, to ensure that
21 such prescribing and dispensing history is up-
22 dated in as close to real-time as practicable, in
23 compliance with applicable Federal and State
24 laws and provided that such information shall
25 not include protected health information.’’;

1 (5) in subsection (i), by inserting '', in collabo-
2 ration with the National Coordinator for Health In-
3 formation Technology and the Director of the Na-
4 tional Institute of Standards and Technology,'' after
5 ''The Secretary''; and
6 (6) in subsection (n), by striking ''2021'' and
7 inserting ''2026''.
8 **SEC. 1508. JESSIE'S LAW.**
9 (a) BEST PRACTICES.—
10 (1) IN GENERAL.—Not later than 1 year after
11 the date of enactment of this Act, the Secretary, in
12 consultation with appropriate stakeholders, including
13 a patient with a history of opioid use disorder, an
14 expert in electronic health records, an expert in the
15 confidentiality of patient health information and
16 records, and a health care provider, shall identify or
17 facilitate the development of best practices regard-
18 ing—
19 (A) the circumstances under which infor-
20 mation that a patient has provided to a health
21 care provider regarding such patient's history of
22 opioid use disorder should, only at the patient's
23 request, be prominently displayed in the med-
24 ical records (including electronic health records)
25 of such patient;

1 (B) what constitutes the patient's request
2 for the purpose described in subparagraph (A);
3 and
4 (C) the process and methods by which the
5 information should be so displayed.
6 (2) DISSEMINATION.—The Secretary shall dis-
7 seminate the best practices developed under para-
8 graph (1) to health care providers and State agen-
9 cies.
10 (b) REQUIREMENTS.—In identifying or facilitating
11 the development of best practices under subsection (a), as
12 applicable, the Secretary, in consultation with appropriate
13 stakeholders, shall consider the following:
14 (1) The potential for addiction relapse or over-
15 dose, including overdose death, when opioid medica-
16 tions are prescribed to a patient recovering from
17 opioid use disorder.
18 (2) The benefits of displaying information
19 about a patient's opioid use disorder history in a
20 manner similar to other potentially lethal medical
21 concerns, including drug allergies and contraindica-
22 tions.
23 (3) The importance of prominently displaying
24 information about a patient's opioid use disorder
25 when a physician or medical professional is pre-

1 scribing medication, including methods for avoiding
2 alert fatigue in providers.
3 (4) The importance of a variety of appropriate
4 medical professionals, including physicians, nurses,
5 and pharmacists, having access to information de-
6 scribed in this section when prescribing or dis-
7 pensing opioid medication, consistent with Federal
8 and State laws and regulations.
9 (5) The importance of protecting patient pri-
10 vacy, including the requirements related to consent
11 for disclosure of substance use disorder information
12 under all applicable laws and regulations.
13 (6) All applicable Federal and State laws and
14 regulations.

15 **SEC. 1509. DEVELOPMENT AND DISSEMINATION OF MODEL**
16 **TRAINING PROGRAMS FOR SUBSTANCE USE**
17 **DISORDER PATIENT RECORDS.**

18 (a) INITIAL PROGRAMS AND MATERIALS.—Not later
19 than 1 year after the date of the enactment of this Act,
20 the Secretary, in consultation with appropriate experts,
21 shall identify the following model programs and materials
22 (or if no such programs or materials exist, recognize pri-
23 vate or public entities to develop and disseminate such
24 programs and materials):

1 (1) Model programs and materials for training
2 health care providers (including physicians, emer-
3 gency medical personnel, psychiatrists, psychologists,
4 counselors, therapists, nurse practitioners, physician
5 assistants, behavioral health facilities and clinics,
6 care managers, and hospitals, including individuals
7 such as general counsels or regulatory compliance
8 staff who are responsible for establishing provider
9 privacy policies) concerning the permitted uses and
10 disclosures, consistent with the standards and regu-
11 lations governing the privacy and security of sub-
12 stance use disorder patient records promulgated by
13 the Secretary under section 543 of the Public
14 Health Service Act (42 U.S.C. 290dd–2) for the
15 confidentiality of patient records.
16 (2) Model programs and materials for training
17 patients and their families regarding their rights to
18 protect and obtain information under the standards
19 and regulations described in paragraph (1).
20 (b) REQUIREMENTS.—The model programs and ma-
21 terials described in paragraphs (1) and (2) of subsection
22 (a) shall address circumstances under which disclosure of
23 substance use disorder patient records is needed to—
24 (1) facilitate communication between substance
25 use disorder treatment providers and other health

1 care providers to promote and provide the best pos-
2 sible integrated care;
3 (2) avoid inappropriate prescribing that can
4 lead to dangerous drug interactions, overdose, or re-
5 lapse; and
6 (3) notify and involve families and caregivers
7 when individuals experience an overdose.
8 (c) PERIODIC UPDATES.—The Secretary shall—
9 (1) periodically review and update the model
10 program and materials identified or developed under
11 subsection (a); and
12 (2) disseminate such updated programs and
13 materials to the individuals described in subsection
14 (a)(1).
15 (d) INPUT OF CERTAIN ENTITIES.—In identifying,
16 reviewing, or updating the model programs and materials
17 under this section, the Secretary shall solicit the input of
18 relevant stakeholders.
19 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to carry out this section,
21 such sums as may be necessary for each of fiscal years
22 2019 through 2023.

1 **SEC. 1510. COMMUNICATION WITH FAMILIES DURING**
2 **EMERGENCIES.**
3 (a) PROMOTING AWARENESS OF AUTHORIZED DIS-
4 CLOSURES DURING EMERGENCIES.—The Secretary shall
5 annually notify health care providers regarding permitted
6 disclosures during emergencies, including overdoses, of
7 certain health information to families and caregivers
8 under Federal health care privacy laws and regulations.
9 (b) USE OF MATERIAL.—For the purposes of car-
10 rying out subsection (a), the Secretary may use material
11 produced under section 1509 of this Act or under section
12 11004 of the 21st Century Cures Act (42 U.S.C. 1320d–
13 2 note).
14 **SEC. 1511. PRENATAL AND POSTNATAL HEALTH.**
15 Section 317L of the Public Health Service Act (42
16 U.S.C. 247b–13) is amended—
17 (1) in subsection (a)—
18 (A) by amending paragraph (1) to read as
19 follows:
20 ''(1) to collect, analyze, and make available data
21 on prenatal smoking and alcohol and substance
22 abuse and misuse, including—
23 ''(A) data on—
24 ''(i) the incidence, prevalence, and im-
25 plications of such activities; and

1 "(ii) the incidence and prevalence of
2 implications and outcomes, including neo-
3 natal abstinence syndrome and other ma-
4 ternal and child health outcomes associated
5 with such activities; and
6 "(B) to inform such analysis, additional in-
7 formation or data on family health history,
8 medication exposures during pregnancy, demo-
9 graphic information, such as race, ethnicity, ge-
10 ographic location, and family history, and other
11 relevant information, as appropriate;";
12 (B) in paragraph (2)—
13 (i) by striking "prevention of" and in-
14 serting "prevention and long-term out-
15 comes associated with"; and
16 (ii) by striking "illegal drug use" and
17 inserting "substance abuse and misuse";
18 (C) in paragraph (3), by striking "and ces-
19 sation programs; and" and inserting ", treat-
20 ment, and cessation programs;";
21 (D) in paragraph (4), by striking "illegal
22 drug use." and inserting "substance abuse and
23 misuse; and"; and
24 (E) by adding at the end the following:

1 ‘‘(5) to issue public reports on the analysis of
2 data described in paragraph (1), including analysis
3 of—
4 ‘‘(A) long-term outcomes of children af-
5 fected by neonatal abstinence syndrome;
6 ‘‘(B) health outcomes associated with pre-
7 natal smoking, alcohol, and substance abuse
8 and misuse; and
9 ‘‘(C) relevant studies, evaluations, or infor-
10 mation the Secretary determines to be appro-
11 priate.’’;
12 (2) in subsection (b), by inserting ‘‘tribal enti-
13 ties,’’ after ‘‘local governments,’’;
14 (3) by redesignating subsection (c) as sub-
15 section (d);
16 (4) by inserting after subsection (b) the fol-
17 lowing:
18 ‘‘(c) COORDINATING ACTIVITIES.—To carry out this
19 section, the Secretary may—
20 ‘‘(1) provide technical and consultative assist-
21 ance to entities receiving grants under subsection
22 (b);
23 ‘‘(2) ensure a pathway for data sharing between
24 States, tribal entities, and the Centers for Disease
25 Control and Prevention;

1 "(3) ensure data collection under this section is
2 consistent with applicable State, Federal, and Tribal
3 privacy laws; and
4 "(4) coordinate with the National Coordinator
5 for Health Information Technology, as appropriate,
6 to assist States and Tribes in implementing systems
7 that use standards recognized by such National Co-
8 ordinator, as such recognized standards are avail-
9 able, in order to facilitate interoperability between
10 such systems and health information technology sys-
11 tems, including certified health information tech-
12 nology."; and
13 (5) in subsection (d), as so redesignated, by
14 striking "2001 through 2005" and inserting "2019
15 through 2023".

16 **SEC. 1512. SURVEILLANCE AND EDUCATION REGARDING**
17 **INFECTIONS ASSOCIATED WITH ILLICIT**
18 **DRUG USE AND OTHER RISK FACTORS.**

19 Section 317N of the Public Health Service Act (42
20 U.S.C. 247b–15) is amended—
21 (1) by amending the section heading to read as
22 follows: "**SURVEILLANCE AND EDUCATION RE-**
23 **GARDING INFECTIONS ASSOCIATED WITH IL-**
24 **LICIT DRUG USE AND OTHER RISK FACTORS**";
25 (2) in subsection (a)—

1 (A) in the matter preceding paragraph (1),
2 by inserting ''activities'' before the colon;
3 (B) in paragraph (1)—
4 (i) by inserting ''or maintaining'' after
5 ''implementing'';
6 (ii) by striking ''hepatitis C virus in-
7 fection (in this section referred to as 'HCV
8 infection')'' and inserting ''infections com-
9 monly associated with illicit drug use,
10 which may include viral hepatitis, human
11 immunodeficiency virus, and infective en-
12 docarditis,''; and
13 (iii) by striking ''such infection'' and
14 all that follows through the period at the
15 end and inserting ''such infections, which
16 may include the reporting of cases of such
17 infections.'';
18 (C) in paragraph (2), by striking ''HCV
19 infection'' and all that follows through the pe-
20 riod at the end and inserting ''infections as a
21 result of illicit drug use, receiving blood trans-
22 fusions prior to July 1992, or other risk fac-
23 tors.'';
24 (D) in paragraphs (4) and (5), by striking
25 ''HCV infection'' each place such term appears

1 and inserting ''infections described in para-
2 graph (1)''; and
3 (E) in paragraph (5), by striking ''pedia-
4 tricians and other primary care physicians, and
5 obstetricians and gynecologists'' and inserting
6 ''substance use disorder treatment providers,
7 pediatricians, other primary care providers, and
8 obstetrician-gynecologists'';
9 (3) in subsection (b)—
10 (A) by striking ''directly and'' and insert-
11 ing ''directly or''; and
12 (B) by striking ''hepatitis C,'' and all that
13 follows through the period at the end and in-
14 serting ''infections described in subsection
15 (a)(1).''; and
16 (4) in subsection (c), by striking ''such sums as
17 may be necessary for each of the fiscal years 2001
18 through 2005'' and inserting ''$40,000,000 for each
19 of fiscal years 2019 through 2023''.
20 **SEC. 1513. TASK FORCE TO DEVELOP BEST PRACTICES FOR**
21 **TRAUMA-INFORMED IDENTIFICATION, RE-**
22 **FERRAL, AND SUPPORT.**
23 (a) ESTABLISHMENT.—There is established a task
24 force, to be known as the Interagency Task Force on
25 Trauma-Informed Care (in this section referred to as the

1 "task force") that shall identify, evaluate, and make rec-
2 ommendations regarding best practices with respect to
3 children and youth, and their families as appropriate, who
4 have experienced or are at risk of experiencing trauma.
5 (b) MEMBERSHIP.—
6 (1) COMPOSITION.—The task force shall be
7 composed of the heads of the following Federal de-
8 partments and agencies, or their designees:
9 (A) The Centers for Medicare & Medicaid
10 Services.
11 (B) The Substance Abuse and Mental
12 Health Services Administration.
13 (C) The Agency for Healthcare Research
14 and Quality.
15 (D) The Centers for Disease Control and
16 Prevention.
17 (E) The Indian Health Service.
18 (F) The Department of Veterans Affairs.
19 (G) The National Institutes of Health.
20 (H) The Food and Drug Administration.
21 (I) The Health Resources and Services Ad-
22 ministration.
23 (J) The Department of Defense.
24 (K) The Office of Minority Health.

1 (L) The Administration for Children and
2 Families.
3 (M) The Office of the Assistant Secretary
4 for Planning and Evaluation.
5 (N) The Office for Civil Rights of the De-
6 partment of Health and Human Services.
7 (O) The Office of Juvenile Justice and De-
8 linquency Prevention of the Department of Jus-
9 tice.
10 (P) The Office of Community Oriented Po-
11 licing Services of the Department of Justice.
12 (Q) The Office on Violence Against
13 Women of the Department of Justice.
14 (R) The National Center for Education
15 Evaluation and Regional Assistance of the De-
16 partment of Education.
17 (S) The National Center for Special Edu-
18 cation Research of the Institute of Education
19 Science.
20 (T) The Office of Elementary and Sec-
21 ondary Education of the Department of Edu-
22 cation.
23 (U) The Office for Civil Rights of the De-
24 partment of Education.

1 (V) The Office of Special Education and
2 Rehabilitative Services of the Department of
3 Education.
4 (W) The Bureau of Indian Affairs of the
5 Department of the Interior.
6 (X) The Veterans Health Administration
7 of the Department of Veterans Affairs.
8 (Y) The Office of Special Needs Assistance
9 Programs of the Department of Housing and
10 Urban Development.
11 (Z) The Office of Head Start of the Ad-
12 ministration for Children and Families.
13 (AA) The Children's Bureau of the Admin-
14 istration for Children and Families.
15 (BB) The Bureau of Indian Education of
16 the Department of the Interior.
17 (CC) Such other Federal agencies as the
18 Secretaries determine to be appropriate.
19 (2) DATE OF APPOINTMENTS.—The heads of
20 Federal departments and agencies shall appoint the
21 corresponding members of the task force not later
22 than 6 months after the date of enactment of this
23 Act.

1 (3) CHAIRPERSON.—The task force shall be
2 chaired by the Assistant Secretary for Mental
3 Health and Substance Use.
4 (c) TASK FORCE DUTIES.—The task force shall—
5 (1) solicit input from stakeholders, including
6 frontline service providers, educators, mental health
7 professionals, researchers, experts in infant, child,
8 and youth trauma, child welfare professionals, and
9 the public, in order to inform the activities under
10 paragraph (2); and
11 (2) identify, evaluate, make recommendations,
12 and update such recommendations not less than an-
13 nually, to the general public, the Secretary of Edu-
14 cation, the Secretary of Health and Human Services,
15 the Secretary of Labor, the Secretary of the Inte-
16 rior, the Attorney General, and other relevant cabi-
17 net Secretaries, and Congress regarding—
18 (A) a set of evidence-based, evidence-in-
19 formed, and promising best practices with re-
20 spect to—
21 (i) the identification of infants, chil-
22 dren and youth, and their families as ap-
23 propriate, who have experienced or are at
24 risk of experiencing trauma; and

1 (ii) the expeditious referral to and im-
2 plementation of trauma-informed practices
3 and supports that prevent and mitigate the
4 effects of trauma;
5 (B) a national strategy on how the task
6 force and member agencies will collaborate,
7 prioritize options for, and implement a coordi-
8 nated approach which may include data sharing
9 and the awarding of grants that support in-
10 fants, children, and youth, and their families as
11 appropriate, who have experienced or are at
12 risk of experiencing trauma; and
13 (C) existing Federal authorities at the De-
14 partment of Education, Department of Health
15 and Human Services, Department of Justice,
16 Department of Labor, Department of the Inte-
17 rior, and other relevant agencies, and specific
18 Federal grant programs to disseminate best
19 practices on, provide training in, or deliver serv-
20 ices through, trauma-informed practices, and
21 disseminate such information—
22 (i) in writing to relevant program of-
23 fices at such agencies to encourage grant
24 applicants in writing to use such funds,

1 where appropriate, for trauma-informed
2 practices; and
3 (ii) to the general public through the
4 internet website of the task force.
5 (d) BEST PRACTICES.—In identifying, evaluating,
6 and recommending the set of best practices under sub-
7 section (c), the task force shall—
8 (1) include guidelines for providing professional
9 development for front-line services providers, includ-
10 ing school personnel, early childhood education pro-
11 gram providers, providers from child- or youth-serv-
12 ing organizations, housing and homeless providers,
13 primary and behavioral health care providers, child
14 welfare and social services providers, juvenile and
15 family court personnel, health care providers, indi-
16 viduals who are mandatory reporters of child abuse
17 or neglect, trained nonclinical providers (including
18 peer mentors and clergy), and first responders, in—
19 (A) understanding and identifying early
20 signs and risk factors of trauma in infants,
21 children, and youth, and their families as ap-
22 propriate, including through screening proc-
23 esses;
24 (B) providing practices to prevent and
25 mitigate the impact of trauma, including by fos-

1 tering safe and stable environments and rela-
2 tionships; and
3 (C) developing and implementing policies,
4 procedures, or systems that—
5 (i) are designed to quickly refer in-
6 fants, children, youth, and their families as
7 appropriate, who have experienced or are
8 at risk of experiencing trauma to the ap-
9 propriate trauma-informed screening and
10 support, including age-appropriate treat-
11 ment, and to ensure such infants, children,
12 youth, and family members receive such
13 support;
14 (ii) utilize and develop partnerships
15 with early childhood education programs,
16 local social services organizations, such as
17 organizations serving youth, and clinical
18 mental health or health care service pro-
19 viders with expertise in providing support
20 services (including age-appropriate trauma-
21 informed and evidence-based treatment)
22 aimed at preventing or mitigating the ef-
23 fects of trauma;
24 (iii) educate children and youth to—

1 (I) understand and identify the
2 signs, effects, or symptoms of trauma;
3 and
4 (II) build the resilience and cop-
5 ing skills to mitigate the effects of ex-
6 periencing trauma;
7 (iv) promote and support multi-
8 generational practices that assist parents,
9 foster parents, and kinship and other care-
10 givers in accessing resources related to,
11 and developing environments conducive to,
12 the prevention and mitigation of trauma;
13 and
14 (v) collect and utilize data from
15 screenings, referrals, or the provision of
16 services and supports to evaluate and im-
17 prove processes for trauma-informed sup-
18 port and outcomes that are culturally sen-
19 sitive, linguistically appropriate, and spe-
20 cific to age ranges and sex, as applicable;
21 and
22 (2) recommend best practices that are designed
23 to avoid unwarranted custody loss or criminal pen-
24 alties for parents or guardians in connection with in-

1 fants, children, and youth who have experienced or
2 are at risk of experiencing trauma.
3 (e) OPERATING PLAN.—Not later than 1 year after
4 the date of enactment of this Act, the task force shall hold
5 the first meeting. Not later than 2 years after such date
6 of enactment, the task force shall submit to the Secretary
7 of Education, Secretary of Health and Human Services,
8 Secretary of Labor, Secretary of the Interior, the Attorney
9 General, and Congress an operating plan for carrying out
10 the activities of the task force described in subsection
11 (c)(2). Such operating plan shall include—
12 (1) a list of specific activities that the task
13 force plans to carry out for purposes of carrying out
14 duties described in subsection (c)(2), which may in-
15 clude public engagement;
16 (2) a plan for carrying out the activities under
17 subsection (c)(2);
18 (3) a list of members of the task force and
19 other individuals who are not members of the task
20 force that may be consulted to carry out such activi-
21 ties;
22 (4) an explanation of Federal agency involve-
23 ment and coordination needed to carry out such ac-
24 tivities, including any statutory or regulatory bar-
25 riers to such coordination;

1 (5) a budget for carrying out such activities;
2 and
3 (6) other information that the task force deter-
4 mines appropriate.
5 (f) FINAL REPORT.—Not later than 3 years after the
6 date of the first meeting of the task force, the task force
7 shall submit to the general public, Secretary of Education,
8 Secretary of Health and Human Services, Secretary of
9 Labor, Secretary of the Interior, the Attorney General,
10 and other relevant cabinet Secretaries, and Congress, a
11 final report containing all of the findings and rec-
12 ommendations required under this section.
13 (g) DEFINITION.—In this section, the term ''early
14 childhood education program'' has the meaning given such
15 term in section 103 of the Higher Education Act of 1965
16 (20 U.S.C. 1003).
17 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry
18 out this section, there is authorized to be appropriated
19 such sums as may be necessary for each of fiscal years
20 2019 through 2022.
21 (i) SUNSET.—The task force shall on the date that
22 is 60 days after the submission of the final report under
23 subsection (f), but not later than September 30, 2022.

1 **SEC. 1514. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**
2 **ICES AND MENTAL HEALTH CARE FOR CHIL-**
3 **DREN AND YOUTH IN EDUCATIONAL SET-**
4 **TINGS.**

5 (a) GRANTS, CONTRACTS, AND COOPERATIVE
6 AGREEMENTS AUTHORIZED.—The Secretary, in coordina-
7 tion with the Assistant Secretary for Mental Health and
8 Substance Use, is authorized to award grants to, or enter
9 into contracts or cooperative agreements with, State edu-
10 cational agencies, local educational agencies, Head Start
11 agencies (including Early Head Start agencies), State or
12 local agencies that administer public preschool programs,
13 Indian Tribes or their tribal educational agencies, a school
14 operated by the Bureau of Indian Education, a Regional
15 Corporation (as defined in section 3 of the Alaska Native
16 Claims Settlement Act (43 U.S.C. 1602)), or a Native Ha-
17 waiian educational organization (as defined in section
18 6207 of the Elementary and Secondary Education Act of
19 1965 (20 U.S.C. 7517)), for the purpose of increasing stu-
20 dent access to evidence-based trauma support services and
21 mental health care by developing innovative initiatives, ac-
22 tivities, or programs to link local school systems with local
23 trauma-informed support and mental health systems, in-
24 cluding those under the Indian Health Service.

25 (b) DURATION.—With respect to a grant, contract,
26 or cooperative agreement awarded or entered into under

1 this section, the period during which payments under such
2 grant, contract or agreement are made to the recipient
3 may not exceed 4 years.
4 (c) USE OF FUNDS.—An entity that receives a grant,
5 contract, or cooperative agreement under this section shall
6 use amounts made available through such grant, contract,
7 or cooperative agreement for evidence-based activities,
8 which shall include any of the following:
9 (1) Collaborative efforts between school-based
10 service systems and trauma-informed support and
11 mental health service systems to provide, develop, or
12 improve prevention, screening, referral, and treat-
13 ment and support services to students, such as by
14 providing universal trauma screenings to identify
15 students in need of specialized support.
16 (2) To implement schoolwide multi-tiered posi-
17 tive behavioral interventions and supports, or other
18 trauma-informed models of support.
19 (3) To provide professional development to
20 teachers, teacher assistants, school leaders, special-
21 ized instructional support personnel, and mental
22 health professionals that—
23 (A) fosters safe and stable learning envi-
24 ronments that prevent and mitigate the effects

1 of trauma, including through social and emo-
2 tional learning;
3 (B) improves school capacity to identify,
4 refer, and provide services to students in need
5 of trauma support or behavioral health services;
6 or
7 (C) reflects the best practices developed by
8 the Interagency Task Force on Trauma-In-
9 formed Care established under section 513.
10 (4) To create or enhance services at a full-serv-
11 ice community school that focuses on trauma-in-
12 formed supports, which may include establishing a
13 school-site advisory team, managing, coordinating,
14 or delivering pipeline services, hiring a full-time site
15 coordinator, or other activities consistent with sec-
16 tion 4625 of the Elementary and Secondary Edu-
17 cation Act of 1965 (20 U.S.C. 7275).
18 (5) Engaging families and communities in ef-
19 forts to increase awareness of child and youth trau-
20 ma, which may include sharing best practices with
21 law enforcement regarding trauma-informed care
22 and working with mental health professionals to pro-
23 vide interventions, as well as longer term coordi-
24 nated care within the community for children and

1 youth who have experienced trauma and their fami-
2 lies.
3 (6) To provide technical assistance to school
4 systems and mental health agencies.
5 (7) To evaluate the effectiveness of the program
6 carried out under this section in increasing student
7 access to evidence-based trauma support services
8 and mental health care.
9 (d) APPLICATIONS.—To be eligible to receive a grant,
10 contract, or cooperative agreement under this section, an
11 entity described in subsection (a) shall submit an applica-
12 tion to the Secretary at such time, in such manner, and
13 containing such information as the Secretary may reason-
14 ably require, which shall include the following:
15 (1) A description of the innovative initiatives,
16 activities, or programs to be funded under the grant,
17 contract, or cooperative agreement, including how
18 such program will increase access to evidence-based
19 trauma support services and mental health care for
20 students, and, as applicable, the families of such stu-
21 dents.
22 (2) A description of how the program will pro-
23 vide linguistically appropriate and culturally com-
24 petent services.

1 (3) A description of how the program will sup-
2 port students and the school in improving the school
3 climate in order to support an environment condu-
4 cive to learning.
5 (4) An assurance that—
6 (A) persons providing services under the
7 grant, contract, or cooperative agreement are
8 adequately trained to provide such services; and
9 (B) teachers, school leaders, administra-
10 tors, specialized instructional support personnel,
11 representatives of local Indian Tribes or tribal
12 organizations as appropriate, other school per-
13 sonnel, and parents or guardians of students
14 participating in services under this section will
15 be engaged and involved in the design and im-
16 plementation of the services.
17 (5) A description of how the applicant will sup-
18 port and integrate existing school-based services
19 with the program in order to provide mental health
20 services for students, as appropriate.
21 (e) INTERAGENCY AGREEMENTS.—
22 (1) DESIGNATION OF LEAD AGENCY.—A recipi-
23 ent of a grant, contract, or cooperative agreement
24 under this section shall designate a lead agency to
25 direct the establishment of an interagency agreement

1 among local educational agencies, agencies respon-
2 sible for early childhood education programs, juve-
3 nile justice authorities, mental health agencies, child
4 welfare agencies, and other relevant entities in the
5 State or Indian Tribe, in collaboration with local en-
6 tities.

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

11 (A) the financial responsibility for the serv-
12 ices;

13 (B) the conditions and terms of responsi-
14 bility for the services, including quality, ac-
15 countability, and coordination of the services;
16 and

17 (C) the conditions and terms of reimburse-
18 ment among the agencies, authorities, or enti-
19 ties that are parties to the interagency agree-
20 ment, including procedures for dispute resolu-
21 tion.

22 (f) EVALUATION.—The Secretary shall reserve not to
23 exceed 3 percent of the funds made available under sub-
24 section (l) for each fiscal year to—

1 (1) conduct a rigorous, independent evaluation
2 of the activities funded under this section; and
3 (2) disseminate and promote the utilization of
4 evidence-based practices regarding trauma support
5 services and mental health care.
6 (g) DISTRIBUTION OF AWARDS.—The Secretary shall
7 ensure that grants, contracts, and cooperative agreements
8 awarded or entered into under this section are equitably
9 distributed among the geographical regions of the United
10 States and among tribal, urban, suburban, and rural pop-
11 ulations.
12 (h) RULE OF CONSTRUCTION.—Nothing in this sec-
13 tion shall be construed—
14 (1) to prohibit an entity involved with a pro-
15 gram carried out under this section from reporting
16 a crime that is committed by a student to appro-
17 priate authorities; or
18 (2) to prevent Federal, State, and tribal law en-
19 forcement and judicial authorities from exercising
20 their responsibilities with regard to the application
21 of Federal, tribal, and State law to crimes com-
22 mitted by a student.
23 (i) SUPPLEMENT, NOT SUPPLANT.—Any services
24 provided through programs carried out under this section
25 shall supplement, and not supplant, existing mental health

services, including any special education and related services provided under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.).

(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'' has the meaning given such term in section 8101(21)(A)(i) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801(21)(A)(i)).

(3) NATIVE HAWAIIAN EDUCATIONAL ORGANIZATION.—The term ''Native Hawaiian educational organization'' has the meaning given such term in section 6207 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7517).

(4) PIPELINE SERVICES.—The term ''pipeline services'' has the meaning given such term in section

1 4622 of the Elementary and Secondary Education
2 Act of 1965 (20 U.S.C. 7517).
3 (5) SCHOOL LEADER.—The term ''school lead-
4 er'' has the meaning given such term in section
5 8101 of the Elementary and Secondary Education
6 Act of 1965 (20 U.S.C. 7801).
7 (6) SECRETARY.—The term ''Secretary'' means
8 the Secretary of Education.
9 (7) SPECIALIZED INSTRUCTIONAL SUPPORT
10 PERSONNEL.—The term ''specialized instructional
11 support personnel'' has the meaning given such term
12 in section 8101 of the Elementary and Secondary
13 Education Act of 1965 (20 U.S.C. 7801).
14 (l) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section,
16 such sums as may be necessary for each of fiscal years
17 2019 through 2023.

18 **SEC. 1515. NATIONAL CHILD TRAUMATIC STRESS INITIA-**
19 **TIVE.**

20 Section 582(j) of the Public Health Service Act (42
21 U.S.C. 290hh–1(j)) (relating to grants to address the
22 problems of persons who experience violence-related
23 stress) is amended by striking ''$46,887,000 for each of
24 fiscal years 2018 through 2022'' and inserting

1 "$53,887,000 for each of fiscal years 2019 through
2 2023".

3 **SEC. 1516. NATIONAL MILESTONES TO MEASURE SUCCESS**
4 **IN CURTAILING THE OPIOID CRISIS.**

5 (a) IN GENERAL.—Not later than 180 days after the
6 date of enactment of this Act, the Secretary, in consulta-
7 tion with the Administrator of the Drug Enforcement Ad-
8 ministration and the Director of the Office of National
9 Drug Control Policy, shall develop or identify existing na-
10 tional indicators (referred to in this section as the "na-
11 tional milestones") to measure success in curtailing the
12 opioid crisis, with the goal of significantly reversing the
13 incidence and prevalence of opioid misuse and abuse, and
14 opioid-related morbidity and mortality in the United
15 States within 5 years of such date of enactment.

16 (b) NATIONAL MILESTONES TO END THE OPIOID
17 CRISIS.—The national milestones under subsection (a)
18 shall include the following:

19 (1) Not fewer than 10 indicators or metrics to
20 accurately and expediently measure progress in
21 meeting the goal described in subsection (a), which
22 shall, as appropriate, include, indicators or metrics
23 related to—

24 (A) the number of fatal and non-fatal
25 opioid overdoses;

1 (B) the number of emergency room visits
2 related to opioid misuse and abuse;
3 (C) the number of individuals in sustained
4 recovery from opioid use disorder;
5 (D) the number of infections associated
6 with illicit drug use, such as HIV, viral hepa-
7 titis, and infective endocarditis, and available
8 capacity for treating such infections;
9 (E) the number of providers prescribing
10 medication assisted treatment for opioid use
11 disorders, including in primary care settings,
12 community health centers, jails, and prisons;
13 (F) the number of individuals receiving
14 treatment for opioid use disorder; and
15 (G) additional indicators or metrics, as ap-
16 propriate, such as metrics pertaining to specific
17 populations, including women and children,
18 American Indians and Alaskan Natives, individ-
19 uals living in rural and non-urban areas, and
20 justice-involved populations, that would further
21 clarify the progress made in addressing the
22 opioid misuse and abuse crisis.
23 (2) A reasonable goal, such as a percentage de-
24 crease or other specified metric, that signifies

1 progress in meeting the goal described in subsection
2 (a), and annual targets to help achieve that goal.
3 (c) CONSIDERATION OF OTHER SUBSTANCE USE
4 DISORDERS.—In developing the national milestones under
5 subsection (b), the Secretary shall, as appropriate, con-
6 sider other substance use disorders in addition to opioid
7 use disorder.
8 (d) EXTENSION OF PERIOD.—If the Secretary deter-
9 mines that the goal described in subsection (a) will not
10 be achieved with respect to any indicator or metric estab-
11 lished under subsection (b)(2) within 5 years of the date
12 of enactment of this Act, the Secretary may extend the
13 timeline for meeting such goal with respect to that indi-
14 cator or metric. The Secretary shall include with any such
15 extension a rationale for why additional time is needed and
16 information on whether significant changes are needed in
17 order to achieve such goal with respect to the indicator
18 or metric.
19 (e) ANNUAL STATUS UPDATE.—Not later than one
20 year after the enactment of this Act, the Secretary shall
21 make available on the internet website of the Department
22 of Health and Human Services, and submit to the Com-
23 mittee on Health, Education, Labor, and Pensions of the
24 Senate and the Committee on Energy and Commerce of
25 the House of Representatives, an update on the progress,

including expected progress in the subsequent year, in achieving the goals detailed in the national milestones. Each such update shall include the progress made in the first year or since the previous report, as applicable, in meeting each indicator or metric in the national milestones.

TITLE II—FINANCE

SEC. 2001. SHORT TITLE.

This title may be cited as the "Helping to End Addiction and Lessen Substance Use Disorders Act of 2018" or the "HEAL Act of 2018".

Subtitle A—Medicare

SEC. 2101. MEDICARE OPIOID SAFETY EDUCATION.

(a) IN GENERAL.—Section 1804 of the Social Security Act (42 U.S.C. 1395b–2) is amended by adding at the end the following new subsection:

"(d) The notice provided under subsection (a) shall include—

"(1) references to educational resources regarding opioid use and pain management;

"(2) a description of categories of alternative, non-opioid pain management treatments covered under this title; and

1 "(3) a suggestion for the beneficiary to talk to
2 a physician regarding opioid use and pain manage-
3 ment.".
4 (b) EFFECTIVE DATE.—The amendment made by
5 subsection (a) shall apply to notices distributed prior to
6 each Medicare open enrollment period beginning after
7 January 1, 2019.

8 **SEC. 2102. EXPANDING THE USE OF TELEHEALTH SERV-**
9 **ICES FOR THE TREATMENT OF OPIOID USE**
10 **DISORDER AND OTHER SUBSTANCE USE DIS-**
11 **ORDERS.**

12 (a) IN GENERAL.—Section 1834(m) of the Social Se-
13 curity Act (42 U.S.C. 1395m(m)) is amended—
14 (1) in paragraph (2)(B)—
15 (A) in clause (i), in the matter preceding
16 subclause (I), by striking "clause (ii)" and in-
17 serting "clause (ii) and paragraph (6)(C)"; and
18 (B) in clause (ii), in the heading, by strik-
19 ing "FOR HOME DIALYSIS THERAPY";
20 (2) in paragraph (4)(C)—
21 (A) in clause (i), by striking "paragraph
22 (6)" and inserting "paragraphs (5), (6), and
23 (7)"; and

1 (B) in clause (ii)(X), by inserting ''or tele-
2 health services described in paragraph (7)'' be-
3 fore the period at the end; and
4 (3) by adding at the end the following new
5 paragraph:
6 ''(7) TREATMENT OF SUBSTANCE USE DIS-
7 ORDER SERVICES FURNISHED THROUGH TELE-
8 HEALTH.—The geographic requirements described in
9 paragraph (4)(C)(i) shall not apply with respect to
10 telehealth services furnished on or after January 1,
11 2019, to an eligible telehealth individual with a sub-
12 stance use disorder diagnosis for purposes of treat-
13 ment of such disorder, as determined by the Sec-
14 retary, at an originating site described in paragraph
15 (4)(C)(ii) (other than an originating site described in
16 subclause (IX) of such paragraph).''.
17 (b) IMPLEMENTATION.—The Secretary of Health and
18 Human Services (in this section referred to as the ''Sec-
19 retary'') may implement the amendments made by this
20 section by interim final rule.
21 (c) REPORT.—Not later than 5 years after the date
22 of the enactment of this Act, the Secretary shall submit
23 to Congress a report on the impact of the implementation
24 of the amendments made by this section with respect to

1 telehealth services under section 1834(m) of the Social Se-
2 curity Act (42 U.S.C. 1395m(m)) on—
3 (1) the utilization of health care items and serv-
4 ices under title XVIII of such Act (42 U.S.C. 1395
5 et seq.) related to substance use disorders, including
6 emergency department visits; and
7 (2) health outcomes related to substance use
8 disorders, such as opioid overdose deaths.
9 **SEC. 2103. COMPREHENSIVE SCREENINGS FOR SENIORS.**
10 (a) INITIAL PREVENTIVE PHYSICAL EXAMINA-
11 TION.—Section 1861(ww) of the Social Security Act (42
12 U.S.C. 1395x(ww)) is amended—
13 (1) in paragraph (1)—
14 (A) by striking ''paragraph (2) and'' and
15 inserting ''paragraph (2),''; and
16 (B) by inserting ''and the furnishing of a
17 review of any current opioid prescriptions (as
18 defined in paragraph (4)),'' after ''upon the
19 agreement with the individual,''; and
20 (2) in paragraph (2)—
21 (A) by redesignating subparagraph (N) as
22 subparagraph (O); and
23 (B) by inserting after subparagraph (M)
24 the following new subparagraph:

1 "(N) Screening for potential substance use
2 disorders."; and
3 (3) by adding at the end the following new
4 paragraph:
5 "(4) For purposes of paragraph (1), the term 'a re-
6 view of any current opioid prescriptions' means, with re-
7 spect to an individual determined to have a current pre-
8 scription for opioids—
9 "(A) a review of the potential risk factors to the
10 individual for opioid use disorder;
11 "(B) an evaluation of the individual's severity
12 of pain and current treatment plan;
13 "(C) the provision of information on non-opioid
14 treatment options; and
15 "(D) a referral to a pain management spe-
16 cialist, as appropriate.".
17 (b) ANNUAL WELLNESS VISIT.—Section
18 1861(hhh)(2) of the Social Security Act (42 U.S.C.
19 1395x(hhh)(2)) is amended—
20 (1) by redesignating subparagraph (G) as sub-
21 paragraph (I); and
22 (2) by inserting after subparagraph (F) the fol-
23 lowing new subparagraphs:

1 "(G) Screening for potential substance use
2 disorders and referral for treatment as appro-
3 priate.

4 "(H) The furnishing of a review of any
5 current opioid prescriptions (as defined in sub-
6 section (ww)(4)).".

7 (c) EFFECTIVE DATE.—The amendments made by
8 this section shall apply to examinations and visits fur-
9 nished on or after January 1, 2019.

10 **SEC. 2104. EVERY PRESCRIPTION CONVEYED SECURELY.**

11 (a) IN GENERAL.—Section 1860D–4(e) of the Social
12 Security Act (42 U.S.C. 1395w–104(e)) is amended by
13 adding at the end the following:

14 "(7) REQUIREMENT OF E-PRESCRIBING FOR
15 CONTROLLED SUBSTANCES.—

16 "(A) IN GENERAL.—Subject to subpara-
17 graph (B), a prescription for a covered part D
18 drug under a prescription drug plan (or under
19 an MA–PD plan) for a schedule II, III, IV, or
20 V controlled substance shall be transmitted by
21 a health care practitioner electronically in ac-
22 cordance with an electronic prescription drug
23 program that meets the requirements of para-
24 graph (2).

1 "(B) EXCEPTION FOR CERTAIN CIR-
2 CUMSTANCES.—The Secretary shall, through
3 rulemaking, specify circumstances and proc-
4 esses by which the Secretary may waive the re-
5 quirement under subparagraph (A), with re-
6 spect to a covered part D drug, including in the
7 case of—
8 "(i) a prescription issued when the
9 practitioner and dispensing pharmacy are
10 the same entity;
11 "(ii) a prescription issued that cannot
12 be transmitted electronically under the
13 most recently implemented version of the
14 National Council for Prescription Drug
15 Programs SCRIPT Standard;
16 "(iii) a prescription issued by a practi-
17 tioner who received a waiver or a renewal
18 thereof for a period of time as determined
19 by the Secretary, not to exceed one year,
20 from the requirement to use electronic pre-
21 scribing due to demonstrated economic
22 hardship, technological limitations that are
23 not reasonably within the control of the
24 practitioner, or other exceptional cir-

1 cumstance demonstrated by the practi-
2 tioner;
3 "(iv) a prescription issued by a practi-
4 tioner under circumstances in which, not-
5 withstanding the practitioner's ability to
6 submit a prescription electronically as re-
7 quired by this subsection, such practitioner
8 reasonably determines that it would be im-
9 practical for the individual involved to ob-
10 tain substances prescribed by electronic
11 prescription in a timely manner, and such
12 delay would adversely impact the individ-
13 ual's medical condition involved;
14 "(v) a prescription issued by a practi-
15 tioner prescribing a drug under a research
16 protocol;
17 "(vi) a prescription issued by a practi-
18 tioner for a drug for which the Food and
19 Drug Administration requires a prescrip-
20 tion to contain elements that are not able
21 to be included in electronic prescribing
22 such as, a drug with risk evaluation and
23 mitigation strategies that include elements
24 to assure safe use;

1 ‘‘(vii) a prescription issued by a prac-
2 titioner—
3 ‘‘(I) for an individual who re-
4 ceives hospice care under this title;
5 and
6 ‘‘(II) that is not covered under
7 the hospice benefit under this title;
8 and
9 ‘‘(viii) a prescription issued by a prac-
10 titioner for an individual who is—
11 ‘‘(I) a resident of a nursing facil-
12 ity (as defined in section 1919(a));
13 and
14 ‘‘(II) dually eligible for benefits
15 under this title and title XIX.
16 ‘‘(C) DISPENSING.—(i) Nothing in this
17 paragraph shall be construed as requiring a
18 sponsor of a prescription drug plan under this
19 part, MA organization offering an MA–PD plan
20 under part C, or a pharmacist to verify that a
21 practitioner, with respect to a prescription for a
22 covered part D drug, has a waiver (or is other-
23 wise exempt) under subparagraph (B) from the
24 requirement under subparagraph (A).

1 "(ii) Nothing in this paragraph shall be
2 construed as affecting the ability of the plan to
3 cover or the pharmacists' ability to continue to
4 dispense covered part D drugs from otherwise
5 valid written, oral or fax prescriptions that are
6 consistent with laws and regulations.
7 "(iii) Nothing in this paragraph shall be
8 construed as affecting the ability of an indi-
9 vidual who is being prescribed a covered part D
10 drug to designate a particular pharmacy to dis-
11 pense the covered part D drug to the extent
12 consistent with the requirements under sub-
13 section (b)(1) and under this paragraph.
14 "(D) ENFORCEMENT.—The Secretary
15 shall, through rulemaking, have authority to en-
16 force and specify appropriate penalties for non-
17 compliance with the requirement under sub-
18 paragraph (A).".
19 (b) EFFECTIVE DATE.—The amendment made by
20 subsection (a) shall apply to coverage of drugs prescribed
21 on or after January 1, 2021.

1 **SEC. 2105. STANDARDIZING ELECTRONIC PRIOR AUTHOR-**
2 **IZATION FOR SAFE PRESCRIBING.**

3 Section 1860D–4(e)(2) of the Social Security Act (42
4 U.S.C. 1395w–104(e)(2)) is amended by adding at the end
5 the following new subparagraph:

6 "(E) ELECTRONIC PRIOR AUTHORIZA-
7 TION.—

8 "(i) IN GENERAL.—Not later than
9 January 1, 2021, the program shall pro-
10 vide for the secure electronic transmittal
11 of—

12 "(I) a prior authorization request
13 from the prescribing health care pro-
14 fessional for coverage of a covered
15 part D drug for a part D eligible indi-
16 vidual enrolled in a part D plan (as
17 defined in section 1860D–23(a)(5)) to
18 the PDP sponsor or Medicare Advan-
19 tage organization offering such plan;
20 and

21 "(II) a response, in accordance
22 with this subparagraph, from such
23 PDP sponsor or Medicare Advantage
24 organization, respectively, to such pro-
25 fessional.

26 "(ii) ELECTRONIC TRANSMISSION.—

1 "(I) EXCLUSIONS.—For purposes
2 of this subparagraph, a facsimile, a
3 proprietary payer portal that does not
4 meet standards specified by the Sec-
5 retary, or an electronic form shall not
6 be treated as an electronic trans-
7 mission described in clause (i).
8 "(II) STANDARDS.—In order to
9 be treated, for purposes of this sub-
10 paragraph, as an electronic trans-
11 mission described in clause (i), such
12 transmission shall comply with tech-
13 nical standards adopted by the Sec-
14 retary in consultation with the Na-
15 tional Council for Prescription Drug
16 Programs, other standard setting or-
17 ganizations determined appropriate by
18 the Secretary, and stakeholders in-
19 cluding PDP sponsors, Medicare Ad-
20 vantage organizations, health care
21 professionals, and health information
22 technology software vendors.
23 "(III) APPLICATION.—Notwith-
24 standing any other provision of law,
25 for purposes of this subparagraph, the

1 Secretary may require the use of such
2 standards adopted under subclause
3 (II) in lieu of any other applicable
4 standards for an electronic trans-
5 mission described in clause (i) for a
6 covered part D drug for a part D eli-
7 gible individual.''.

8 **SEC. 2106. STRENGTHENING PARTNERSHIPS TO PREVENT**
9 **OPIOID ABUSE.**

10 (a) IN GENERAL.—Section 1859 of the Social Secu-
11 rity Act (42 U.S.C. 1395w–28) is amended by adding at
12 the end the following new subsection:

13 ''(i) PROGRAM INTEGRITY TRANSPARENCY MEAS-
14 URES.—

15 ''(1) PROGRAM INTEGRITY PORTAL.—

16 ''(A) IN GENERAL.—Not later than 2 years
17 after the date of the enactment of this sub-
18 section, the Secretary shall, after consultation
19 with stakeholders, establish a secure Internet
20 website portal that would allow a secure path
21 for communication between the Secretary, MA
22 plans under this part, prescription drug plans
23 under part D, and an eligible entity with a con-
24 tract under section 1893 (such as a Medicare
25 drug integrity contractor or any successor enti-

1 ty to a Medicare drug integrity contractor), in
2 accordance with subsection (j)(3) of such sec-
3 tion, for the purpose of enabling through such
4 portal—
5 ''(i) the referral by such plans of sus-
6 picious activities of a provider of services
7 (including a prescriber) or supplier related
8 to fraud, waste, and abuse for initiating or
9 assisting investigations conducted by the
10 eligible entity; and
11 ''(ii) data sharing among such MA
12 plans, prescription drug plans, and the
13 Secretary.
14 ''(B) REQUIRED USES OF PORTAL.—The
15 Secretary shall disseminate the following infor-
16 mation to MA plans under this part and pre-
17 scription drug plans under part D through the
18 secure Internet website portal established under
19 subparagraph (A):
20 ''(i) Providers of services and sup-
21 pliers that have been referred pursuant to
22 subparagraph (A)(i) during the previous
23 12-month period.
24 ''(ii) Providers of services and sup-
25 pliers who are the subject of an active ex-

1 clusion under section 1128 or who are sub-
2 ject to a suspension of payment under this
3 title pursuant to section 1862(o) or other-
4 wise.
5 "(iii) Providers of services and sup-
6 pliers who are the subject of an active rev-
7 ocation of participation under this title, in-
8 cluding for not satisfying conditions of par-
9 ticipation.
10 "(iv) In the case of such a plan that
11 makes a referral under subparagraph
12 (A)(i) through the portal with respect to
13 suspicious activities of a provider of serv-
14 ices (including a prescriber) or supplier, if
15 such provider (or prescriber) or supplier
16 has been the subject of an administrative
17 action under this title or title XI with re-
18 spect to similar activities, a notification to
19 such plan of such action so taken.
20 "(C) RULEMAKING.—For purposes of this
21 paragraph, the Secretary shall, through rule-
22 making, specify what constitutes suspicious ac-
23 tivities related to fraud, waste, and abuse, using
24 guidance such as what is provided in the Medi-
25 care Program Integrity Manual 4.7.1.

1 "(2) QUARTERLY REPORTS.—Beginning not
2 later than 2 years after the date of the enactment
3 of this subsection, the Secretary shall make available
4 to MA plans under this part and prescription drug
5 plans under part D in a timely manner (but no less
6 frequently than quarterly) and using information
7 submitted to an entity described in paragraph (1)
8 through the portal described in such paragraph or
9 pursuant to section 1893, information on fraud,
10 waste, and abuse schemes and trends in identifying
11 suspicious activity. Information included in each
12 such report shall—
13 "(A) include administrative actions, perti-
14 nent information related to opioid overpre-
15 scribing, and other data determined appropriate
16 by the Secretary in consultation with stake-
17 holders; and
18 "(B) be anonymized information submitted
19 by plans without identifying the source of such
20 information.
21 "(3) CLARIFICATION.—Nothing in this sub-
22 section shall preclude or otherwise affect referrals to
23 the Inspector General of the Department of Health
24 and Human Services or other law enforcement enti-
25 ties.".

1 (b) CONTRACT REQUIREMENT TO COMMUNICATE
2 PLAN CORRECTIVE ACTIONS AGAINST OPIOIDS OVER-
3 PRESCRIBERS.—Section 1857(e)(4)(C) of the Social Secu-
4 rity Act (42 U.S.C. 1395w–27(e)(4)(C)) is amended by
5 adding at the end the following new paragraph:
6 ‘‘(5) COMMUNICATING PLAN CORRECTIVE AC-
7 TIONS AGAINST OPIOIDS OVER-PRESCRIBERS.—
8 ‘‘(A) IN GENERAL.—Beginning with plan
9 years beginning on or after January 1, 2021, a
10 contract under this section with an MA organi-
11 zation shall require the organization to submit
12 to the Secretary, through the process estab-
13 lished under subparagraph (B), information on
14 credible evidence of suspicious activities of a
15 provider of services (including a prescriber) or
16 supplier related to fraud and other actions
17 taken by such plans related to inappropriate
18 prescribing of opioids.
19 ‘‘(B) PROCESS.—Not later than January
20 1, 2021, the Secretary shall, in consultation
21 with stakeholders, establish a process under
22 which MA plans and prescription drug plans
23 shall submit to the Secretary information de-
24 scribed in subparagraph (A).

1 "(C) REGULATIONS.—For purposes of this
2 paragraph, including as applied under section
3 1860D–12(b)(3)(D), the Secretary shall, pursu-
4 ant to rulemaking—
5 "(i) specify a definition for the term
6 'inappropriate prescribing of opioids' and a
7 method for determining if a provider of
8 services prescribes such a high volume; and
9 "(ii) establish the process described in
10 subparagraph (B) and the types of infor-
11 mation that may be submitted through
12 such process.".
13 (c) REFERENCE UNDER PART D TO PROGRAM IN-
14 TEGRITY TRANSPARENCY MEASURES.—Section 1860D–4
15 of the Social Security Act (42 U.S.C. 1395w–104) is
16 amended by adding at the end the following new sub-
17 section:
18 "(m) PROGRAM INTEGRITY TRANSPARENCY MEAS-
19 URES.—For program integrity transparency measures ap-
20 plied with respect to prescription drug plan and MA plans,
21 see section 1859(i).".

1 **SEC. 2107. COMMIT TO OPIOID MEDICAL PRESCRIBER AC-**
2 **COUNTABILITY AND SAFETY FOR SENIORS.**

3 Section 1860D–4(c)(4) of the Social Security Act (42
4 U.S.C. 1395w–104(c)(4)) is amended by adding at the end
5 the following new subparagraph:

6 ''(D) NOTIFICATION AND ADDITIONAL RE-
7 QUIREMENTS WITH RESPECT TO STATISTICAL
8 OUTLIER PRESCRIBERS OF OPIOIDS.—

9 ''(i) NOTIFICATION.—Not later than
10 January 1, 2021, the Secretary shall, in
11 the case of a prescriber identified by the
12 Secretary under clause (ii) to be a statis-
13 tical outlier prescriber of opioids, provide,
14 subject to clause (iv), an annual notifica-
15 tion to such prescriber that such prescriber
16 has been so identified that includes re-
17 sources on proper prescribing methods and
18 other information as specified in accord-
19 ance with clause (iii).

20 ''(ii) IDENTIFICATION OF STATISTICAL
21 OUTLIER PRESCRIBERS OF OPIOIDS.—

22 ''(I) IN GENERAL.—The Sec-
23 retary shall, subject to subclause (III),
24 using the valid prescriber National
25 Provider Identifiers included pursuant
26 to subparagraph (A) on claims for

1 covered part D drugs for part D eligi-
2 ble individuals enrolled in prescription
3 drug plans under this part or MA–PD
4 plans under part C and based on the
5 thresholds established under subclause
6 (II), identify prescribers that are sta-
7 tistical outlier opioids prescribers for
8 a period of time specified by the Sec-
9 retary.

10 "(II) ESTABLISHMENT OF
11 THRESHOLDS.—For purposes of sub-
12 clause (I) and subject to subclause
13 (III), the Secretary shall, after con-
14 sultation with stakeholders, establish
15 thresholds, based on prescriber spe-
16 cialty and, as determined appropriate
17 by the Secretary, geographic area, for
18 identifying whether a prescriber in a
19 specialty and geographic area is a sta-
20 tistical outlier prescriber of opioids as
21 compared to other prescribers of
22 opioids within such specialty and area.

23 "(III) EXCLUSIONS.—The fol-
24 lowing shall not be included in the
25 analysis for identifying statistical

1 outlier prescribers of opioids under
2 this clause:
3 "(aa) Claims for covered
4 part D drugs for part D eligible
5 individuals who are receiving hos-
6 pice care under this title.
7 "(bb) Claims for covered
8 part D drugs for part D eligible
9 individuals who are receiving on-
10 cology services under this title.
11 "(cc) Prescribers who are
12 the subject of an investigation by
13 the Centers for Medicare & Med-
14 icaid Services or the Inspector
15 General of the Department of
16 Health and Human Services.
17 "(iii) CONTENTS OF NOTIFICATION.—
18 The Secretary shall include the following
19 information in the notifications provided
20 under clause (i):
21 "(I) Information on how such
22 prescriber compares to other pre-
23 scribers within the same specialty
24 and, if determined appropriate by the
25 Secretary, geographic area.

1 "(II) Information on opioid pre-
2 scribing guidelines, based on input
3 from stakeholders, that may include
4 the Centers for Disease Control and
5 Prevention guidelines for prescribing
6 opioids for chronic pain and guidelines
7 developed by physician organizations.
8 "(III) Other information deter-
9 mined appropriate by the Secretary.
10 "(iv) MODIFICATIONS AND EXPAN-
11 SIONS.—
12 "(I) FREQUENCY.—Beginning 5
13 years after the date of the enactment
14 of this subparagraph, the Secretary
15 may change the frequency of the noti-
16 fications described in clause (i) based
17 on stakeholder input and changes in
18 opioid prescribing utilization and
19 trends.
20 "(II) EXPANSION TO OTHER
21 PRESCRIPTIONS.—The Secretary may
22 expand notifications under this sub-
23 paragraph to include identifications
24 and notifications with respect to con-
25 current prescriptions of covered Part

1 D drugs used in combination with
2 opioids that are considered to have
3 adverse side effects when so used in
4 such combination, as determined by
5 the Secretary.
6 "(v) ADDITIONAL REQUIREMENTS FOR
7 PERSISTENT STATISTICAL OUTLIER PRE-
8 SCRIBERS.—In the case of a prescriber
9 who the Secretary determines is persist-
10 ently identified under clause (ii) as a sta-
11 tistical outlier prescriber of opioids, the fol-
12 lowing shall apply:
13 "(I) The Secretary shall provide
14 an opportunity for such prescriber to
15 receive technical assistance or edu-
16 cational resources on opioid pre-
17 scribing guidelines (such as the guide-
18 lines described in clause (iii)(II)) from
19 an entity that furnishes such assist-
20 ance or resources, which may include
21 a quality improvement organization
22 under part B of title XI, as available
23 and appropriate.
24 "(II) Such prescriber may be re-
25 quired to enroll in the program under

1 this title under section 1866(j) if such
2 prescriber is not otherwise required to
3 enroll. The Secretary shall determine
4 the length of the period for which
5 such prescriber is required to main-
6 tain such enrollment.
7 ''(III) Not less frequently than
8 annually (and in a form and manner
9 determined appropriate by the Sec-
10 retary), the Secretary shall commu-
11 nicate information on such prescribers
12 to sponsors of a prescription drug
13 plan and Medicare Advantage organi-
14 zations offering an MA–PD plan.
15 ''(vi) PUBLIC AVAILABILITY OF IN-
16 FORMATION.—The Secretary shall make
17 aggregate information under this subpara-
18 graph available on the Internet website of
19 the Centers for Medicare & Medicaid Serv-
20 ices. Such information shall be in a form
21 and manner determined appropriate by the
22 Secretary and shall not identify any spe-
23 cific prescriber. In carrying out this clause,
24 the Secretary shall consult with interested
25 stakeholders.

1 "(vii) OPIOIDS DEFINED.—For pur-
2 poses of this subparagraph, the term
3 'opioids' has such meaning as specified by
4 the Secretary.
5 "(viii) OTHER ACTIVITIES.—Nothing
6 in this subparagraph shall preclude the
7 Secretary from conducting activities that
8 provide prescribers with information as to
9 how they compare to other prescribers that
10 are in addition to the activities under this
11 subparagraph, including activities that
12 were being conducted as of the date of the
13 enactment of this subparagraph.".

14 **SEC. 2108. FIGHTING THE OPIOID EPIDEMIC WITH SUN-**
15 **SHINE.**

16 (a) INCLUSION OF INFORMATION REGARDING PAY-
17 MENTS TO ADVANCE PRACTICE NURSES.—
18 (1) IN GENERAL.—Section 1128G(e)(6) of the
19 Social Security Act (42 U.S.C. 1320a–7h(e)(6)) is
20 amended—
21 (A) in subparagraph (A), by adding at the
22 end the following new clauses:
23 "(iii) A physician assistant, nurse
24 practitioner, or clinical nurse specialist (as

1 such terms are defined in section
2 1861(aa)(5)).
3 "(iv) A certified registered nurse an-
4 esthetist (as defined in section
5 1861(bb)(2)).
6 "(v) A certified nurse-midwife (as de-
7 fined in section 1861(gg)(2))."; and
8 (B) in subparagraph (B), by inserting ",
9 physician assistant, nurse practitioner, clinical
10 nurse specialist, certified nurse anesthetist, or
11 certified nurse-midwife" after "physician".
12 (2) EFFECTIVE DATE.—The amendments made
13 by this subsection shall apply with respect to infor-
14 mation required to be submitted under section
15 1128G of the Social Security Act (42 U.S.C. 1320a–
16 7h) on or after January 1, 2022.
17 (b) SUNSET OF EXCLUSION OF NATIONAL PROVIDER
18 IDENTIFIER OF COVERED RECIPIENT IN INFORMATION
19 MADE PUBLICLY AVAILABLE.—Section
20 1128G(c)(1)(C)(viii) of the Social Security Act (42 U.S.C.
21 1320a–7h(c)(1)(C)(viii))) is amended by striking "does
22 not contain" and inserting "in the case of information
23 made available under this subparagraph prior to January
24 1, 2022, does not contain".

1 (c) ADMINISTRATION.—Chapter 35 of title 44,
2 United States Code, shall not apply to this section or the
3 amendments made by this section.

4 **SEC. 2109. DEMONSTRATION TESTING COVERAGE OF CER-**
5 **TAIN SERVICES FURNISHED BY OPIOID**
6 **TREATMENT PROGRAMS.**

7 Title XVIII of the Social Security Act (42 U.S.C.
8 1395 et seq.) is amended by inserting after section 1866E
9 the following:

10 ''DEMONSTRATION TESTING COVERAGE OF CERTAIN
11 SERVICES FURNISHED BY OPIOID TREATMENT PROGRAMS

12 ''SEC. 1866F. (a) ESTABLISHMENT.—
13 ''(1) IN GENERAL.—The Secretary shall con-
14 duct a demonstration (in this section referred to as
15 the 'demonstration') to test coverage of and payment
16 for opioid use disorder treatment services (as defined
17 in paragraph (2)(B)) furnished by opioid treatment
18 programs (as defined in paragraph (2)(A)) to indi-
19 viduals under part B using a bundled payment as
20 described in paragraph (3).
21 ''(2) DEFINITIONS.—In this section:
22 ''(A) OPIOID TREATMENT PROGRAM.—The
23 term 'opioid treatment program' means an enti-
24 ty that is an opioid treatment program (as de-
25 fined in section 8.2 of title 42 of the Code of

1 Federal Regulations, or any successor regula-
2 tion) that—
3 ‘‘(i) is selected for participation in the
4 demonstration;
5 ‘‘(ii) has in effect a certification by
6 the Substance Abuse and Mental Health
7 Services Administration for such a pro-
8 gram;
9 ‘‘(iii) is accredited by an accrediting
10 body approved by the Substance Abuse and
11 Mental Health Services Administration;
12 ‘‘(iv) submits to the Secretary data
13 and information needed to monitor the
14 quality of services furnished and conduct
15 the evaluation described in subsection (c);
16 and
17 ‘‘(v) meets such additional require-
18 ments as the Secretary may find necessary.
19 ‘‘(B) OPIOID USE DISORDER TREATMENT
20 SERVICES.—The term ‘opioid use disorder
21 treatment services’ means items and services
22 that are furnished by an opioid treatment pro-
23 gram for the treatment of opioid use disorder,
24 including—

1 "(i) opioid agonist and antagonist
2 treatment medications (including oral, in-
3 jected, or implanted versions) that are ap-
4 proved by the Food and Drug Administra-
5 tion under section 505 of the Federal
6 Food, Drug and Cosmetic Act for use in
7 the treatment of opioid use disorder;
8 "(ii) dispensing and administration of
9 such medications, if applicable;
10 "(iii) substance use counseling by a
11 professional to the extent authorized under
12 State law to furnish such services;
13 "(iv) individual and group therapy
14 with a physician or psychologist (or other
15 mental health professional to the extent
16 authorized under State law);
17 "(v) toxicology testing; and
18 "(vi) other items and services that the
19 Secretary determines are appropriate (but
20 in no case to include meals or transpor-
21 tation).
22 "(3) BUNDLED PAYMENT UNDER PART B.—
23 "(A) IN GENERAL.—The Secretary shall
24 pay, from the Federal Supplementary Medical
25 Insurance Trust Fund under section 1841, to

1 an opioid treatment program participating in
2 the demonstration a bundled payment as deter-
3 mined by the Secretary for opioid use disorder
4 treatment services that are furnished by such
5 treatment program to an individual under part
6 B during an episode of care (as defined by the
7 Secretary).
8 "(B) CONSIDERATIONS.—The Secretary
9 may implement this paragraph through one or
10 more bundles based on the type of medication
11 provided (such as buprenorphine, methadone,
12 naltrexone, or a new innovative drug), the fre-
13 quency of services furnished, the scope of serv-
14 ices furnished, characteristics of the individuals
15 furnished such services, or other factors as the
16 Secretary determines appropriate. In developing
17 such bundles, the Secretary may consider pay-
18 ment rates paid to opioid treatment programs
19 for comparable services under State plans
20 under title XIX or under the TRICARE pro-
21 gram under chapter 55 of title 10 of the United
22 States Code.
23 "(b) IMPLEMENTATION.—

1 "(1) DURATION.—The demonstration shall be
2 conducted for a period of 5 years, beginning not
3 later than January 1, 2021.
4 "(2) SCOPE.—In carrying out the demonstra-
5 tion, the Secretary shall limit the number of bene-
6 ficiaries that may participate at any one time in the
7 demonstration to 2,000.
8 "(3) WAIVER.—The Secretary may waive such
9 provisions of this title and title XI as the Secretary
10 determines necessary in order to implement the dem-
11 onstration.
12 "(4) ADMINISTRATION.—Chapter 35 of title 44,
13 United States Code, shall not apply to this section.
14 "(c) EVALUATION AND REPORT.—
15 "(1) EVALUATION.—The Secretary shall con-
16 duct an evaluation of the demonstration. Such eval-
17 uation shall include analyses of—
18 "(A) the impact of the demonstration on—
19 "(i) utilization of health care items
20 and services related to opioid use disorder,
21 including hospitalizations and emergency
22 department visits;
23 "(ii) beneficiary health outcomes re-
24 lated to opioid use disorder, including
25 opioid overdose deaths; and

1 "(iii) overall expenditures under this
2 title; and
3 "(B) the performance of opioid treatment
4 programs participating in the demonstration
5 with respect to applicable quality and cost
6 metrics, including whether any additional qual-
7 ity measures related to opioid use disorder
8 treatment are needed with respect to such pro-
9 grams under this title.
10 "(2) REPORT.—Not later than 2 years after the
11 completion of the demonstration, the Secretary shall
12 submit to Congress a report containing the results
13 of the evaluation conducted under paragraph (1), to-
14 gether with recommendations for such legislation
15 and administrative action as the Secretary deter-
16 mines appropriate.
17 "(d) FUNDING.—For purposes of administering and
18 carrying out the demonstration, in addition to funds other-
19 wise appropriated, there shall be transferred to the Sec-
20 retary for the Center for Medicare & Medicaid Services
21 Program Management Account from the Federal Supple-
22 mentary Medical Insurance Trust Fund under section
23 1841 $5,000,000, to remain available until expended.".

1 **SEC. 2110. ENCOURAGING APPROPRIATE PRESCRIBING
2 UNDER MEDICARE FOR VICTIMS OF OPIOID
3 OVERDOSE.**

4 Section 1860D–4(c)(5)(C) of the Social Security Act
5 (42 U.S.C. 1395w–104(c)(5)(C)) is amended—

6 (1) in clause (i), in the matter preceding sub-
7 clause (I), by striking ''For purposes'' and inserting
8 ''Except as provided in clause (v), for purposes'';
9 and

10 (2) by adding at the end the following new
11 clause:

12 ''(v) TREATMENT OF ENROLLEES
13 WITH A HISTORY OF OPIOID-RELATED
14 OVERDOSE.—

15 ''(I) IN GENERAL.—For plan
16 years beginning not later than Janu-
17 ary 1, 2021, a part D eligible indi-
18 vidual who is not an exempted indi-
19 vidual described in clause (ii) and who
20 is identified under this clause as a
21 part D eligible individual with a his-
22 tory of opioid-related overdose (as de-
23 fined by the Secretary) shall be in-
24 cluded as a potentially at-risk bene-
25 ficiary for prescription drug abuse

1 under the drug management program
2 under this paragraph.
3 "(II) IDENTIFICATION AND NO-
4 TICE.—For purposes of this clause,
5 the Secretary shall—
6 "(aa) identify part D eligible
7 individuals with a history of
8 opioid-related overdose (as so de-
9 fined); and
10 "(bb) notify the PDP spon-
11 sor of the prescription drug plan
12 in which such an individual is en-
13 rolled of such identification.".

14 **SEC. 2111. AUTOMATIC ESCALATION TO EXTERNAL REVIEW**
15 **UNDER A MEDICARE PART D DRUG MANAGE-**
16 **MENT PROGRAM FOR AT-RISK BENE-**
17 **FICIARIES.**

18 (a) IN GENERAL.—Section 1860D–4(c)(5) of the So-
19 cial Security Act (42 U.S.C. 1395ww–10(c)(5)) is amend-
20 ed—
21 (1) in subparagraph (B), in each of clauses
22 (ii)(III) and (iii)(IV), by striking "and the option of
23 an automatic escalation to external review" and in-
24 serting ", including notice that if on reconsideration
25 a PDP sponsor affirms its denial, in whole or in

1 part, the case shall be automatically forwarded to
2 the independent, outside entity contracted with the
3 Secretary for review and resolution''; and
4 (2) in subparagraph (E), by striking ''and the
5 option'' and all that follows and inserting the fol-
6 lowing: ''and if on reconsideration a PDP sponsor
7 affirms its denial, in whole or in part, the case shall
8 be automatically forwarded to the independent, out-
9 side entity contracted with the Secretary for review
10 and resolution.''.
11 (b) EFFECTIVE DATE.—The amendments made by
12 subsection (a) shall apply beginning not later January 1,
13 2021.

14 **SEC. 2112. TESTING OF INCENTIVE PAYMENTS FOR BEHAV-**
15 **IORAL HEALTH PROVIDERS FOR ADOPTION**
16 **AND USE OF CERTIFIED ELECTRONIC**
17 **HEALTH RECORD TECHNOLOGY.**

18 Section 1115A(b)(2)(B) of the Social Security Act
19 (42 U.S.C. 1315a(b)(2)(B)) is amended by adding at the
20 end the following new clause:
21 ''(xxv) Providing incentive payments
22 to behavioral health providers for the adop-
23 tion and use of certified electronic health
24 record technology (as defined in section
25 1848(o)(4)) to improve the quality and co-

1 ordination of care through the electronic
2 documentation and exchange of health in-
3 formation. Behavioral health providers may
4 include—
5 ''(I) psychiatric hospitals (as de-
6 fined in section 1861(f));
7 ''(II) community mental health
8 centers (as defined in section
9 1861(ff)(3)(B));
10 ''(III) clinical psychologists (as
11 defined in section 1861(ii));
12 ''(IV) clinical social workers (as
13 defined in section 1861(hh)(1)); and
14 ''(V) hospitals, treatment facili-
15 ties, and mental health or substance
16 use disorder providers that participate
17 in a State plan under title XIX or a
18 waiver of such plan.''.
19 **SEC. 2113. MEDICARE IMPROVEMENT FUND.**
20 Section 1898(b)(1) of the Social Security Act (42
21 U.S.C. 1395iii(b)(1)) is amended by striking ''fiscal year
22 2021, $0'' and inserting ''fiscal year 2024, $65,000,000''.

Subtitle B—Medicaid

SEC. 2201. CARING RECOVERY FOR INFANTS AND BABIES.

(a) STATE PLAN AMENDMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (82), by striking ‘‘and’’ after the semicolon;

(2) in paragraph (83), by striking the period at the end and inserting ‘‘; and’’; and

(3) by inserting after paragraph (83), the following new paragraph:

‘‘(84) provide, at the option of the State, for making medical assistance available on an inpatient or outpatient basis at a residential pediatric recovery center (as defined in subsection (nn)) to infants with neonatal abstinence syndrome.’’.

(b) RESIDENTIAL PEDIATRIC RECOVERY CENTER DEFINED.—Section 1902 of such Act (42 U.S.C. 1396a) is amended by adding at the end the following new subsection:

‘‘(nn) RESIDENTIAL PEDIATRIC RECOVERY CENTER DEFINED.—

‘‘(1) IN GENERAL.—For purposes of section 1902(a)(84), the term ‘residential pediatric recovery center’ means a center or facility that furnishes

1 items and services for which medical assistance is
2 available under the State plan to infants with the di-
3 agnosis of neonatal abstinence syndrome without any
4 other significant medical risk factors.

5 ''(2) COUNSELING AND SERVICES.—A residen-
6 tial pediatric recovery center may offer counseling
7 and other services to mothers (and other appropriate
8 family members and caretakers) of infants receiving
9 treatment at such centers if such services are other-
10 wise covered under the State plan under this title or
11 under a waiver of such plan. Such other services
12 may include the following:

13 ''(A) Counseling or referrals for services.

14 ''(B) Activities to encourage caregiver-in-
15 fant bonding.

16 ''(C) Training on caring for such infants.''.

17 (c) EFFECTIVE DATE.—The amendments made by
18 this section take effect on the date of enactment of this
19 Act and shall apply to medical assistance furnished on or
20 after that date, without regard to final regulations to carry
21 out such amendments being promulgated as of such date.

22 **SEC. 2202. PEER SUPPORT ENHANCEMENT AND EVALUA-**
23 **TION REVIEW.**

24 (a) IN GENERAL.—Not later than 2 years after the
25 date of the enactment of this Act, the Comptroller General

1 of the United States shall submit to the Committee on
2 Energy and Commerce of the House of Representatives,
3 the Committee on Finance of the Senate, and the Com-
4 mittee on Health, Education, Labor, and Pensions of the
5 Senate a report on the provision of peer support services
6 under the Medicaid program.

7 (b) CONTENT OF REPORT.—

8 (1) IN GENERAL.—The report required under
9 subsection (a) shall include the following informa-
10 tion:

11 (A) Information on State coverage of peer
12 support services under Medicaid, including—

13 (i) the mechanisms through which
14 States may provide such coverage, includ-
15 ing through existing statutory authority or
16 through waivers;

17 (ii) the populations to which States
18 have provided such coverage;

19 (iii) the payment models, including
20 any alternative payment models, used by
21 States to pay providers of such services;
22 and

23 (iv) where available, information on
24 Federal and State spending under Med-
25 icaid for peer support services.

1 (B) Information on selected State experi-
2 ences in providing medical assistance for peer
3 support services under State Medicaid plans
4 and whether States measure the effects of pro-
5 viding such assistance with respect to—
6 (i) improving access to behavioral
7 health services;
8 (ii) improving early detection, and
9 preventing worsening, of behavioral health
10 disorders;
11 (iii) reducing chronic and comorbid
12 conditions; and
13 (iv) reducing overall health costs.
14 (2) RECOMMENDATIONS.—The report required
15 under subsection (a) shall include recommendations,
16 including recommendations for such legislative and
17 administrative actions related to improving services,
18 including peer support services, and access to peer
19 support services under Medicaid as the Comptroller
20 General of the United States determines appro-
21 priate.

22 **SEC. 2203. MEDICAID SUBSTANCE USE DISORDER TREAT-**
23 **MENT VIA TELEHEALTH.**

24 (a) DEFINITIONS.—In this section:

1 (1) COMPTROLLER GENERAL.—The term
2 "Comptroller General" means the Comptroller Gen-
3 eral of the United States.
4 (2) SCHOOL-BASED HEALTH CENTER.—The
5 term "school-based health center" has the meaning
6 given that term in section 2110(c)(9) of the Social
7 Security Act (42 U.S.C. 1397jj(c)(9)).
8 (3) SECRETARY.—The term "Secretary" means
9 the Secretary of Health and Human Services.
10 (4) UNDERSERVED AREA.—The term "under-
11 served area" means a health professional shortage
12 area (as defined in section 332(a)(1)(A) of the Pub-
13 lic Health Service Act (42 U.S.C. 254e(a)(1)(A)))
14 and a medically underserved area (according to a
15 designation under section 330(b)(3)(A) of the Public
16 Health Service Act (42 U.S.C. 254b(b)(3)(A))).
17 (b) GUIDANCE TO STATES REGARDING FEDERAL RE-
18 IMBURSEMENT FOR FURNISHING SERVICES AND TREAT-
19 MENT FOR SUBSTANCE USE DISORDERS UNDER MED-
20 ICAID USING SERVICES DELIVERED VIA TELEHEALTH,
21 INCLUDING IN SCHOOL-BASED HEALTH CENTERS.—Not
22 later than 1 year after the date of enactment of this Act,
23 the Secretary, acting through the Administrator of the
24 Centers for Medicare & Medicaid Services, shall issue
25 guidance to States on the following:

1 (1) State options for Federal reimbursement of
2 expenditures under Medicaid for furnishing services
3 and treatment for substance use disorders, including
4 assessment, medication-assisted treatment, coun-
5 seling, and medication management, using services
6 delivered via telehealth. Such guidance shall also in-
7 clude guidance on furnishing services and treatments
8 that address the needs of high risk individuals, in-
9 cluding at least the following groups:
10 (A) American Indians and Alaska Natives.
11 (B) Adults under the age of 40.
12 (C) Individuals with a history of nonfatal
13 overdose.
14 (2) State options for Federal reimbursement of
15 expenditures under Medicaid for education directed
16 to providers serving Medicaid beneficiaries with sub-
17 stance use disorders using the hub and spoke model,
18 through contracts with managed care entities,
19 through administrative claiming for disease manage-
20 ment activities, and under Delivery System Reform
21 Incentive Payment (''DSRIP'') programs.
22 (3) State options for Federal reimbursement of
23 expenditures under Medicaid for furnishing services
24 and treatment for substance use disorders for indi-

1 viduals enrolled in Medicaid in a school-based health
2 center using services delivered via telehealth.
3 (c) GAO EVALUATION OF CHILDREN'S ACCESS TO
4 SERVICES AND TREATMENT FOR SUBSTANCE USE DIS-
5 ORDERS UNDER MEDICAID.—
6 (1) STUDY.—The Comptroller General shall
7 evaluate children's access to services and treatment
8 for substance use disorders under Medicaid. The
9 evaluation shall include an analysis of State options
10 for improving children's access to such services and
11 treatment and for improving outcomes, including by
12 increasing the number of Medicaid providers who
13 offer services or treatment for substance use dis-
14 orders in a school-based health center using services
15 delivered via telehealth, particularly in rural and un-
16 derserved areas. The evaluation shall include an
17 analysis of Medicaid provider reimbursement rates
18 for services and treatment for substance use dis-
19 orders.
20 (2) REPORT.—Not later than 1 year after the
21 date of enactment of this Act, the Comptroller Gen-
22 eral shall submit to Congress a report containing the
23 results of the evaluation conducted under paragraph
24 (1), together with recommendations for such legisla-

1 tion and administrative action as the Comptroller
2 General determines appropriate.
3 (d) REPORT ON REDUCING BARRIERS TO USING
4 SERVICES DELIVERED VIA TELEHEALTH AND REMOTE
5 PATIENT MONITORING FOR PEDIATRIC POPULATIONS
6 UNDER MEDICAID.—
7 (1) IN GENERAL.—Not later than 1 year after
8 the date of enactment of this Act, the Secretary, act-
9 ing through the Administrator of the Centers for
10 Medicare & Medicaid Services, shall issue a report to
11 the Committee on Finance of the Senate and the
12 Committee on Energy and Commerce of the House
13 of Representative identifying best practices and po-
14 tential solutions for reducing barriers to using serv-
15 ices delivered via telehealth to furnish services and
16 treatment for substance use disorders among pedi-
17 atric populations under Medicaid. The report shall
18 include—
19 (A) analyses of the best practices, barriers,
20 and potential solutions for using services deliv-
21 ered via telehealth to diagnose and provide serv-
22 ices and treatment for children with substance
23 use disorders, including opioid use disorder; and
24 (B) identification and analysis of the dif-
25 ferences, if any, in furnishing services and

1 treatment for children with substance use dis-
2 orders using services delivered via telehealth
3 and using services delivered in person, such as,
4 and to the extent feasible, with respect to—
5 (i) utilization rates;
6 (ii) costs;
7 (iii) avoidable inpatient admissions
8 and readmissions;
9 (iv) quality of care; and
10 (v) patient, family, and provider satis-
11 faction.
12 (2) PUBLICATION.—The Secretary shall publish
13 the report required under paragraph (1) on a public
14 Internet website of the Department of Health and
15 Human Services.

16 **SEC. 2204. ENHANCING PATIENT ACCESS TO NON-OPIOID**
17 **TREATMENT OPTIONS.**

18 Not later than January 1, 2019, the Secretary of
19 Health and Human Services, acting through the Adminis-
20 trator of the Centers for Medicare & Medicaid Services,
21 shall issue 1 or more final guidance documents, or update
22 existing guidance documents, to States regarding manda-
23 tory and optional items and services that may be provided
24 under a State plan under title XIX of the Social Security
25 Act (42 U.S.C. 1396 et seq.), or under a waiver of such

1 a plan, for non-opioid treatment and management of pain,
2 including, but not limited to, evidence-based non-opioid
3 pharmacological therapies and non-pharmacological thera-
4 pies.

5 **SEC. 2205. ASSESSING BARRIERS TO OPIOID USE DISORDER**
6 **TREATMENT.**

7 (a) STUDY.—
8 (1) IN GENERAL.—The Comptroller General of
9 the United States (in this section referred to as the
10 ''Comptroller General'') shall conduct a study re-
11 garding the barriers to providing medication used in
12 the treatment of substance use disorders under Med-
13 icaid distribution models such as the ''buy-and-bill''
14 model, and options for State Medicaid programs to
15 remove or reduce such barriers. The study shall in-
16 clude analyses of each of the following models of dis-
17 tribution of substance use disorder treatment medi-
18 cations, particularly buprenorphine, naltrexone, and
19 buprenorphine-naloxone combinations:
20 (A) The purchasing, storage, and adminis-
21 tration of substance use disorder treatment
22 medications by providers.
23 (B) The dispensing of substance use dis-
24 order treatment medications by pharmacists.

1 (C) The ordering, prescribing, and obtain-
2 ing substance use disorder treatment medica-
3 tions on demand from specialty pharmacies by
4 providers.
5 (2) REQUIREMENTS.—For each model of dis-
6 tribution specified in paragraph (1), the Comptroller
7 General shall evaluate how each model presents bar-
8 riers or could be used by selected State Medicaid
9 programs to reduce the barriers related to the provi-
10 sion of substance use disorder treatment by exam-
11 ining what is known about the effects of the model
12 of distribution on—
13 (A) Medicaid beneficiaries' access to sub-
14 stance use disorder treatment medications;
15 (B) the differential cost to the program be-
16 tween each distribution model for medication
17 assisted treatment; and
18 (C) provider willingness to provide or pre-
19 scribe substance use disorder treatment medica-
20 tions.
21 (b) REPORT.—Not later than 15 months after the
22 date of the enactment of this Act, the Comptroller General
23 shall submit to Congress a report containing the results
24 of the study conducted under subsection (a), together with

1 recommendations for such legislation and administrative
2 action as the Comptroller General determines appropriate.

3 **SEC. 2206. HELP FOR MOMS AND BABIES.**

4 (a) MEDICAID STATE PLAN.—Section 1905(a) of the
5 Social Security Act (42 U.S.C. 1396d(a)) is amended by
6 adding at the end the following new sentence: ''In the case
7 of a woman who is eligible for medical assistance on the
8 basis of being pregnant (including through the end of the
9 month in which the 60-day period beginning on the last
10 day of her pregnancy ends), who is a patient in an institu-
11 tion for mental diseases for purposes of receiving treat-
12 ment for a substance use disorder, and who was enrolled
13 for medical assistance under the State plan immediately
14 before becoming a patient in an institution for mental dis-
15 eases or who becomes eligible to enroll for such medical
16 assistance while such a patient, the exclusion from the def-
17 inition of 'medical assistance' set forth in the subdivision
18 (B) following paragraph (29) of the first sentence of this
19 subsection shall not be construed as prohibiting Federal
20 financial participation for medical assistance for items or
21 services that are provided to the woman outside of the in-
22 stitution.''.

23 (b) EFFECTIVE DATE.—

24 (1) IN GENERAL.—Except as provided in para-
25 graph (2), the amendment made by subsection (a)

1 shall take effect on the date of enactment of this
2 Act.
3 (2) RULE FOR CHANGES REQUIRING STATE
4 LEGISLATION.—In the case of a State plan under
5 title XIX of the Social Security Act which the Sec-
6 retary of Health and Human Services determines re-
7 quires State legislation (other than legislation appro-
8 priating funds) in order for the plan to meet the ad-
9 ditional requirements imposed by the amendment
10 made by subsection (a), the State plan shall not be
11 regarded as failing to comply with the requirements
12 of such title solely on the basis of its failure to meet
13 these additional requirements before the first day of
14 the first calendar quarter beginning after the close
15 of the first regular session of the State legislature
16 that begins after the date of the enactment of this
17 Act. For purposes of the previous sentence, in the
18 case of a State that has a 2-year legislative session,
19 each year of such session shall be deemed to be a
20 separate regular session of the State legislature.

21 **SEC. 2207. SECURING FLEXIBILITY TO TREAT SUBSTANCE**
22 **USE DISORDERS.**

23 Section 1903(m) of the Social Security Act (42
24 U.S.C. 1396b(m)) is amended by adding at the end the
25 following new paragraph:

1 "(7) Payment shall be made under this title to a
2 State for expenditures for capitation payments described
3 in section 438.6(e) of title 42, Code of Federal Regula-
4 tions (or any successor regulation).".

5 **SEC. 2208. MACPAC STUDY AND REPORT ON MAT UTILIZA-**
6 **TION CONTROLS UNDER STATE MEDICAID**
7 **PROGRAMS.**

8 (a) STUDY.—The Medicaid and CHIP Payment and
9 Access Commission shall conduct a study and analysis of
10 utilization control policies applied to medication-assisted
11 treatment for substance use disorders under State Med-
12 icaid programs, including policies and procedures applied
13 both in fee-for-service Medicaid and in risk-based man-
14 aged care Medicaid, which shall—

15 (1) include an inventory of such utilization con-
16 trol policies and related protocols for ensuring access
17 to medically necessary treatment;

18 (2) determine whether managed care utilization
19 control policies and procedures for medication as-
20 sisted treatment for substance use disorders are con-
21 sistent with section 438.210(a)(4)(ii) of title 42,
22 Code of Federal Regulations; and

23 (3) identify policies that—

24 (A) limit an individual's access to medica-
25 tion-assisted treatment for a substance use dis-

1 order by limiting the quantity of medication-as-
2 sisted treatment prescriptions, or the number of
3 refills for such prescriptions, available to the in-
4 dividual as part of a prior authorization process
5 or similar utilization protocols; and
6 (B) apply without evaluating individual in-
7 stances of fraud, waste, or abuse.
8 (b) REPORT.—Not later than 1 year after the date
9 of the enactment of this Act, the Medicaid and CHIP Pay-
10 ment and Access Commission shall make publicly available
11 a report containing the results of the study conducted
12 under subsection (a).

13 **SEC. 2209. OPIOID ADDICTION TREATMENT PROGRAMS EN-**
14 **HANCEMENT.**

15 (a) T–MSIS SUBSTANCE USE DISORDER DATA
16 BOOK.—
17 (1) IN GENERAL.—Not later than the date that
18 is 12 months after the date of enactment of this Act,
19 the Secretary of Health and Human Services (in this
20 section referred to as the ''Secretary'') shall publish
21 on the public website of the Centers for Medicare &
22 Medicaid Services a report with comprehensive data
23 on the prevalence of substance use disorders in the
24 Medicaid beneficiary population and services pro-

1 vided for the treatment of substance use disorders
2 under Medicaid.
3 (2) CONTENT OF REPORT.—The report re-
4 quired under paragraph (1) shall include, at a min-
5 imum, the following data for each State (including,
6 to the extent available, for the District of Columbia,
7 Puerto Rico, the Virgin Islands, Guam, the North-
8 ern Mariana Islands, and American Samoa):
9 (A) The number and percentage of individ-
10 uals enrolled in the State Medicaid plan or
11 waiver of such plan in each of the major enroll-
12 ment categories (as defined in a public letter
13 from the Medicaid and CHIP Payment and Ac-
14 cess Commission to the Secretary) who have
15 been diagnosed with a substance use disorder
16 and whether such individuals are enrolled under
17 the State Medicaid plan or a waiver of such
18 plan, including the specific waiver authority
19 under which they are enrolled, to the extent
20 available.
21 (B) A list of the substance use disorder
22 treatment services by each major type of serv-
23 ice, such as counseling, medication assisted
24 treatment, peer support, residential treatment,
25 and inpatient care, for which beneficiaries in

1 each State received at least 1 service under the
2 State Medicaid plan or a waiver of such plan.
3 (C) The number and percentage of individ-
4 uals with a substance use disorder diagnosis en-
5 rolled in the State Medicaid plan or waiver of
6 such plan who received substance use disorder
7 treatment services under such plan or waiver by
8 each major type of service under subparagraph
9 (B) within each major setting type, such as out-
10 patient, inpatient, residential, and other home
11 and community-based settings.
12 (D) The number of services provided under
13 the State Medicaid plan or waiver of such plan
14 per individual with a substance use disorder di-
15 agnosis enrolled in such plan or waiver for each
16 major type of service under subparagraph (B).
17 (E) The number and percentage of individ-
18 uals enrolled in the State Medicaid plan or
19 waiver, by major enrollment category, who re-
20 ceived substance use disorder treatment
21 through—
22 (i) a medicaid managed care entity
23 (as defined in section 1932(a)(1)(B) of the
24 Social Security Act (42 U.S.C. 1396u–
25 2(a)(1)(B))), including the number of such

1 individuals who received such assistance
2 through a prepaid inpatient health plan or
3 a prepaid ambulatory health plan;
4 (ii) a fee-for-service payment model;
5 or
6 (iii) an alternative payment model, to
7 the extent available.
8 (F) The number and percentage of individ-
9 uals with a substance use disorder who receive
10 substance use disorder treatment services in an
11 outpatient or home and community-based set-
12 ting after receiving treatment in an inpatient or
13 residential setting, and the number of services
14 received by such individuals in the outpatient or
15 home and community-based setting.
16 (3) ANNUAL UPDATES.—The Secretary shall
17 issue an updated version of the report required
18 under paragraph (1) not later than January 1 of
19 each calendar year through 2024.
20 (4) USE OF T–MSIS DATA.—The report required
21 under paragraph (1) and updates required under
22 paragraph (3) shall—
23 (A) use data and definitions from the
24 Transformed Medicaid Statistical Information
25 System ("T–MSIS") data set that is no more

1 than 12 months old on the date that the report
2 or update is published; and
3 (B) as appropriate, include a description
4 with respect to each State of the quality and
5 completeness of the data and caveats describing
6 the limitations of the data reported to the Sec-
7 retary by the State that is sufficient to commu-
8 nicate the appropriate uses for the information.
9 (b) MAKING T–MSIS DATA ON SUBSTANCE USE
10 DISORDERS AVAILABLE TO RESEARCHERS.—
11 (1) IN GENERAL.—The Secretary shall publish
12 in the Federal Register a system of records notice
13 for the data specified in paragraph (2) for the
14 Transformed Medicaid Statistical Information Sys-
15 tem, in accordance with section 552a(e)(4) of title 5,
16 United States Code. The notice shall outline policies
17 that protect the security and privacy of the data
18 that, at a minimum, meet the security and privacy
19 policies of SORN 09-70-0541 for the Medicaid Sta-
20 tistical Information System.
21 (2) REQUIRED DATA.—The data covered by the
22 systems of records notice required under paragraph
23 (1) shall be sufficient for researchers and States to
24 analyze the prevalence of substance use disorders in
25 the Medicaid beneficiary population and the treat-

1 ment of substance use disorders under Medicaid
2 across all States (including the District of Columbia,
3 Puerto Rico, the Virgin Islands, Guam, the North-
4 ern Mariana Islands, and American Samoa), forms
5 of treatment, and treatment settings.

6 (3) INITIATION OF DATA-SHARING ACTIVI-
7 TIES.—Not later than January 1, 2019, the Sec-
8 retary shall initiate the data-sharing activities out-
9 lined in the notice required under paragraph (1).

10 **SEC. 2210. BETTER DATA SHARING TO COMBAT THE OPIOID**
11 **CRISIS.**

12 (a) IN GENERAL.—Section 1903(m) of the Social Se-
13 curity Act (42 U.S.C. 1396b(m)), as amended by section
14 2207, is amended by adding at the end the following new
15 paragraph:

16 ''(8)(A) The State agency administering the State
17 plan under this title may have reasonable access, as deter-
18 mined by the State, to 1 or more prescription drug moni-
19 toring program databases administered or accessed by the
20 State to the extent the State agency is permitted to access
21 such databases under State law.

22 ''(B) Such State agency may facilitate reasonable ac-
23 cess, as determined by the State, to 1 or more prescription
24 drug monitoring program databases administered or
25 accessed by the State, to same extent that the State agen-

1 cy is permitted under State law to access such databases,
2 for—
3 "(i) any provider enrolled under the State plan
4 to provide services to Medicaid beneficiaries; and
5 "(ii) any managed care entity (as defined under
6 section 1932(a)(1)(B)) that has a contract with the
7 State under this subsection or under section
8 1905(t)(3).
9 "(C) Such State agency may share information in
10 such databases, to the same extent that the State agency
11 is permitted under State law to share information in such
12 databases, with—
13 "(i) any provider enrolled under the State plan
14 to provide services to Medicaid beneficiaries; and
15 "(ii) any managed care entity (as defined under
16 section 1932(a)(1)(B)) that has a contract with the
17 State under this subsection or under section
18 1905(t)(3).".
19 (b) SECURITY AND PRIVACY.—All applicable State
20 and Federal security and privacy protections and laws
21 shall apply to any State agency, individual, or entity ac-
22 cessing 1 or more prescription drug monitoring program
23 databases or obtaining information in such databases in
24 accordance with section 1903(m)(8) of the Social Security

1 Act (42 U.S.C. 1396b(m)(8)) (as added by subsection
2 (a)).
3 (c) EFFECTIVE DATE.—The amendment made by
4 subsection (a) shall take effect on the date of enactment
5 of this Act.

6 **SEC. 2211. MANDATORY REPORTING WITH RESPECT TO**
7 **ADULT BEHAVIORAL HEALTH MEASURES.**

8 Section 1139B of the Social Security Act (42 U.S.C.
9 1320b–9b) is amended—
10 (1) in subsection (b)—
11 (A) in paragraph (3)—
12 (i) by striking "Not later than Janu-
13 ary 1, 2013" and inserting the following:
14 "(A) VOLUNTARY REPORTING.—Not later
15 than January 1, 2013"; and
16 (ii) by adding at the end the fol-
17 lowing:
18 "(B) MANDATORY REPORTING WITH RE-
19 SPECT TO BEHAVIORAL HEALTH MEASURES.—
20 Beginning with the State report required under
21 subsection (d)(1) for 2024, the Secretary shall
22 require States to use all behavioral health meas-
23 ures included in the core set of adult health
24 quality measures and any updates or changes to
25 such measures to report information, using the

1 standardized format for reporting information
2 and procedures developed under subparagraph
3 (A), regarding the quality of behavioral health
4 care for Medicaid eligible adults.'';
5 (B) in paragraph (5), by adding at the end
6 the following new subparagraph:
7 ''(C) BEHAVIORAL HEALTH MEASURES.—
8 Beginning with respect to State reports re-
9 quired under subsection (d)(1) for 2024, the
10 core set of adult health quality measures main-
11 tained under this paragraph (and any updates
12 or changes to such measures) shall include be-
13 havioral health measures.''; and
14 (2) in subsection (d)(1)(A)—
15 (A) by striking ''the such plan'' and insert-
16 ing ''such plan''; and
17 (B) by striking ''subsection (a)(5)'' and in-
18 serting ''subsection (b)(5) and, beginning with
19 the report for 2024, all behavioral health meas-
20 ures included in the core set of adult health
21 quality measures maintained under such sub-
22 section (b)(5) and any updates or changes to
23 such measures (as required under subsection
24 (b)(3))''.

1 **SEC. 2212. REPORT ON INNOVATIVE STATE INITIATIVES**
2 **AND STRATEGIES TO PROVIDE HOUSING-RE-**
3 **LATED SERVICES AND SUPPORTS TO INDI-**
4 **VIDUALS STRUGGLING WITH SUBSTANCE USE**
5 **DISORDERS UNDER MEDICAID.**

6 (a) IN GENERAL.—Not later than 1 year after the
7 date of enactment of this Act, the Secretary of Health and
8 Human Services shall issue a report to Congress describ-
9 ing innovative State initiatives and strategies for providing
10 housing-related services and supports under a State Med-
11 icaid program to individuals with substance use disorders
12 who are experiencing or at risk of experiencing homeless-
13 ness.

14 (b) CONTENT OF REPORT.—The report required
15 under subsection (a) shall describe the following:

16 (1) Existing methods and innovative strategies
17 developed and adopted by State Medicaid programs
18 that have achieved positive outcomes in increasing
19 housing stability among Medicaid beneficiaries with
20 substance use disorders who are experiencing or at
21 risk of experiencing homelessness, including Med-
22 icaid beneficiaries with substance use disorders who
23 are—

24 (A) receiving treatment for substance use
25 disorders in inpatient, residential, outpatient, or
26 home and community-based settings;

1 (B) transitioning between substance use
2 disorder treatment settings; or
3 (C) living in supportive housing or another
4 model of affordable housing.
5 (2) Strategies employed by Medicaid managed
6 care organizations, primary care case managers, hos-
7 pitals, accountable care organizations, and other
8 care coordination providers to deliver housing-related
9 services and supports and to coordinate services pro-
10 vided under State Medicaid programs across dif-
11 ferent treatment settings.
12 (3) Innovative strategies and lessons learned by
13 States with Medicaid waivers approved under section
14 1115 or 1915 of the Social Security Act (42 U.S.C.
15 1315, 1396n), including—
16 (A) challenges experienced by States in de-
17 signing, securing, and implementing such waiv-
18 ers or plan amendments;
19 (B) how States developed partnerships
20 with other organizations such as behavioral
21 health agencies, State housing agencies, hous-
22 ing providers, health care services agencies and
23 providers, community-based organizations, and
24 health insurance plans to implement waivers or
25 State plan amendments; and

1 (C) how and whether States plan to pro-
2 vide Medicaid coverage for housing-related serv-
3 ices and supports in the future, including by
4 covering such services and supports under State
5 Medicaid plans or waivers.
6 (4) Existing opportunities for States to provide
7 housing-related services and supports through a
8 Medicaid waiver under sections 1115 or 1915 of the
9 Social Security Act (42 U.S.C. 1315, 1396n) or
10 through a State Medicaid plan amendment, such as
11 the Assistance in Community Integration Service
12 pilot program, which promotes supportive housing
13 and other housing-related supports under Medicaid
14 for individuals with substance use disorders and for
15 which Maryland has a waiver approved under such
16 section 1115 to conduct the program.
17 (5) Innovative strategies and partnerships de-
18 veloped and implemented by State Medicaid pro-
19 grams or other entities to identify and enroll eligible
20 individuals with substance use disorders who are ex-
21 periencing or at risk of experiencing homelessness in
22 State Medicaid programs.

1 **SEC. 2213. TECHNICAL ASSISTANCE AND SUPPORT FOR IN-**
2 **NOVATIVE STATE STRATEGIES TO PROVIDE**
3 **HOUSING-RELATED SUPPORTS UNDER MED-**
4 **ICAID.**
5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services shall provide technical assistance and
7 support to States regarding the development and expan-
8 sion of innovative State strategies (including through
9 State Medicaid demonstration projects) to provide hous-
10 ing-related supports and services and care coordination
11 services under Medicaid to individuals with substance use
12 disorders.
13 (b) REPORT.—Not later than 180 days after the date
14 of enactment of this Act, the Secretary shall issue a report
15 to Congress detailing a plan of action to carry out the
16 requirements of subsection (a).

17 # Subtitle C—Human Services

18 **SEC. 2301. SUPPORTING FAMILY-FOCUSED RESIDENTIAL**
19 **TREATMENT.**
20 (a) DEFINITIONS.—In this section:
21 (1) FAMILY-FOCUSED RESIDENTIAL TREAT-
22 MENT PROGRAM.—The term ''family-focused resi-
23 dential treatment program'' means a trauma-in-
24 formed residential program primarily for substance
25 use disorder treatment for pregnant and postpartum
26 women and parents and guardians that allows chil-

1 dren to reside with such women or their parents or
2 guardians during treatment to the extent appro-
3 priate and applicable.
4 (2) MEDICAID PROGRAM.—The term ''Medicaid
5 program'' means the program established under title
6 XIX of the Social Security Act (42 U.S.C. 1396 et
7 seq.).
8 (3) SECRETARY.—The term ''Secretary'' means
9 the Secretary of Health and Human Services.
10 (4) TITLE IV–E PROGRAM.—The term ''title
11 IV–E program'' means the program for foster care,
12 prevention, and permanency established under part
13 E of title IV of the Social Security Act (42 U.S.C.
14 670 et seq.).
15 (b) GUIDANCE ON FAMILY-FOCUSED RESIDENTIAL
16 TREATMENT PROGRAMS.—
17 (1) IN GENERAL.—Not later than 180 days
18 after the date of enactment of this Act, the Sec-
19 retary, in consultation with divisions of the Depart-
20 ment of Health and Human Services administering
21 substance use disorder or child welfare programs,
22 shall develop and issue guidance to States identi-
23 fying opportunities to support family-focused resi-
24 dential treatment programs for the provision of sub-
25 stance use disorder treatment. Before issuing such

1 guidance, the Secretary shall solicit input from rep-
2 resentatives of States, health care providers with ex-
3 pertise in addiction medicine, obstetrics and gyne-
4 cology, neonatology, child trauma, and child develop-
5 ment, health plans, recipients of family-focused
6 treatment services, and other relevant stakeholders.
7 (2) ADDITIONAL REQUIREMENTS.—The guid-
8 ance required under paragraph (1) shall include de-
9 scriptions of the following:
10 (A) Existing opportunities and flexibilities
11 under the Medicaid program, including under
12 waivers authorized under section 1115 or 1915
13 of the Social Security Act (42 U.S.C. 1315,
14 1396n), for States to receive Federal Medicaid
15 funding for the provision of substance use dis-
16 order treatment for pregnant and postpartum
17 women and parents and guardians and, to the
18 extent applicable, their children, in family-fo-
19 cused residential treatment programs.
20 (B) How States can employ and coordinate
21 funding provided under the Medicaid program,
22 the title IV-E program, and other programs ad-
23 ministered by the Secretary to support the pro-
24 vision of treatment and services provided by a
25 family-focused residential treatment facility

1 such as substance use disorder treatment and
2 services, including medication-assisted treat-
3 ment, family, group, and individual counseling,
4 case management, parenting education and
5 skills development, the provision, assessment, or
6 coordination of care and services for children,
7 including necessary assessments and appro-
8 priate interventions, non-emergency transpor-
9 tation for necessary care provided at or away
10 from a program site, transitional services and
11 supports for families leaving treatment, and
12 other services.

13 (C) How States can employ and coordinate
14 funding provided under the Medicaid program
15 and the title IV–E program (including as
16 amended by the Family First Prevention Serv-
17 ices Act enacted under title VII of division E of
18 Public Law 115–123, and particularly with re-
19 spect to the authority under subsections
20 (a)(2)(C) and (j) of section 472 and section
21 474(a)(1) of the Social Security Act (42 U.S.C.
22 672, 674(a)(1)) (as amended by section 50712
23 of Public Law 115–123) to provide foster care
24 maintenance payments for a child placed with a
25 parent who is receiving treatment in a licensed

1 residential family-based treatment facility for a
2 substance use disorder) to support placing chil-
3 dren with their parents in family-focused resi-
4 dential treatment programs.

5 **SEC. 2302. IMPROVING RECOVERY AND REUNIFYING FAMI-**
6 **LIES.**

7 (a) FAMILY RECOVERY AND REUNIFICATION PRO-
8 GRAM REPLICATION PROJECT.—Section 435 of the Social
9 Security Act (42 U.S.C. 629e) is amended by adding at
10 the end the following:

11 ''(e) FAMILY RECOVERY AND REUNIFICATION PRO-
12 GRAM REPLICATION PROJECT.—

13 ''(1) PURPOSE.—The purpose of this subsection
14 is to provide resources to the Secretary to support
15 the conduct and evaluation of a family recovery and
16 reunification program replication project (referred to
17 in this subsection as the 'project') and to determine
18 the extent to which such programs may be appro-
19 priate for use at different intervention points (such
20 as when a child is at risk of entering foster care or
21 when a child is living with a guardian while a parent
22 is in treatment). The family recovery and reunifica-
23 tion program conducted under the project shall use
24 a recovery coach model that is designed to help re-
25 unify families and protect children by working with

1 parents or guardians with a substance use disorder
2 who have temporarily lost custody of their children.
3 ‘‘(2) PROGRAM COMPONENTS.—The family re-
4 covery and reunification program conducted under
5 the project shall adhere closely to the elements and
6 protocol determined to be most effective in other re-
7 covery coaching programs that have been rigorously
8 evaluated and shown to increase family reunification
9 and protect children and, consistent with such ele-
10 ments and protocol, shall provide such items and
11 services as—
12 ‘‘(A) assessments to evaluate the needs of
13 the parent or guardian;
14 ‘‘(B) assistance in receiving the appro-
15 priate benefits to aid the parent or guardian in
16 recovery;
17 ‘‘(C) services to assist the parent or guard-
18 ian in prioritizing issues identified in assess-
19 ments, establishing goals for resolving such
20 issues that are consistent with the goals of the
21 treatment provider, child welfare agency,
22 courts, and other agencies involved with the
23 parent or guardian or their children, and mak-
24 ing a coordinated plan for achieving such goals;

1 "(D) home visiting services coordinated
2 with the child welfare agency and treatment
3 provider involved with the parent or guardian
4 or their children;
5 "(E) case management services to remove
6 barriers for the parent or guardian to partici-
7 pate and continue in treatment, as well as to
8 re-engage a parent or guardian who is not par-
9 ticipating or progressing in treatment;
10 "(F) access to services needed to monitor
11 the parent's or guardian's compliance with pro-
12 gram requirements;
13 "(G) frequent reporting between the treat-
14 ment provider, child welfare agency, courts, and
15 other agencies involved with the parent or
16 guardian or their children to ensure appropriate
17 information on the parent's or guardian's sta-
18 tus is available to inform decision-making; and
19 "(H) assessments and recommendations
20 provided by a recovery coach to the child wel-
21 fare caseworker responsible for documenting the
22 parent's or guardian's progress in treatment
23 and recovery as well as the status of other
24 areas identified in the treatment plan for the
25 parent or guardian, including a recommenda-

1 tion regarding the expected safety of the child
2 if the child is returned to the custody of the
3 parent or guardian that can be used by the
4 caseworker and a court to make permanency
5 decisions regarding the child.
6 ''(3) RESPONSIBILITIES OF THE SECRETARY.—
7 ''(A) IN GENERAL.—The Secretary shall,
8 through a grant or contract with 1 or more en-
9 tities, conduct and evaluate the family recovery
10 and reunification program under the project.
11 ''(B) REQUIREMENTS.—In identifying 1 or
12 more entities to conduct the evaluation of the
13 family recovery and reunification program, the
14 Secretary shall—
15 ''(i) determine that the area or areas
16 in which the program will be conducted
17 have sufficient substance use disorder
18 treatment providers and other resources
19 (other than those provided with funds
20 made available to carry out the project) to
21 successfully conduct the program;
22 ''(ii) determine that the area or areas
23 in which the program will be conducted
24 have enough potential program partici-
25 pants, and will serve a sufficient number of

1 parents or guardians and their children, so
2 as to allow for the formation of a control
3 group, evaluation results to be adequately
4 powered, and preliminary results of the
5 evaluation to be available within 4 years of
6 the program's implementation;

7 "(iii) provide the entity or entities
8 with technical assistance for the program
9 design, including by working with 1 or
10 more entities that are or have been in-
11 volved in recovery coaching programs that
12 have been rigorously evaluated and shown
13 to increase family reunification and protect
14 children so as to make sure the program
15 conducted under the project adheres closely
16 to the elements and protocol determined to
17 be most effective in such other recovery
18 coaching programs;

19 "(iv) assist the entity or entities in se-
20 curing adequate coaching, treatment, child
21 welfare, court, and other resources needed
22 to successfully conduct the family recovery
23 and reunification program under the
24 project; and

1 "(v) ensure the entity or entities will
2 be able to monitor the impacts of the pro-
3 gram in the area or areas in which it is
4 conducted for at least 5 years after parents
5 or guardians and their children are ran-
6 domly assigned to participate in the pro-
7 gram or to be part of the program's con-
8 trol group.
9 "(4) EVALUATION REQUIREMENTS.—
10 "(A) IN GENERAL.—The Secretary, in con-
11 sultation with the entity or entities conducting
12 the family recovery and reunification program
13 under the project, shall conduct an evaluation
14 to determine whether the program has been im-
15 plemented effectively and resulted in improve-
16 ments for children and families. The evaluation
17 shall have 3 components: a pilot phase, an im-
18 pact study, and an implementation study.
19 "(B) PILOT PHASE.—The pilot phase com-
20 ponent of the evaluation shall consist of the
21 Secretary providing technical assistance to the
22 entity or entities conducting the family recovery
23 and reunification program under the project to
24 ensure—

1 "(i) the program's implementation ad-
2 heres closely to the elements and protocol
3 determined to be most effective in other re-
4 covery coaching programs that have been
5 rigorously evaluated and shown to increase
6 family reunification and protect children;
7 and
8 "(ii) random assignment of parents or
9 guardians and their children to be partici-
10 pants in the program or to be part of the
11 program's control group is being carried
12 out.
13 "(C) IMPACT STUDY.—The impact study
14 component of the evaluation shall determine the
15 impacts of the family recovery and reunification
16 program conducted under the project on the
17 parents and guardians and their children par-
18 ticipating in the program. The impact study
19 component shall—
20 "(i) be conducted using an experi-
21 mental design that uses a random assign-
22 ment research methodology;
23 "(ii) consistent with previous studies
24 of other recovery coaching programs that
25 have been rigorously evaluated and shown

1 to increase family reunification and protect
2 children, measure outcomes for parents
3 and guardians and their children over mul-
4 tiple time periods, including for a period of
5 5 years; and
6 ‘‘(iii) include measurements of family
7 stability and parent, guardian, and child
8 safety for program participants and the
9 program control group that are consistent
10 with measurements of such factors for par-
11 ticipants and control groups from previous
12 studies of other recovery coaching pro-
13 grams so as to allow results of the impact
14 study to be compared with the results of
15 such prior studies, including with respect
16 to comparisons between program partici-
17 pants and the program control group re-
18 garding—
19 ‘‘(I) safe family reunification;
20 ‘‘(II) time to reunification;
21 ‘‘(III) permanency (such as
22 through measures of reunification,
23 adoption, or placement with guard-
24 ians);

1 ‘‘(IV) safety (such as through
2 measures of subsequent maltreat-
3 ment);
4 ‘‘(V) parental or guardian treat-
5 ment persistence and engagement;
6 ‘‘(VI) parental or guardian sub-
7 stance use;
8 ‘‘(VII) juvenile delinquency;
9 ‘‘(VIII) cost; and
10 ‘‘(IX) other measurements
11 agreed upon by the Secretary and the
12 entity or entities operating the family
13 recovery and reunification program
14 under the project.
15 ‘‘(D) IMPLEMENTATION STUDY.—The im-
16 plementation study component of the evaluation
17 shall be conducted concurrently with the con-
18 duct of the impact study component and shall
19 include, in addition to such other information
20 as the Secretary may determine, descriptions
21 and analyses of—
22 ‘‘(i) the adherence of the family recov-
23 ery and reunification program conducted
24 under the project to other recovery coach-
25 ing programs that have been rigorously

1 evaluated and shown to increase family re-
2 unification and protect children; and
3 ''(ii) the difference in services received
4 or proposed to be received by the program
5 participants and the program control
6 group.
7 ''(E) REPORT.—The Secretary shall pub-
8 lish on an internet website maintained by the
9 Secretary the following information:
10 ''(i) A report on the pilot phase com-
11 ponent of the evaluation.
12 ''(ii) A report on the impact study
13 component of the evaluation.
14 ''(iii) A report on the implementation
15 study component of the evaluation.
16 ''(iv) A report that includes—
17 ''(I) analyses of the extent to
18 which the program has resulted in in-
19 creased reunifications, increased per-
20 manency, case closures, net savings to
21 the State or States involved (taking
22 into account both costs borne by
23 States and the Federal government),
24 or other outcomes, or if the program
25 did not produce such outcomes, an

1 analysis of why the replication of the
2 program did not yield such results;
3 ''(II) if, based on such analyses,
4 the Secretary determines the program
5 should be replicated, a replication
6 plan; and
7 ''(III) such recommendations for
8 legislation and administrative action
9 as the Secretary determines appro-
10 priate.
11 ''(5) APPROPRIATION.—In addition to any
12 amounts otherwise made available to carry out this
13 subpart, out of any money in the Treasury of the
14 United States not otherwise appropriated, there are
15 appropriated $15,000,000 for fiscal year 2019 to
16 carry out the project, which shall remain available
17 through fiscal year 2026.''.
18 (b) CLARIFICATION OF PAYER OF LAST RESORT AP-
19 PLICATION TO CHILD WELFARE PREVENTION AND FAM-
20 ILY SERVICES.—Section 471(e)(10) of the Social Security
21 Act (42 U.S.C. 671(e)(10)), as added by section
22 50711(a)(2) of division E of Public Law 115–123, is
23 amended—
24 (1) in subparagraph (A), by inserting '', nor
25 shall the provision of such services or programs be

1 construed to permit the State to reduce medical or
2 other assistance available to a recipient of such serv-
3 ices or programs'' after ''under this Act''; and
4 (2) by adding at the end the following:
5 ''(C) PAYER OF LAST RESORT.—In car-
6 rying out its responsibilities to ensure access to
7 services or programs under this subsection, the
8 State agency shall not be considered to be a le-
9 gally liable third party for purposes of satis-
10 fying a financial commitment for the cost of
11 providing such services or programs with re-
12 spect to any individual for whom such cost
13 would have been paid for from another public
14 or private source but for the enactment of this
15 subsection (except that whenever considered
16 necessary to prevent a delay in the receipt of
17 appropriate early intervention services by a
18 child or family in a timely fashion, funds pro-
19 vided under section 474(a)(6) may be used to
20 pay the provider of services or programs pend-
21 ing reimbursement from the public or private
22 source that has ultimate responsibility for the
23 payment).''.

1 (c) EFFECTIVE DATE.—The amendments made by
2 subsection (b) shall take effect as if included in section
3 50711 of division E of Public Law 115–123.

4 **SEC. 2303. BUILDING CAPACITY FOR FAMILY-FOCUSED RES-**
5 **IDENTIAL TREATMENT.**

6 (a) DEFINITIONS.—In this section:
7 (1) ELIGIBLE ENTITY.—The term ''eligible enti-
8 ty'' means a State, county, local, or tribal health or
9 child welfare agency, a private nonprofit organiza-
10 tion, a research organization, a treatment service
11 provider, an institution of higher education (as de-
12 fined under section 101 of the Higher Education Act
13 of 1965 (20 U.S.C. 1001)), or another entity speci-
14 fied by the Secretary.
15 (2) FAMILY-FOCUSED RESIDENTIAL TREAT-
16 MENT PROGRAM.—The term ''family-focused resi-
17 dential treatment program'' means a trauma-in-
18 formed residential program primarily for substance
19 use disorder treatment for pregnant and postpartum
20 women and parents and guardians that allows chil-
21 dren to reside with such women or their parents or
22 guardians during treatment to the extent appro-
23 priate and applicable.
24 (3) SECRETARY.—The term ''Secretary'' means
25 the Secretary of Health and Human Services.

1 (b) SUPPORT FOR THE DEVELOPMENT OF EVI-
2 DENCE-BASED FAMILY-FOCUSED RESIDENTIAL TREAT-
3 MENT PROGRAMS.—
4 (1) AUTHORITY TO AWARD GRANTS.—The Sec-
5 retary shall award grants to eligible entities for pur-
6 poses of developing, enhancing, or evaluating family-
7 focused residential treatment programs to increase
8 the availability of such programs that meet the re-
9 quirements for promising, supported, or well-sup-
10 ported practices specified in section 471(e)(4)(C) of
11 the Social Security Act (42 U.S.C. 671(e)(4)(C)))
12 (as added by the Family First Prevention Services
13 Act enacted under title VII of division E of Public
14 Law 115–123).
15 (2) EVALUATION REQUIREMENT.—The Sec-
16 retary shall require any evaluation of a family-fo-
17 cused residential treatment program by an eligible
18 entity that uses funds awarded under this section for
19 all or part of the costs of the evaluation be designed
20 to assist in the determination of whether the pro-
21 gram may qualify as a promising, supported, or well-
22 supported practice in accordance with the require-
23 ments of such section 471(e)(4)(C).
24 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
25 authorized to be appropriated to the Secretary to carry

1 out this section, $20,000,000 for fiscal year 2019, which
2 shall remain available through fiscal year 2023.

3 Subtitle D—Synthetics Trafficking
4 and Overdose Prevention

5 **SEC. 2401. SHORT TITLE.**

6 This subtitle may be cited as the ''Synthetics Traf-
7 ficking and Overdose Prevention Act of 2018'' or ''STOP
8 Act of 2018''.

9 **SEC. 2402. CUSTOMS FEES.**

10 (a) IN GENERAL.—Section 13031(b)(9) of the Con-
11 solidated Omnibus Budget Reconciliation Act of 1985 (19
12 U.S.C. 58c(b)(9)) is amended by adding at the end the
13 following:

14 ''(D)(i) With respect to the processing of items
15 that are sent to the United States through the inter-
16 national postal network by 'Inbound Express Mail
17 service' or 'Inbound EMS' (as that service is de-
18 scribed in the mail classification schedule referred to
19 in section 3631 of title 39, United States Code), the
20 following payments are required:

21 ''(I) $1 per Inbound EMS item.

22 ''(II) If an Inbound EMS item is formally
23 entered, the fee provided for under subsection
24 (a)(9), if applicable.

1 "(ii) Notwithstanding section 451 of the Tariff
2 Act of 1930 (19 U.S.C. 1451), the payments re-
3 quired by clause (i), as allocated pursuant to clause
4 (iii)(I), shall be the only payments required for reim-
5 bursement of U.S. Customs and Border Protection
6 for customs services provided in connection with the
7 processing of an Inbound EMS item.
8 "(iii)(I) The payments required by clause (i)(I)
9 shall be allocated as follows:
10 "(aa) 50 percent of the amount of the pay-
11 ments shall be paid on a quarterly basis by the
12 United States Postal Service to the Commis-
13 sioner of U.S. Customs and Border Protection
14 in accordance with regulations prescribed by the
15 Secretary of the Treasury to reimburse U.S.
16 Customs and Border Protection for customs
17 services provided in connection with the proc-
18 essing of Inbound EMS items.
19 "(bb) 50 percent of the amount of the pay-
20 ments shall be retained by the Postal Service to
21 reimburse the Postal Service for services pro-
22 vided in connection with the customs processing
23 of Inbound EMS items.
24 "(II) Payments received by U.S. Customs and
25 Border Protection under subclause (I)(aa) shall, in

1 accordance with section 524 of the Tariff Act of
2 1930 (19 U.S.C. 1524), be deposited in the Customs
3 User Fee Account and used to directly reimburse
4 each appropriation for the amount paid out of that
5 appropriation for the costs incurred in providing
6 services to international mail facilities. Amounts de-
7 posited in accordance with the preceding sentence
8 shall be available until expended for the provision of
9 such services.
10 ''(III) Payments retained by the Postal Service
11 under subclause (I)(bb) shall be used to directly re-
12 imburse the Postal Service for the costs incurred in
13 providing services in connection with the customs
14 processing of Inbound EMS items.
15 ''(iv) Beginning in fiscal year 2021, the Sec-
16 retary, in consultation with the Postmaster General,
17 may adjust, not more frequently than once each fis-
18 cal year, the amount described in clause (i)(I) to an
19 amount commensurate with the costs of services pro-
20 vided in connection with the customs processing of
21 Inbound EMS items, consistent with the obligations
22 of the United States under international agree-
23 ments.''.

1 (b) CONFORMING AMENDMENTS.—Section 13031(a)
2 of the Consolidated Omnibus Budget Reconciliation Act
3 of 1985 (19 U.S.C. 58c(a)) is amended—
4 (1) in paragraph (6), by inserting ''(other than
5 an item subject to a fee under subsection
6 (b)(9)(D))'' after ''customs officer''; and
7 (2) in paragraph (10)—
8 (A) in subparagraph (C), in the matter
9 preceding clause (i), by inserting ''(other than
10 Inbound EMS items described in subsection
11 (b)(9)(D))'' after ''release''; and
12 (B) in the flush at the end, by inserting
13 ''or of Inbound EMS items described in sub-
14 section (b)(9)(D),'' after ''(C),''.
15 (c) EFFECTIVE DATE.—The amendments made by
16 this section shall take effect on January 1, 2020.
17 **SEC. 2403. MANDATORY ADVANCE ELECTRONIC INFORMA-**
18 **TION FOR POSTAL SHIPMENTS.**
19 (a) MANDATORY ADVANCE ELECTRONIC INFORMA-
20 TION.—
21 (1) IN GENERAL.—Section 343(a)(3)(K) of the
22 Trade Act of 2002 (Public Law 107–210; 19 U.S.C.
23 2071 note) is amended to read as follows:
24 ''(K)(i) The Secretary shall prescribe regu-
25 lations requiring the United States Postal Serv-

1 ice to transmit the information described in
2 paragraphs (1) and (2) to the Commissioner of
3 U.S. Customs and Border Protection for inter-
4 national mail shipments by the Postal Service
5 (including shipments to the Postal Service from
6 foreign postal operators that are transported by
7 private carrier) consistent with the require-
8 ments of this subparagraph.
9 ''(ii) In prescribing regulations under
10 clause (i), the Secretary shall impose require-
11 ments for the transmission to the Commissioner
12 of information described in paragraphs (1) and
13 (2) for mail shipments described in clause (i)
14 that are comparable to the requirements for the
15 transmission of such information imposed on
16 similar non-mail shipments of cargo, taking into
17 account the parameters set forth in subpara-
18 graphs (A) through (J).
19 ''(iii) The regulations prescribed under
20 clause (i) shall require the transmission of the
21 information described in paragraphs (1) and (2)
22 with respect to a shipment as soon as prac-
23 ticable in relation to the transportation of the
24 shipment, consistent with subparagraph (H).

1 "(iv) Regulations prescribed under clause
2 (i) shall allow for the requirements for the
3 transmission to the Commissioner of informa-
4 tion described in paragraphs (1) and (2) for
5 mail shipments described in clause (i) to be im-
6 plemented in phases, as appropriate, by—
7 "(I) setting incremental targets for in-
8 creasing the percentage of such shipments
9 for which information is required to be
10 transmitted to the Commissioner; and
11 "(II) taking into consideration—
12 "(aa) the risk posed by such
13 shipments;
14 "(bb) the volume of mail shipped
15 to the United States by or through a
16 particular country; and
17 "(cc) the capacities of foreign
18 postal operators to provide that infor-
19 mation to the Postal Service.
20 "(v)(I) Notwithstanding clause (iv), the
21 Postal Service shall, not later than December
22 31, 2018, arrange for the transmission to the
23 Commissioner of the information described in
24 paragraphs (1) and (2) for not less than 70
25 percent of the aggregate number of mail ship-

1 ments, including 100 percent of mail shipments
2 from the People's Republic of China, described
3 in clause (i).
4 ''(II) If the requirements of subclause (I)
5 are not met, the Comptroller General of the
6 United States shall submit to the appropriate
7 congressional committees, not later than June
8 30, 2019, a report—
9 ''(aa) assessing the reasons for the
10 failure to meet those requirements; and
11 ''(bb) identifying recommendations to
12 improve the collection by the Postal Serv-
13 ice of the information described in para-
14 graphs (1) and (2).
15 ''(vi)(I) Notwithstanding clause (iv), the
16 Postal Service shall, not later than December
17 31, 2020, arrange for the transmission to the
18 Commissioner of the information described in
19 paragraphs (1) and (2) for 100 percent of the
20 aggregate number of mail shipments described
21 in clause (i).
22 ''(II) The Commissioner, in consultation
23 with the Postmaster General, may determine to
24 exclude a country from the requirement de-
25 scribed in subclause (I) to transmit information

1 for mail shipments described in clause (i) from
2 the country if the Commissioner determines
3 that the country—
4 ''(aa) does not have the capacity to
5 collect and transmit such information;
6 ''(bb) represents a low risk for mail
7 shipments that violate relevant United
8 States laws and regulations; and
9 ''(cc) accounts for low volumes of mail
10 shipments that can be effectively screened
11 for compliance with relevant United States
12 laws and regulations through an alternate
13 means.
14 ''(III) The Commissioner shall, at a min-
15 imum on an annual basis, re-evaluate any de-
16 termination made under subclause (II) to ex-
17 clude a country from the requirement described
18 in subclause (I). If, at any time, the Commis-
19 sioner determines that a country no longer
20 meets the requirements under subclause (II),
21 the Commissioner may not further exclude the
22 country from the requirement described in sub-
23 clause (I).

1 "(IV) The Commissioner shall, on an an-
2 nual basis, submit to the appropriate congres-
3 sional committees—
4 "(aa) a list of countries with respect
5 to which the Commissioner has made a de-
6 termination under subclause (II) to exclude
7 the countries from the requirement de-
8 scribed in subclause (I); and
9 "(bb) information used to support
10 such determination with respect to such
11 countries.
12 "(vii)(I) The Postmaster General shall, in
13 consultation with the Commissioner, refuse any
14 shipments received after December 31, 2020,
15 for which the information described in para-
16 graphs (1) and (2) is not transmitted as re-
17 quired under this subparagraph, except as pro-
18 vided in subclause (II).
19 "(II) If remedial action is warranted in
20 lieu of refusal of shipments pursuant to sub-
21 clause (I), the Postmaster General and the
22 Commissioner shall take remedial action with
23 respect to the shipments, including destruction,
24 seizure, controlled delivery or other law enforce-
25 ment initiatives, or correction of the failure to

1 provide the information described in paragraphs
2 (1) and (2) with respect to the shipment.
3 ''(viii) Nothing in this subparagraph shall
4 be construed to limit the authority of the Sec-
5 retary to obtain information relating to inter-
6 national mail shipments from private carriers or
7 other appropriate parties.
8 ''(ix) In this subparagraph, the term 'ap-
9 propriate congressional committees' means—
10 ''(I) the Committee on Finance and
11 the Committee on Homeland Security and
12 Governmental Affairs of the Senate; and
13 ''(II) the Committee on Ways and
14 Means, the Committee on Oversight and
15 Government Reform, and the Committee
16 on Homeland Security of the House of
17 Representatives.''.
18 (2) JOINT STRATEGIC PLAN ON MANDATORY
19 ADVANCE INFORMATION.—Not later than 60 days
20 after the date of the enactment of this Act, the Sec-
21 retary of Homeland Security and the Postmaster
22 General shall develop and submit to the appropriate
23 congressional committees a joint strategic plan de-
24 tailing specific performance measures for achiev-
25 ing—

1 (A) the transmission of information as re-
2 quired by section 343(a)(3)(K) of the Trade
3 Act of 2002, as amended by paragraph (1); and
4 (B) the presentation by the Postal Service
5 to U.S. Customs and Border Protection of all
6 mail targeted by U.S. Customs and Border Pro-
7 tection for inspection.
8 (b) CAPACITY BUILDING.—
9 (1) IN GENERAL.—Section 343(a) of the Trade
10 Act of 2002 (Public Law 107–210; 19 U.S.C. 2071
11 note) is amended by adding at the end the following:
12 ''(5) CAPACITY BUILDING.—
13 ''(A) IN GENERAL.—The Secretary, with
14 the concurrence of the Secretary of State, and
15 in coordination with the Postmaster General
16 and the heads of other Federal agencies, as ap-
17 propriate, may provide technical assistance,
18 equipment, technology, and training to enhance
19 the capacity of foreign postal operators—
20 ''(i) to gather and provide the infor-
21 mation required by paragraph (3)(K); and
22 ''(ii) to otherwise gather and provide
23 postal shipment information related to—
24 ''(I) terrorism;

1 "(II) items the importation or in-
2 troduction of which into the United
3 States is prohibited or restricted, in-
4 cluding controlled substances; and
5 "(III) such other concerns as the
6 Secretary determines appropriate.
7 "(B) PROVISION OF EQUIPMENT AND
8 TECHNOLOGY.—With respect to the provision of
9 equipment and technology under subparagraph
10 (A), the Secretary may lease, loan, provide, or
11 otherwise assist in the deployment of such
12 equipment and technology under such terms
13 and conditions as the Secretary may prescribe,
14 including nonreimbursable loans or the transfer
15 of ownership of equipment and technology.".
16 (2) JOINT STRATEGIC PLAN ON CAPACITY
17 BUILDING.—Not later than one year after the date
18 of the enactment of this Act, the Secretary of Home-
19 land Security and the Postmaster General shall, in
20 consultation with the Secretary of State, jointly de-
21 velop and submit to the appropriate congressional
22 committees a joint strategic plan—
23 (A) detailing the extent to which U.S. Cus-
24 toms and Border Protection and the United
25 States Postal Service are engaged in capacity

1 building efforts under section 343(a)(5) of the
2 Trade Act of 2002, as added by paragraph (1);
3 (B) describing plans for future capacity
4 building efforts; and
5 (C) assessing how capacity building has in-
6 creased the ability of U.S. Customs and Border
7 Protection and the Postal Service to advance
8 the goals of this subtitle and the amendments
9 made by this subtitle.
10 (c) REPORT AND CONSULTATIONS BY SECRETARY OF
11 HOMELAND SECURITY AND POSTMASTER GENERAL.—
12 (1) REPORT.—Not later than 180 days after
13 the date of the enactment of this Act, and annually
14 thereafter until 3 years after the Postmaster Gen-
15 eral has met the requirement under clause (vi) of
16 subparagraph (K) of section 343(a)(3) of the Trade
17 Act of 2002, as amended by subsection (a)(1), the
18 Secretary of Homeland Security and the Postmaster
19 General shall, in consultation with the Secretary of
20 State, jointly submit to the appropriate congres-
21 sional committees a report on compliance with that
22 subparagraph that includes the following:
23 (A) An assessment of the status of the reg-
24 ulations required to be promulgated under that
25 subparagraph.

1 (B) An update regarding new and existing
2 agreements reached with foreign postal opera-
3 tors for the transmission of the information re-
4 quired by that subparagraph.
5 (C) A summary of deliberations between
6 the United States Postal Service and foreign
7 postal operators with respect to issues relating
8 to the transmission of that information.
9 (D) A summary of the progress made in
10 achieving the transmission of that information
11 for the percentage of shipments required by
12 that subparagraph.
13 (E) An assessment of the quality of that
14 information being received by foreign postal op-
15 erators, as determined by the Secretary of
16 Homeland Security, and actions taken to im-
17 prove the quality of that information.
18 (F) A summary of policies established by
19 the Universal Postal Union that may affect the
20 ability of the Postmaster General to obtain the
21 transmission of that information.
22 (G) A summary of the use of technology to
23 detect illicit synthetic opioids and other illegal
24 substances in international mail parcels and

1 planned acquisitions and advancements in such
2 technology.
3 (H) Such other information as the Sec-
4 retary of Homeland Security and the Post-
5 master General consider appropriate with re-
6 spect to obtaining the transmission of informa-
7 tion required by that subparagraph.
8 (2) CONSULTATIONS.—Not later than 180 days
9 after the date of the enactment of this Act, and
10 every 180 days thereafter until the Postmaster Gen-
11 eral has met the requirement under clause (vi) of
12 section 343(a)(3)(K) of the Trade Act of 2002, as
13 amended by subsection (a)(1), to arrange for the
14 transmission of information with respect to 100 per-
15 cent of the aggregate number of mail shipments de-
16 scribed in clause (i) of that section, the Secretary of
17 Homeland Security and the Postmaster General
18 shall provide briefings to the appropriate congres-
19 sional committees on the progress made in achieving
20 the transmission of that information for that per-
21 centage of shipments.
22 (d) GOVERNMENT ACCOUNTABILITY OFFICE RE-
23 PORT.—Not later than June 30, 2019, the Comptroller
24 General of the United States shall submit to the appro-
25 priate congressional committees a report—

1 (1) assessing the progress of the United States
2 Postal Service in achieving the transmission of the
3 information required by subparagraph (K) of section
4 343(a)(3) of the Trade Act of 2002, as amended by
5 subsection (a)(1), for the percentage of shipments
6 required by that subparagraph;
7 (2) assessing the quality of the information re-
8 ceived from foreign postal operators for targeting
9 purposes;
10 (3) assessing the specific percentage of targeted
11 mail presented by the Postal Service to U.S. Cus-
12 toms and Border Protection for inspection;
13 (4) describing the costs of collecting the infor-
14 mation required by such subparagraph (K) from for-
15 eign postal operators and the costs of implementing
16 the use of that information;
17 (5) assessing the benefits of receiving that in-
18 formation with respect to international mail ship-
19 ments;
20 (6) assessing the feasibility of assessing a cus-
21 toms fee under section 13031(b)(9) of the Consoli-
22 dated Omnibus Budget Reconciliation Act of 1985,
23 as amended by section 2402, on international mail
24 shipments other than Inbound Express Mail service

1 in a manner consistent with the obligations of the
2 United States under international agreements; and
3 (7) identifying recommendations, including rec-
4 ommendations for legislation, to improve the compli-
5 ance of the Postal Service with such subparagraph
6 (K), including an assessment of whether the detec-
7 tion of illicit synthetic opioids in the international
8 mail would be improved by—
9 (A) requiring the Postal Service to serve as
10 the consignee for international mail shipments
11 containing goods; or
12 (B) designating a customs broker to act as
13 an importer of record for international mail
14 shipments containing goods.
15 (e) TECHNICAL CORRECTION.—Section 343 of the
16 Trade Act of 2002 (Public Law 107–210; 19 U.S.C. 2071
17 note) is amended in the section heading by striking "**AD-**
18 **VANCED**" and inserting "**ADVANCE**".
19 (f) APPROPRIATE CONGRESSIONAL COMMITTEES DE-
20 FINED.—In this section, the term "appropriate congres-
21 sional committees" means—
22 (1) the Committee on Finance and the Com-
23 mittee on Homeland Security and Governmental Af-
24 fairs of the Senate; and

1 (2) the Committee on Ways and Means, the
2 Committee on Oversight and Government Reform,
3 and the Committee on Homeland Security of the
4 House of Representatives.

5 **SEC. 2404. INTERNATIONAL POSTAL AGREEMENTS.**

6 (a) EXISTING AGREEMENTS.—
7 (1) IN GENERAL.—In the event that any provi-
8 sion of this subtitle, or any amendment made by this
9 subtitle, is determined to be in violation of obliga-
10 tions of the United States under any postal treaty,
11 convention, or other international agreement related
12 to international postal services, or any amendment
13 to such an agreement, the Secretary of State should
14 negotiate to amend the relevant provisions of the
15 agreement so that the United States is no longer in
16 violation of the agreement.
17 (2) RULE OF CONSTRUCTION.—Nothing in this
18 subsection shall be construed to permit delay in the
19 implementation of this subtitle or any amendment
20 made by this subtitle.
21 (b) FUTURE AGREEMENTS.—
22 (1) CONSULTATIONS.—Before entering into, on
23 or after the date of the enactment of this Act, any
24 postal treaty, convention, or other international
25 agreement related to international postal services, or

1 any amendment to such an agreement, that is re-
2 lated to the ability of the United States to secure
3 the provision of advance electronic information by
4 foreign postal operators, the Secretary of State
5 should consult with the appropriate congressional
6 committees (as defined in section 2403(f)).
7 (2) EXPEDITED NEGOTIATION OF NEW AGREE-
8 MENT.—To the extent that any new postal treaty,
9 convention, or other international agreement related
10 to international postal services would improve the
11 ability of the United States to secure the provision
12 of advance electronic information by foreign postal
13 operators as required by regulations prescribed
14 under section 343(a)(3)(K) of the Trade Act of
15 2002, as amended by section 2403(a)(1), the Sec-
16 retary of State should expeditiously conclude such
17 an agreement.

18 **SEC. 2405. COST RECOUPMENT.**

19 (a) IN GENERAL.—The United States Postal Service
20 shall, to the extent practicable and otherwise recoverable
21 by law, ensure that all costs associated with complying
22 with this subtitle and amendments made by this subtitle
23 are charged directly to foreign shippers or foreign postal
24 operators.

1 (b) COSTS NOT CONSIDERED REVENUE.—The recov-
2 ery of costs under subsection (a) shall not be deemed rev-
3 enue for purposes of subchapter I and II of chapter 36
4 of title 39, United States Code, or regulations prescribed
5 under that chapter.

6 **SEC. 2406. DEVELOPMENT OF TECHNOLOGY TO DETECT IL-**
7 **LICIT NARCOTICS.**

8 (a) IN GENERAL.—The Postmaster General and the
9 Commissioner of U.S. Customs and Border Protection, in
10 coordination with the heads of other agencies as appro-
11 priate, shall collaborate to identify and develop technology
12 for the detection of illicit fentanyl, other synthetic opioids,
13 and other narcotics and psychoactive substances entering
14 the United States by mail.

15 (b) OUTREACH TO PRIVATE SECTOR.—The Post-
16 master General and the Commissioner shall conduct out-
17 reach to private sector entities to gather information re-
18 garding the current state of technology to identify areas
19 for innovation relating to the detection of illicit fentanyl,
20 other synthetic opioids, and other narcotics and
21 psychoactive substances entering the United States.

22 **SEC. 2407. CIVIL PENALTIES FOR POSTAL SHIPMENTS.**

23 Section 436 of the Tariff Act of 1930 (19 U.S.C.
24 1436) is amended by adding at the end the following new
25 subsection:

1 "(e) CIVIL PENALTIES FOR POSTAL SHIPMENTS.—
2 "(1) CIVIL PENALTY.—A civil penalty shall be
3 imposed against the United States Postal Service if
4 the Postal Service accepts a shipment in violation of
5 section 343(a)(3)(K)(vii)(I) of the Trade Act of
6 2002.
7 "(2) MODIFICATION OF CIVIL PENALTY.—
8 "(A) IN GENERAL.—U.S. Customs and
9 Border Protection shall reduce or dismiss a civil
10 penalty imposed pursuant to paragraph (1) if
11 U.S. Customs and Border Protection deter-
12 mines that the United States Postal Service—
13 "(i) has a low error rate in compliance
14 with section 343(a)(3)(K) of the Trade Act
15 of 2002;
16 "(ii) is cooperating with U.S. Customs
17 and Border Protection with respect to the
18 violation of section 343(a)(3)(K)(vii)(I) of
19 the Trade Act of 2002; or
20 "(iii) has taken remedial action to
21 prevent future violations of section
22 343(a)(3)(K)(vii)(I) of the Trade Act of
23 2002.
24 "(B) WRITTEN NOTIFICATION.—U.S. Cus-
25 toms and Border Protection shall issue a writ-

1 ten notification to the Postal Service with re-
2 spect to each exercise of the authority of sub-
3 paragraph (A) to reduce or dismiss a civil pen-
4 alty imposed pursuant to paragraph (1).
5 ''(3) ONGOING LACK OF COMPLIANCE.—If U.S.
6 Customs and Border Protection determines that the
7 United States Postal Service—
8 ''(A) has repeatedly committed violations
9 of section 343(a)(3)(K)(vii)(I) of the Trade Act
10 of 2002,
11 ''(B) has failed to cooperate with U.S.
12 Customs and Border Protection with respect to
13 violations of section 343(a)(3)(K)(vii)(I) of the
14 Trade Act of 2002, and
15 ''(C) has an increasing error rate in com-
16 pliance with section 343(a)(3)(K) of the Trade
17 Act of 2002,
18 civil penalties may be imposed against the United
19 States Postal Service until corrective action, satis-
20 factory to U.S. Customs and Border Protection, is
21 taken.''.

1 **SEC. 2408. REPORT ON VIOLATIONS OF ARRIVAL, REPORT-**
2 **ING, ENTRY, AND CLEARANCE REQUIRE-**
3 **MENTS AND FALSITY OR LACK OF MANIFEST.**

4 (a) IN GENERAL.—The Commissioner of U.S. Cus-
5 toms and Border Protection shall submit to the appro-
6 priate congressional committees an annual report that
7 contains the information described in subsection (b) with
8 respect to each violation of section 436 of the Tariff Act
9 of 1930 (19 U.S.C. 1436), as amended by section 7, and
10 section 584 of such Act (19 U.S.C. 1584) that occurred
11 during the previous year.

12 (b) INFORMATION DESCRIBED.—The information de-
13 scribed in this subsection is the following:
14 (1) The name and address of the violator.
15 (2) The specific violation that was committed.
16 (3) The location or port of entry through which
17 the items were transported.
18 (4) An inventory of the items seized, including
19 a description of the items and the quantity seized.
20 (5) The location from which the items origi-
21 nated.
22 (6) The entity responsible for the apprehension
23 or seizure, organized by location or port of entry.
24 (7) The amount of penalties assessed by U.S.
25 Customs and Border Protection, organized by name
26 of the violator and location or port of entry.

1 (8) The amount of penalties that U.S. Customs
2 and Border Protection could have levied, organized
3 by name of the violator and location or port of entry.
4 (9) The rationale for negotiating lower pen-
5 alties, organized by name of the violator and location
6 or port of entry.
7 (c) APPROPRIATE CONGRESSIONAL COMMITTEES DE-
8 FINED.—In this section, the term ''appropriate congres-
9 sional committees'' means—
10 (1) the Committee on Finance and the Com-
11 mittee on Homeland Security and Governmental Af-
12 fairs of the Senate; and
13 (2) the Committee on Ways and Means, the
14 Committee on Oversight and Government Reform,
15 and the Committee on Homeland Security of the
16 House of Representatives.
17 **SEC. 2409. EFFECTIVE DATE; REGULATIONS.**
18 (a) EFFECTIVE DATE.—This subtitle and the amend-
19 ments made by this subtitle (other than the amendments
20 made by section 2402) shall take effect on the date of the
21 enactment of this Act.
22 (b) REGULATIONS.—Not later than one year after the
23 date of the enactment of this Act, such regulations as are
24 necessary to carry out this subtitle and the amendments
25 made by this subtitle shall be prescribed.

1 # TITLE III—JUDICIARY

2 ## Subtitle A—Access to Increased
3 ## Drug Disposal

4 **SEC. 3101. SHORT TITLE.**

5 This subtitle may be cited as the ''Access to In-
6 creased Drug Disposal Act of 2018''.

7 **SEC. 3102. DEFINITIONS.**

8 In this subtitle—

9 (1) the term ''Attorney General'' means the At-
10 torney General, acting through the Assistant Attor-
11 ney General for the Office of Justice Programs;

12 (2) the term ''authorized collector'' means a
13 narcotic treatment program, a hospital or clinic with
14 an on-site pharmacy, a retail pharmacy, or a reverse
15 distributor, that is authorized as a collector under
16 section 1317.40 of title 21, Code of Federal Regula-
17 tions (or any successor regulation);

18 (3) the term ''covered grant'' means a grant
19 awarded under section 3003; and

20 (4) the term ''eligible collector'' means a person
21 who is eligible to be an authorized collector.

22 **SEC. 3103. AUTHORITY TO MAKE GRANTS.**

23 The Attorney General shall award grants to States
24 to enable the States to increase the participation of eligible
25 collectors as authorized collectors.

1 **SEC. 3104. APPLICATION.**

2 A State desiring a covered grant shall submit to the
3 Attorney General an application that, at a minimum—
4 (1) identifies the single State agency that over-
5 sees pharmaceutical care and will be responsible for
6 complying with the requirements of the grant;
7 (2) details a plan to increase participation rates
8 of eligible collectors as authorized collectors; and
9 (3) describes how the State will select eligible
10 collectors to be served under the grant.

11 **SEC. 3105. USE OF GRANT FUNDS.**

12 A State that receives a covered grant, and any sub-
13 recipient of the grant, may use the grant amounts only
14 for the costs of installation, maintenance, training, pur-
15 chasing, and disposal of controlled substances associated
16 with the participation of eligible collectors as authorized
17 collectors.

18 **SEC. 3106. ELIGIBILITY FOR GRANT.**

19 The Attorney General shall award a covered grant to
20 5 States, not less than 3 of which shall be States in the
21 lowest quartile of States based on the participation rate
22 of eligible collectors as authorized collectors, as deter-
23 mined by the Attorney General.

24 **SEC. 3107. DURATION OF GRANTS.**

25 The Attorney General shall determine the period of
26 years for which a covered grant is made to a State.

1 **SEC. 3108. ACCOUNTABILITY AND OVERSIGHT.**

2 A State that receives a covered grant shall submit
3 to the Attorney General a report, at such time and in such
4 manner as the Attorney General may reasonably require,
5 that—

6 (1) lists the ultimate recipients of the grant
7 amounts;

8 (2) describes the activities undertaken by the
9 State using the grant amounts; and

10 (3) contains performance measures relating to
11 the effectiveness of the grant, including changes in
12 the participation rate of eligible collectors as author-
13 ized collectors.

14 **SEC. 3109. DURATION OF PROGRAM.**

15 The Attorney General may award covered grants for
16 each of the first 5 fiscal years beginning after the date
17 of enactment of this Act.

18 **SEC. 3110. AUTHORIZATION OF APPROPRIATIONS.**

19 There is authorized to be appropriated to the Attor-
20 ney General such sums as may be necessary to carry out
21 this subtitle.

22 Subtitle B—Using Data To Prevent 23 Opioid Diversion

24 **SEC. 3201. SHORT TITLE.**

25 This subtitle may be cited as the ''Using Data to Pre-
26 vent Opioid Diversion Act of 2018''.

1 **SEC. 3202. PURPOSE.**

2 (a) IN GENERAL.—The purpose of this subtitle is to
3 provide drug manufacturers and distributors with access
4 to anonymized information through the Automated Re-
5 ports and Consolidated Orders System to help drug manu-
6 facturers and distributors identify, report, and stop sus-
7 picious orders of opioids and reduce diversion rates.

8 (b) RULE OF CONSTRUCTION.—Nothing in this sub-
9 title should be construed to absolve a drug manufacturer,
10 drug distributor, or other Drug Enforcement Administra-
11 tion registrant from the responsibility of the manufac-
12 turer, distributor, or other registrant to—

13 (1) identify, stop, and report suspicious orders;
14 or

15 (2) maintain effective controls against diversion
16 in accordance with section 303 of the Controlled
17 Substances Act (21 U.S.C. 823) or any successor
18 law or associated regulation.

19 **SEC. 3203. AMENDMENTS.**

20 (a) RECORDS AND REPORTS OF REGISTRANTS.—Sec-
21 tion 307 of the Controlled Substances Act (21 U.S.C. 827)
22 is amended—

23 (1) by redesignating subsections (f), (g), and
24 (h) as subsections (g), (h), and (i), respectively;

25 (2) by inserting after subsection (e) the fol-
26 lowing:

1 "(f)(1) The Attorney General shall, not less fre-
2 quently than quarterly, make the following information
3 available to manufacturer and distributor registrants
4 through the Automated Reports and Consolidated Orders
5 System, or any subsequent automated system developed
6 by the Drug Enforcement Administration to monitor se-
7 lected controlled substances:

8 "(A) The total number of distributor reg-
9 istrants that distribute controlled substances to a
10 pharmacy or practitioner registrant, aggregated by
11 the name and address of each pharmacy and practi-
12 tioner registrant.

13 "(B) The total quantity and type of opioids dis-
14 tributed, listed by Administration Controlled Sub-
15 stances Code Number, to each pharmacy and practi-
16 tioner registrant described in subparagraph (A).

17 "(2) The information required to be made available
18 under paragraph (1) shall be made available not later than
19 the 30th day of the first month following the quarter to
20 which the information relates.

21 "(3)(A) All registered manufacturers and distributors
22 shall be responsible for reviewing the information made
23 available by the Attorney General under this subsection.

24 "(B) In determining whether to initiate proceedings
25 under this title against a registered manufacturer or dis-

1 tributor based on the failure of the registrant to maintain
2 effective controls against diversion or otherwise comply
3 with the requirements of this title or the regulations issued
4 thereunder, the Attorney General may take into account
5 that the information made available under this subsection
6 was available to the registrant.''; and
7 (3) by inserting after subsection (i), as so re-
8 designated, the following:
9 ''(j) All of the reports required under this section
10 shall be provided in an electronic format.''.
11 (b) COOPERATIVE ARRANGEMENTS.—Section 503 of
12 the Controlled Substances Act (21 U.S.C. 873) is amend-
13 ed—
14 (1) by striking subsection (c) and inserting the
15 following:
16 ''(c)(1) The Attorney General shall, once every 6
17 months, prepare and make available to regulatory, licens-
18 ing, attorneys general, and law enforcement agencies of
19 States a standardized report containing descriptive and
20 analytic information on the actual distribution patterns,
21 as gathered through the Automated Reports and Consoli-
22 dated Orders System, or any subsequent automated sys-
23 tem, pursuant to section 307 and which includes detailed
24 amounts, outliers, and trends of distributor and pharmacy
25 registrants, in such States for the controlled substances

1 contained in schedule II, which, in the discretion of the
2 Attorney General, are determined to have the highest
3 abuse.
4 ''(2) If the Attorney General publishes the report de-
5 scribed in paragraph (1) once every 6 months as required
6 under paragraph (1), nothing in this subsection shall be
7 construed to bring an action in any court to challenge the
8 sufficiency of the information or to compel the Attorney
9 General to produce any documents or reports referred to
10 in this subsection.''.
11 (c) CIVIL AND CRIMINAL PENALTIES.—Section 402
12 of the Controlled Substances Act (21 U.S.C. 842) is
13 amended—
14 (1) in subsection (a)—
15 (A) in paragraph (15), by striking ''or'' at
16 the end;
17 (B) in paragraph (16), by striking the pe-
18 riod at the end and inserting ''; or''; and
19 (C) by inserting after paragraph (16) the
20 following:
21 ''(17) in the case of a registered manufacturer
22 or distributor of opioids, to fail to review the most
23 recent information, directly related to the customers
24 of the manufacturer or distributor, made available

1 by the Attorney General in accordance with section
2 307(f).''; and
3 (2) in subsection (c)—
4 (A) in paragraph (1), by striking subpara-
5 graph (B) and inserting the following:
6 ''(B)(i) Except as provided in clause (ii), in the case
7 of a violation of paragraph (5), (10), or (17) of subsection
8 (a), the civil penalty shall not exceed $10,000.
9 ''(ii) In the case of a violation described in clause (i)
10 committed by a registered manufacturer or distributor of
11 opioids and related to the reporting of suspicious orders
12 for opioids, failing to maintain effective controls against
13 diversion of opioids, or failing to review the most recent
14 information made available by the Attorney General in ac-
15 cordance with section 307(f), the penalty shall not exceed
16 $100,000.''; and
17 (B) in paragraph (2)—
18 (i) in subparagraph (A), by inserting
19 ''or (D)'' after ''subparagraph (B)''; and
20 (ii) by adding at the end the fol-
21 lowing:
22 ''(D) In the case of a violation described in subpara-
23 graph (A) that was a violation of paragraph (5), (10), or
24 (17) of subsection (a) committed by a registered manufac-
25 turer or distributor of opioids that relates to the reporting

1 of suspicious orders for opioids, failing to maintain effec-
2 tive controls against diversion of opioids, or failing to re-
3 view the most recent information made available by the
4 Attorney General in accordance with section 307(f), the
5 criminal fine under title 18, United States Code, shall not
6 exceed $500,000.''.

7 **SEC. 3204. REPORT.**

8 Not later than 1 year after the date of enactment
9 of this Act, the Attorney General shall submit to Congress
10 a report that provides information about how the Attorney
11 General is using data in the Automation of Reports and
12 Consolidated Orders System to identify and stop sus-
13 picious activity, including whether the Attorney General
14 is looking at aggregate orders from individual pharmacies
15 to multiple distributors that in total are suspicious, even
16 if no individual order rises to the level of a suspicious
17 order to a given distributor.

18 Subtitle C—Substance Abuse 19 Prevention

20 **SEC. 3301. SHORT TITLE.**

21 This subtitle may be cited as the ''Substance Abuse
22 Prevention Act of 2018''.

1 **SEC. 3302. REAUTHORIZATION OF THE OFFICE OF NA-**
2 **TIONAL DRUG CONTROL POLICY.**

3 (a) OFFICE OF NATIONAL DRUG CONTROL POLICY
4 REAUTHORIZATION ACT OF 1998.—
5 (1) IN GENERAL.—The Office of National Drug
6 Control Policy Reauthorization Act of 1998 (21
7 U.S.C. 1701 et seq.), as in effect on September 29,
8 2003, and as amended by the laws described in
9 paragraph (2), is revived and restored.
10 (2) LAWS DESCRIBED.—The laws described in
11 this paragraph are:
12 (A) The Office of National Drug Control
13 Policy Reauthorization Act of 2006 (Public
14 Law 109–469; 120 Stat. 3502).
15 (B) The Presidential Appointment Effi-
16 ciency and Streamlining Act of 2011 (Public
17 Law 112–166; 126 Stat. 1283).
18 (b) REAUTHORIZATION.—Section 715(a) of the Of-
19 fice of National Drug Control Policy Reauthorization Act
20 of 1998 (21 U.S.C. 1712(a)) is amended by striking
21 "2010" and inserting "2022".

22 **SEC. 3303. REAUTHORIZATION OF THE DRUG-FREE COMMU-**
23 **NITIES PROGRAM.**

24 Section 1024 of the National Narcotics Leadership
25 Act of 1988 (21 U.S.C. 1524(a)) is amended by striking
26 subsections (a) and (b) and inserting the following:

1 "(a) IN GENERAL.—There is authorized to be appro-
2 priated to the Office of National Drug Control Policy to
3 carry out this chapter $99,000,000 for each of fiscal years
4 2018 through 2022.
5 "(b) ADMINISTRATIVE COSTS.—Not more than 8
6 percent of the funds appropriated to carry out this chapter
7 may be used by the Office of National Drug Control Policy
8 to pay administrative costs associated with the responsibil-
9 ities of the Office under this chapter.".

10 **SEC. 3304. REAUTHORIZATION OF THE NATIONAL COMMU-**
11 **NITY ANTI-DRUG COALITION INSTITUTE.**

12 Section 4(c)(4) of Public Law 107–82 (21 U.S.C.
13 1521 note) is amended by striking "2008 through 2012"
14 and inserting "2018 through 2022".

15 **SEC. 3305. REAUTHORIZATION OF THE HIGH-INTENSITY**
16 **DRUG TRAFFICKING AREA PROGRAM.**

17 Section 707(p) of the Office of National Drug Con-
18 trol Policy Reauthorization Act of 1998 (21 U.S.C.
19 1706(p)) is amended—
20 (1) in paragraph (4), by striking "and" at the
21 end;
22 (2) in paragraph (5), by striking the period at
23 the end and inserting "; and"; and
24 (3) by adding at the end the following:

1 "(6) $280,000,000 for each of fiscal years 2018
2 through 2022.".

3 **SEC. 3306. REAUTHORIZATION OF DRUG COURT PROGRAM.**

4 Section 1001(a)(25)(A) of title I of the Omnibus
5 Crime Control and Safe Streets Act of 1968 (34 U.S.C.
6 10261(a)(25)(A)) is amended by striking "Except as pro-
7 vided" and all that follows and inserting the following:
8 "Except as provided in subparagraph (C), there is author-
9 ized to be appropriated to carry out part EE $75,000,000
10 for each of fiscal years 2018 through 2022.".

11 **SEC. 3307. DRUG COURT TRAINING AND TECHNICAL AS-**
12 **SISTANCE.**

13 Section 705 of the Office of National Drug Control
14 Policy Reauthorization Act of 1998 (21 U.S.C. 1704) is
15 amended by adding at the end the following—

16 "(e) DRUG COURT TRAINING AND TECHNICAL AS-
17 SISTANCE PROGRAM.—Using funds appropriated to carry
18 out this title, the Director may make grants to nonprofit
19 organizations for the purpose of providing training and
20 technical assistance to drug courts.".

21 **SEC. 3308. DRUG OVERDOSE RESPONSE STRATEGY.**

22 Section 707 of the Office of National Drug Control
23 Policy Reauthorization Act of 1998 (21 U.S.C. 1706) is
24 amended by adding at the end the following:

1 "(r) DRUG OVERDOSE RESPONSE STRATEGY IMPLE-
2 MENTATION.—The Director may use funds appropriated
3 to carry out this section to implement a drug overdose re-
4 sponse strategy in high intensity drug trafficking areas on
5 a nationwide basis by—

6 "(1) coordinating multi-disciplinary efforts to
7 prevent, reduce, and respond to drug overdoses, in-
8 cluding the uniform reporting of fatal and non-fatal
9 overdoses to public health and safety officials;

10 "(2) increasing data sharing among public safe-
11 ty and public health officials concerning drug-related
12 abuse trends, including new psychoactive substances,
13 and related crime; and

14 "(3) enabling collaborative deployment of pre-
15 vention, intervention, and enforcement resources to
16 address substance use addiction and narcotics traf-
17 ficking.".

18 **SEC. 3309. PROTECTING LAW ENFORCEMENT OFFICERS**
19 **FROM ACCIDENTAL EXPOSURE.**

20 Section 707 of the Office of National Drug Control
21 Policy Reauthorization Act of 1998 (21 U.S.C. 1706), as
22 amended by section 3308, is amended by adding at the
23 end the following:

24 "(s) SUPPLEMENTAL GRANTS.—The Director is au-
25 thorized to use not more than $10,000,000 of the amounts

1 otherwise appropriated to carry out this section to provide
2 supplemental competitive grants to high intensity drug
3 trafficking areas that have experienced high seizures of
4 fentanyl and new psychoactive substances for the purposes
5 of—
6 ‘‘(1) purchasing portable equipment to test for
7 fentanyl and other substances;
8 ‘‘(2) training law enforcement officers and
9 other first responders on best practices for handling
10 fentanyl and other substances; and
11 ‘‘(3) purchasing protective equipment, including
12 overdose reversal drugs.’’.

13 **SEC. 3310. COPS ANTI-METH PROGRAM.**

14 Section 1701 of title I of the Omnibus Crime Control
15 and Safe Streets Act of 1968 (34 U.S.C. 10381) is amend-
16 ed—
17 (1) by redesignating subsection (k) as sub-
18 section (l); and
19 (2) by inserting after subsection (j) the fol-
20 lowing:
21 ‘‘(k) COPS ANTI-METH PROGRAM.—The Attorney
22 General shall use amounts otherwise appropriated to carry
23 out this section to make competitive grants, in amounts
24 of not less than $1,000,000 for a fiscal year, to State law
25 enforcement agencies with high seizures of precursor

1 chemicals, finished methamphetamine, laboratories, and
2 laboratory dump seizures for the purpose of locating or
3 investigating illicit activities, such as precursor diversion,
4 laboratories, or methamphetamine traffickers.''.

5 **SEC. 3311. COPS ANTI-HEROIN TASK FORCE PROGRAM.**

6 Section 1701 of title I of the Omnibus Crime Control
7 and Safe Streets Act of 1968 (34 U.S.C. 10381) is amend-
8 ed—

9 (1) by redesignating subsection (l), as so redes-
10 ignated by section 3310, as subsection (m); and

11 (2) by inserting after subsection (k), as added
12 by section 3310, the following:

13 ''(l) COPS ANTI-HEROIN TASK FORCE PROGRAM.—
14 The Attorney General shall use amounts otherwise appro-
15 priated to carry out this section, or other amounts as ap-
16 propriated, to make competitive grants to State law en-
17 forcement agencies in States with high per capita rates
18 of primary treatment admissions, for the purpose of locat-
19 ing or investigating illicit activities, through Statewide col-
20 laboration, relating to the distribution of heroin, fentanyl,
21 or carfentanil or relating to the unlawful distribution of
22 prescription opioids.''.

1 **SEC. 3312. COMPREHENSIVE ADDICTION AND RECOVERY**
2 **ACT EDUCATION AND AWARENESS.**

3 Title VII of the Comprehensive Addiction and Recov-
4 ery Act of 2016 (Public Law 114–198; 130 Stat. 735)
5 is amended by adding at the end the following:

6 **“SEC. 709. SERVICES FOR FAMILIES AND PATIENTS IN CRI-**
7 **SIS.**

8 ‘‘(a) IN GENERAL.—The Attorney General may make
9 grants to entities that focus on addiction and substance
10 use disorders and specialize in family and patient services,
11 advocacy for patients and families, and educational infor-
12 mation.

13 ‘‘(b) ALLOWABLE USES.—A grant awarded under
14 this section may be used for nonprofit national, State, or
15 local organizations that engage in the following activities:

16 ‘‘(1) Expansion of resource center services with
17 professional, clinical staff that provide, for families
18 and individuals impacted by a substance use dis-
19 order, support, access to treatment resources, brief
20 assessments, medication and overdose prevention
21 education, compassionate listening services, recovery
22 support or peer specialists, bereavement and grief
23 support, and case management.

24 ‘‘(2) Continued development of health informa-
25 tion technology systems that leverage new and up-
26 coming technology and techniques for prevention,

1 intervention, and filling resource gaps in commu-
2 nities that are underserved.
3 ‘‘(3) Enhancement and operation of treatment
4 and recovery resources, easy-to-read scientific and
5 evidence-based education on addiction and substance
6 use disorders, and other informational tools for fam-
7 ilies and individuals impacted by a substance use
8 disorder and community stakeholders, such as law
9 enforcement agencies.
10 ‘‘(4) Provision of training and technical assist-
11 ance to State and local governments, law enforce-
12 ment agencies, health care systems, research institu-
13 tions, and other stakeholders.
14 ‘‘(5) Expanding upon and implementing edu-
15 cational information using evidence-based informa-
16 tion on substance use disorders.
17 ‘‘(6) Expansion of training of community stake-
18 holders, law enforcement officers, and families
19 across a broad-range of addiction, health, and re-
20 lated topics on substance use disorders, local issues
21 and community-specific issues related to the drug
22 epidemic.
23 ‘‘(7) Program evaluation.
24 ‘‘(c) AUTHORIZATION OF APPROPRIATIONS.—For
25 each of fiscal years 2018 through 2022, the Attorney Gen-

1 eral is authorized to award not more than $10,000,000
2 of amounts otherwise appropriated to the Attorney Gen-
3 eral for comprehensive opioid abuse reduction activities for
4 purposes of carrying out this section.''.

5 **SEC. 3313. PROTECTING CHILDREN WITH ADDICTED PAR-**
6 **ENTS.**

7 Part D of title V of the Public Health Service Act
8 (42 U.S.C. 290dd et seq.) is amended by adding at the
9 end the following:

10 **''SEC. 550. PROTECTING CHILDREN WITH ADDICTED PAR-**
11 **ENTS.**

12 ''(a) BEST PRACTICES.—The Secretary, acting
13 through the Assistant Secretary and in cooperation with
14 the Commissioner of the Administration on Children,
15 Youth and Families, shall collect and disseminate best
16 practices for States regarding interventions and strategies
17 to keep families affected by a substance use disorder to-
18 gether, when it can be done safely. Such best practices
19 shall—

20 ''(1) utilize comprehensive family-centered ap-
21 proaches;

22 ''(2) ensure that families have access to drug
23 screening, substance use disorder treatment, medica-
24 tion-assisted treatment approved by the Food and
25 Drug Administration, and parental support; and

1 ‘‘(3) build upon lessons learned from—
2 ‘‘(A) programs such as the maternal, in-
3 fant, and early childhood home visiting program
4 under section 511 of the Social Security Act;
5 and
6 ‘‘(B) identifying substance abuse preven-
7 tion and treatment services that meet the re-
8 quirements for promising, supported, or well-
9 supported practices specified in section
10 471(e)(4)(C) of the Social Security Act (as such
11 section shall be in effect beginning on October
12 1, 2018).
13 ‘‘(b) GRANT PROGRAM.—The Secretary shall award
14 grants to States, units of local government, and tribal gov-
15 ernments to—
16 ‘‘(1) develop programs and models designed to
17 keep pregnant and post-partum women who have a
18 substance use disorder together with their newborns,
19 including programs and models that provide for
20 screenings of pregnant and post-partum women for
21 substance use disorders, treatment interventions,
22 supportive housing, nonpharmacological interven-
23 tions for children born with neonatal abstinence syn-
24 drome, medication assisted treatment, and other re-
25 covery supports; and

1 "(2) support the attendance of children who
2 have a family member living with a substance use
3 disorder at therapeutic camps or other therapeutic
4 programs aimed at addiction prevention education
5 and delaying the onset of first use, providing trusted
6 mentors and education on coping strategies that
7 these children can use in their daily lives, and family
8 support initiatives aimed at keeping these families
9 together.".

10 **SEC. 3314. REIMBURSEMENT OF SUBSTANCE USE DIS-**
11 **ORDER TREATMENT PROFESSIONALS.**

12 Not later than January 1, 2020, the Comptroller
13 General of the United States shall submit to Congress a
14 report examining how substance use disorder services are
15 reimbursed.

16 **SEC. 3315. SOBRIETY TREATMENT AND RECOVERY TEAMS**
17 **(START).**

18 Title V of the Public Health Service Act (42 U.S.C.
19 290dd et seq.), as amended by section 3313, is further
20 amended by adding at the end the following:

21 **"SEC. 551. SOBRIETY TREATMENT AND RECOVERY TEAMS.**

22 "(a) IN GENERAL.—The Secretary may make grants
23 to States, units of local government, or tribal governments
24 to establish or expand Sobriety Treatment And Recovery
25 Team (referred to in this section as 'START') or other

1 similar programs to determine the effectiveness of pairing
2 social workers or mentors with families that are struggling
3 with a substance use disorder and child abuse or neglect
4 in order to help provide peer support, intensive treatment,
5 and child welfare services to such families.

6 ‘‘(b) ALLOWABLE USES.—A grant awarded under
7 this section may be used for one or more of the following
8 activities:

9 ‘‘(1) Training eligible staff, including social
10 workers, social services coordinators, child welfare
11 specialists, substance use disorder treatment profes-
12 sionals, and mentors.

13 ‘‘(2) Expanding access to substance use dis-
14 order treatment services and drug testing.

15 ‘‘(3) Enhancing data sharing with law enforce-
16 ment agencies, child welfare agencies, substance use
17 disorder treatment providers, judges, and court per-
18 sonnel.

19 ‘‘(4) Program evaluation and technical assist-
20 ance.

21 ‘‘(c) PROGRAM REQUIREMENTS.—A State, unit of
22 local government, or tribal government receiving a grant
23 under this section shall—

24 ‘‘(1) serve only families for which—

1 "(A) there is an open record with the child
2 welfare agency; and
3 "(B) substance use disorder was a reason
4 for the record or finding described in paragraph
5 (1); and
6 "(2) coordinate any grants awarded under this
7 section with any grant awarded under section 437(f)
8 of the Social Security Act focused on improving out-
9 comes for children affected by substance abuse.
10 "(d) TECHNICAL ASSISTANCE.—The Secretary may
11 reserve not more than 5 percent of funds provided under
12 this section to provide technical assistance on the estab-
13 lishment or expansion of programs funded under this sec-
14 tion from the National Center on Substance Abuse and
15 Child Welfare.
16 "(e) AUTHORIZATION OF APPROPRIATIONS.—For
17 each of fiscal years 2018 through 2022, the Secretary is
18 authorized to award not more than $10,000,000 of
19 amounts otherwise appropriated to the Secretary for com-
20 prehensive opioid abuse reduction activities for purposes
21 of carrying out this section.".
22 **SEC. 3316. PROVIDER EDUCATION.**
23 Not later than 60 days after the date of enactment
24 of this Act, the Attorney General, in consultation with the
25 Secretary of Health and Human Services, shall complete

1 the plan related to medical registration coordination re-
2 quired by Senate Report 114–239, which accompanied the
3 Veterans Care Financial Protection Act of 2017 (Public
4 Law 115–131; 132 Stat. 334).
5 **SEC. 3317. DEMAND REDUCTION.**
6 Section 702(1) of the Office of National Drug Con-
7 trol Policy Reauthorization Act of 1998 (21 U.S.C.
8 1701(1)) is amended—
9 (1) by redesignating subparagraphs (F)
10 through (J) as subparagraphs (G) through (K), re-
11 spectively; and
12 (2) by inserting after subparagraph (E) the fol-
13 lowing:
14 ''(F) support for long-term recovery from
15 substance use disorders;''.
16 **SEC. 3318. ANTI-DRUG MEDIA CAMPAIGN.**
17 Section 709 of the Office of National Drug Control
18 Policy Reauthorization Act of 1998 (21 U.S.C. 1708) is
19 amended—
20 (1) in the section heading, by striking
21 ''**YOUTH**'';
22 (2) in subsection (a)—
23 (A) in the matter preceding paragraph (1),
24 by striking ''youth'';
25 (B) in paragraph (1), by striking ''young'';

1 (C) in paragraph (2), by striking ''of
2 adults of the impact of drug abuse on young
3 people'' and inserting ''among the population
4 about the impact of drug abuse''; and
5 (D) in paragraph (3), by striking ''parents
6 and other interested adults to discuss with
7 young people'' and inserting ''interested persons
8 to discuss''; and
9 (3) in subsection (b)(2)(C)(ii), by striking
10 ''among youth''.

11 **SEC. 3319. TECHNICAL CORRECTIONS TO THE OFFICE OF**
12 **NATIONAL DRUG CONTROL POLICY REAU-**
13 **THORIZATION ACT OF 1998.**

14 The Office of National Drug Control Policy Reau-
15 thorization Act of 1998 (21 U.S.C. 1701 et seq.) is
16 amended—
17 (1) in section 703(b)(3)(E) (21 U.S.C.
18 1702(b)(3)(E))—
19 (A) in clause (i), by adding ''and'' at the
20 end;
21 (B) in clause (ii), by striking ''; and'' and
22 inserting a period; and
23 (C) by striking clause (iii);
24 (2) in section 704 (21 U.S.C. 1703)—
25 (A) in subsection (c)(3)(C)—

1 (i) in clause (v), by adding ''and'' at
2 the end;
3 (ii) in clause (vi), by striking ''; and''
4 and inserting a period; and
5 (iii) by striking clause (vii); and
6 (B) in subsection (f)—
7 (i) by striking the first paragraph (5);
8 and
9 (ii) by striking the second paragraph
10 (4);
11 (3) in section 706(a)(2)(A) (21 U.S.C.
12 1705(a)(2)(A))—
13 (A) by striking clause (ix); and
14 (B) by redesignating clauses (x) through
15 (xiv) as clauses (ix) through (xiii), respectively;
16 and
17 (4) by striking section 708 (21 U.S.C. 1707).

18 Subtitle D—Synthetic Abuse and 19 Labeling of Toxic Substances

20 SEC. 3401. SHORT TITLE.

21 This subtitle may be cited as the ''Synthetic Abuse
22 and Labeling of Toxic Substances Act of 2017'' or the
23 ''SALTS Act''.

1 **SEC. 3402. CONTROLLED SUBSTANCE ANALOGUES.**

2 Section 203 of the Controlled Substances Act (21
3 U.S.C. 813) is amended—
4 (1) by striking ''A controlled'' and inserting
5 ''(a) IN GENERAL.—A controlled''; and
6 (2) by adding at the end the following:
7 ''(b) DETERMINATION.—In determining whether a
8 controlled substance analogue was intended for human
9 consumption under subsection (a), evidence related to the
10 following factors may be considered, along with all other
11 relevant evidence:
12 ''(1) The marketing, advertising, and labeling
13 of the substance.
14 ''(2) The known efficacy or usefulness of the
15 substance for the marketed, advertised, or labeled
16 purpose.
17 ''(3) The difference between the price at which
18 the substance is sold and the price at which the sub-
19 stance it is purported to be or advertised as is nor-
20 mally sold.
21 ''(4) The diversion of the substance from legiti-
22 mate channels and the clandestine importation, man-
23 ufacture, or distribution of the substance.
24 ''(5) Whether the defendant knew or should
25 have known the substance was intended to be con-

1 sumed by injection, inhalation, ingestion, or any
2 other immediate means.
3 ''(c) LIMITATION.—For purposes of this section, the
4 existence of evidence that a substance was not marketed,
5 advertised, or labeled for human consumption shall not
6 preclude the Government from establishing, based on all
7 the evidence, that the substance was intended for human
8 consumption.''.

9 Subtitle E—Opioid Quota Reform

10 **SEC. 3501. SHORT TITLE.**

11 This subtitle may be cited as the ''Opioid Quota Re-
12 form Act''.

13 **SEC. 3502. STRENGTHENING CONSIDERATIONS FOR DEA**
14 **OPIOID QUOTAS.**

15 (a) IN GENERAL.—Section 306 of the Controlled
16 Substances Act (21 U.S.C. 826) is amended—
17 (1) in subsection (a)—
18 (A) by inserting ''(1)'' after ''(a)'';
19 (B) in the second sentence, by striking
20 ''Production'' and inserting ''Except as pro-
21 vided in paragraph (2), production''; and
22 (C) by adding at the end the following:
23 ''(2) The Attorney General may, if the Attorney Gen-
24 eral determines it will assist in avoiding the overproduc-
25 tion, shortages, or diversion of a controlled substance, es-

1 tablish an aggregate or individual production quota under
2 this subsection, or a procurement quota established by the
3 Attorney General by regulation, in terms of pharma-
4 ceutical dosage forms prepared from or containing the
5 controlled substance.'';
6 (2) in subsection (b), in the first sentence, by
7 striking ''production'' and inserting ''manufac-
8 turing'';
9 (3) in subsection (c), by striking ''October'' and
10 inserting ''December''; and
11 (4) by adding at the end the following:
12 ''(i)(1)(A) In establishing any quota under this sec-
13 tion, or any procurement quota established by the Attor-
14 ney General by regulation, for fentanyl, oxycodone,
15 hydrocodone, oxymorphone, or hydromorphone (in this
16 subsection referred to as a 'covered controlled substance'),
17 the Attorney General shall estimate the amount of diver-
18 sion of the covered controlled substance that occurs in the
19 United States.
20 ''(B) In estimating diversion under this paragraph,
21 the Attorney General—
22 ''(i) shall consider information the Attorney
23 General, in consultation with the Secretary of
24 Health and Human Services, determines reliable on
25 rates of overdose deaths and abuse and overall pub-

1 lic health impact related to the covered controlled
2 substance in the United States; and
3 "(ii) may take into consideration whatever other
4 sources of information the Attorney General deter-
5 mines reliable.
6 "(C) After estimating the amount of diversion of a
7 covered controlled substance, the Attorney General shall
8 make appropriate quota reductions, as determined by the
9 Attorney General, from the quota the Attorney General
10 would have otherwise established had such diversion not
11 been considered.
12 "(2)(A) For any year for which the approved aggre-
13 gate production quota for a covered controlled substance
14 is higher than the approved aggregate production quota
15 for the covered controlled substance for the previous year,
16 the Attorney General shall include in the final order an
17 explanation of why the public health benefits of increasing
18 the quota clearly outweigh the consequences of having an
19 increased volume of the covered controlled substance avail-
20 able for sale, and potential diversion, in the United States.
21 "(B) Not later than 1 year after the date of enact-
22 ment of this subsection, and every year thereafter, the At-
23 torney General shall submit to the Caucus on Inter-
24 national Narcotics Control, the Committee on the Judici-
25 ary, the Committee on Health, Education, Labor, and

1 Pensions, and the Committee on Appropriations of the
2 Senate and the Committee on the Judiciary, the Com-
3 mittee on Energy and Commerce, and the Committee on
4 Appropriations of the House of Representatives the fol-
5 lowing information with regard to each covered controlled
6 substance:

7 "(i) An anonymized count of the total number
8 of manufacturers issued individual manufacturing
9 quotas that year for the covered controlled sub-
10 stance.

11 "(ii) An anonymized count of how many such
12 manufacturers were issued an approved manufac-
13 turing quota that was higher than the quota issued
14 to that manufacturer for the covered controlled sub-
15 stance in the previous year.

16 "(3) Not later than 1 year after the date of enact-
17 ment of this subsection, the Attorney General shall submit
18 to Congress a report on how the Attorney General, when
19 fixing and adjusting production and manufacturing quotas
20 under this section for covered controlled substances, will—

21 "(A) take into consideration changes in the ac-
22 cepted medical use of the covered controlled sub-
23 stances; and

24 "(B) work with the Secretary of Health and
25 Human Services on methods to appropriately and

anonymously estimate the type and amount of covered controlled substances that are submitted for collection from approved drug collection receptacles, mail-back programs, and take-back events.''.

(b) CONFORMING CHANGE.—The Law Revision Counsel is directed to amend the heading for subsection (b) of section 826 of title 21, United States Code, by striking ''PRODUCTION'' and inserting ''MANUFACTURING''.

Subtitle F—Preventing Drug Diversion

SEC. 3601. SHORT TITLE.

This subtitle may be cited as the ''Preventing Drug Diversion Act of 2018''.

SEC. 3602. IMPROVEMENTS TO PREVENT DRUG DIVERSION.

(a) DEFINITION.—Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended by adding at the end the following:

''(57) The term 'suspicious order' includes—

''(A) an order of a controlled substance of unusual size;

''(B) an order of a controlled substance deviating substantially from a normal pattern;

''(C) orders of controlled substances of unusual frequency; and

1 ''(D) an order having any characteristic
2 that would indicate to a reasonable registrant
3 that it is suspicious or not legitimate.''.
4 (b) SUSPICIOUS ORDERS.—Part C of the Controlled
5 Substances Act (21 U.S.C. 821 et seq.) is amended by
6 adding at the end the following:

7 **''SEC. 312. SUSPICIOUS ORDERS.**

8 ''(a) REPORTING.—Each registrant shall—
9 ''(1) design and operate a system to identify
10 suspicious orders for the registrant;
11 ''(2) ensure that the system designed and oper-
12 ated under paragraph (1) by the registrant complies
13 with applicable Federal and State privacy laws; and
14 ''(3) upon discovering a suspicious order or se-
15 ries of orders, notify the Administrator of the Drug
16 Enforcement Administration and the Special Agent
17 in Charge of the Division Office of the Drug En-
18 forcement Administration for the area in which the
19 registrant is located or conducts business.
20 ''(b) SUSPICIOUS ORDER DATABASE.—
21 ''(1) IN GENERAL.—Not later than 1 year after
22 the date of enactment of this section, the Attorney
23 General shall establish a centralized database for
24 collecting reports of suspicious orders.

1 "(2) SATISFACTION OF REPORTING REQUIRE-
2 MENTS.—If a registrant reports a suspicious order
3 to the centralized database established under para-
4 graph (1), the registrant shall be considered to have
5 complied with the requirement under subsection
6 (a)(3) to notify the Administrator of the Drug En-
7 forcement Administration and the Special Agent in
8 Charge of the Division Office of the Drug Enforce-
9 ment Administration for the area in which the reg-
10 istrant is located or conducts business.
11 "(c) SHARING INFORMATION WITH THE STATES.—
12 "(1) IN GENERAL.—The Attorney General shall
13 prepare and make available information regarding
14 suspicious orders in a State, including information
15 in the database established under subsection (b)(1),
16 to the point of contact for purposes of administra-
17 tive, civil, and criminal oversight relating to the di-
18 version of controlled substances for the State, as
19 designated by the Governor or chief executive officer
20 of the State.
21 "(2) TIMING.—The Attorney General shall pro-
22 vide information in accordance with paragraph (1)
23 within a reasonable period of time after obtaining
24 the information.

1 "(3) COORDINATION.—In establishing the proc-
2 ess for the provision of information under this sub-
3 section, the Attorney General shall coordinate with
4 States to ensure that the Attorney General has ac-
5 cess to information, as permitted under State law,
6 possessed by the States relating to prescriptions for
7 controlled substances that will assist in enforcing
8 Federal law.".
9 (c) REPORTS TO CONGRESS.—
10 (1) DEFINITION.—In this subsection, the term
11 "suspicious order" has the meaning given that term
12 in section 102 of the Controlled Substances Act, as
13 amended by this subtitle.
14 (2) ONE TIME REPORT.—Not later than 1 year
15 after the date of enactment of this Act, the Attorney
16 General shall submit to Congress a report on the re-
17 porting of suspicious orders, which shall include—
18 (A) a description of the centralized data-
19 base established under section 312 of the Con-
20 trolled Substances Act, as added by this sec-
21 tion, to collect reports of suspicious orders;
22 (B) a description of the system and reports
23 established under section 312 of the Controlled
24 Substances Act, as added by this section, to
25 share information with States;

1 (C) information regarding how the Attor-
2 ney General used reports of suspicious orders
3 before the date of enactment of this Act and
4 after the date of enactment of this Act, includ-
5 ing how the Attorney General received the re-
6 ports and what actions were taken in response
7 to the reports; and
8 (D) descriptions of the data analyses con-
9 ducted on reports of suspicious orders to iden-
10 tify, analyze, and stop suspicious activity.
11 (3) ADDITIONAL REPORTS.—Not later than 1
12 year after the date of enactment of this Act, and an-
13 nually thereafter until the date that is 5 years after
14 the date of enactment of this Act, the Attorney Gen-
15 eral shall submit to Congress a report providing, for
16 the previous year—
17 (A) the number of reports of suspicious or-
18 ders;
19 (B) a summary of actions taken in re-
20 sponse to reports, in the aggregate, of sus-
21 picious orders; and
22 (C) a description of the information shared
23 with States based on reports of suspicious or-
24 ders.

1 (4) ONE TIME GAO REPORT.—Not later than 1
2 year after the date of enactment of this Act, the
3 Comptroller General of the United States, in con-
4 sultation with the Administrator of the Drug En-
5 forcement Administration, shall submit to Congress
6 a report on the reporting of suspicious orders, which
7 shall include an evaluation of the utility of real-time
8 reporting of potential suspicious orders of opioids on
9 a national level using computerized algorithms, in-
10 cluding the extent to which such algorithms—
11 (A) would help ensure that potentially sus-
12 picious orders are more accurately captured,
13 identified, and reported in real-time to suppliers
14 before orders are filled;
15 (B) may produce false positives of sus-
16 picious order reports that could result in mar-
17 ket disruptions for legitimate orders of opioids;
18 and
19 (C) would reduce the overall length of an
20 investigation that prevents the diversion of sus-
21 picious orders of opioids.

22 Subtitle G—Sense of Congress

23 SEC. 3701. SENSE OF CONGRESS.

24 It is the sense of Congress that:

1 (1) As the incidence and prevalence of sub-
2 stance use disorders continue to rise, many Ameri-
3 cans seek treatment through clinical treatment fa-
4 cilities that offer detoxification, risk reduction, out-
5 patient treatment, residential treatment, or rehabili-
6 tation for substance use.

7 (2) Many Americans with substance use dis-
8 orders also utilize recovery housing or sober living
9 homes, which are peer-run or peer-managed drug
10 and alcohol-free supportive housing for individuals in
11 recovery from substance use disorders, to assist
12 them in their recovery efforts.

13 (3) When properly operated, most of these fa-
14 cilities can provide a critical function in addressing
15 substance misuse and abuse.

16 (4) Yet, there are some bad actors in the indus-
17 try that, through telemarketing and other schemes,
18 actively recruit individuals with private insurance so
19 that programs can bill the insurers without pro-
20 viding the necessary treatment services. These bad
21 actors are often referred to as ''patient brokers''.

22 (5) Patient brokers are typically incentivized to
23 recommend individuals, even at low risk levels, to
24 the most aggressive and most expensive treatment

1 programs. They are similarly financially incentivized
2 as they are paid for successfully recruiting patients.
3 (6) The Federal Government must work to pre-
4 vent these patient brokers from taking advantage of
5 those with substance use disorders while simulta-
6 neously ensuring that legitimate entities can con-
7 tinue to assist individuals in need of treatment find
8 reputable treatment providers, sober living, or recov-
9 ery homes.

10 TITLE IV—COMMERCE

11 Subtitle A—Fighting Opioid Abuse 12 in Transportation

13 SEC. 4101. SHORT TITLE.

14 This subtitle may be cited as the ''Fighting Opioid
15 Abuse in Transportation Act''.

16 SEC. 4102. RAIL MECHANICAL EMPLOYEE CONTROLLED 17 SUBSTANCES AND ALCOHOL TESTING.

18 (a) RAIL MECHANICAL EMPLOYEES.—Not later than
19 2 years after the date of enactment of this Act, the Sec-
20 retary of Transportation shall publish a final rule in the
21 Federal Register revising the regulations promulgated
22 under section 20140 of title 49, United States Code, to
23 designate a rail mechanical employee as a railroad em-
24 ployee responsible for safety-sensitive functions for pur-
25 poses of that section.

1 (b) DEFINITION OF RAIL MECHANICAL EM-
2 PLOYEE.—The Secretary shall define the term ''rail me-
3 chanical employee'' by regulation under subsection (a).
4 (c) SAVINGS CLAUSE.—Nothing in this section may
5 be construed as limiting or otherwise affecting the discre-
6 tion of the Secretary of Transportation to set different re-
7 quirements by railroad size or other factors, consistent
8 with applicable law.

9 **SEC. 4103. RAIL YARDMASTER CONTROLLED SUBSTANCES**
10 **AND ALCOHOL TESTING.**

11 (a) YARDMASTERS.—Not later than 2 years after the
12 date of enactment of this Act, the Secretary of Transpor-
13 tation shall publish a final rule in the Federal Register
14 revising the regulations promulgated under section 20140
15 of title 49, United States Code, to designate a yardmaster
16 as a railroad employee responsible for safety-sensitive
17 functions for purposes of that section.
18 (b) DEFINITION OF YARDMASTER.—The Secretary
19 shall define the term ''yardmaster'' by regulation under
20 subsection (a).
21 (c) SAVINGS CLAUSE.—Nothing in this section may
22 be construed as limiting or otherwise affecting the discre-
23 tion of the Secretary of Transportation to set different re-
24 quirements by railroad size or other factors, consistent
25 with applicable law.

SEC. 4104. DEPARTMENT OF TRANSPORTATION PUBLIC DRUG AND ALCOHOL TESTING DATABASE.

(a) IN GENERAL.—Subject to subsection (c), the Secretary of Transportation shall—

(1) not later than March 31, 2019, establish and make publicly available on its website a database of the drug and alcohol testing data reported by employers for each mode of transportation; and

(2) update the database annually.

(b) CONTENTS.—The database under subsection (a) shall include, for each mode of transportation—

(1) the total number of drug and alcohol tests by type of substance tested;

(2) the drug and alcohol test results by type of substance tested;

(3) the reason for the drug or alcohol test, such as pre-employment, random, post-accident, reasonable suspicion or cause, return-to-duty, or follow-up, by type of substance tested; and

(4) the number of individuals who refused testing.

(c) COMMERCIALLY SENSITIVE DATA.—The Department of Transportation shall not release any commercially sensitive data furnished by an employer under this section unless the data is aggregated or otherwise in a form that does not identify the employer providing the data.

1 (d) SAVINGS CLAUSE.—Nothing in this section may
2 be construed as limiting or otherwise affecting the require-
3 ments of the Secretary of Transportation to adhere to re-
4 quirements applicable to confidential business information
5 and sensitive security information, consistent with applica-
6 ble law.

7 **SEC. 4105. GAO REPORT ON DEPARTMENT OF TRANSPOR-**
8 **TATION'S COLLECTION AND USE OF DRUG**
9 **AND ALCOHOL TESTING DATA.**

10 (a) IN GENERAL.—Not later than 2 years after the
11 date the Department of Transportation public drug and
12 alcohol testing database is established under section 4104,
13 the Comptroller General of the United States shall—

14 (1) review the Department of Transportation
15 Drug and Alcohol Testing Management Information
16 System; and

17 (2) submit to the Committee on Commerce,
18 Science, and Transportation of the Senate and the
19 Committee on Transportation and Infrastructure of
20 the House of Representatives a report on the review,
21 including recommendations under subsection (c).

22 (b) CONTENTS.—The report under subsection (a)
23 shall include—

24 (1) a description of the process the Department
25 of Transportation uses to collect and record drug

1 and alcohol testing data submitted by employers for
2 each mode of transportation;
3 (2) an assessment of whether and, if so, how
4 the Department of Transportation uses the data de-
5 scribed in paragraph (1) in carrying out its respon-
6 sibilities; and
7 (3) an assessment of the Department of Trans-
8 portation public drug and alcohol testing database
9 under section 4104.
10 (c) RECOMMENDATIONS.—The report under sub-
11 section (a) may include recommendations regarding—
12 (1) how the Department of Transportation can
13 best use the data described in subsection (b)(1);
14 (2) any improvements that could be made to
15 the process described in subsection (b)(1);
16 (3) whether and, if so, how the Department of
17 Transportation public drug and alcohol testing data-
18 base under section 4104 could be made more effec-
19 tive; and
20 (4) such other recommendations as the Comp-
21 troller General considers appropriate.

SEC. 4106. TRANSPORTATION WORKPLACE DRUG AND ALCOHOL TESTING PROGRAM; ADDITION OF FENTANYL.

(a) MANDATORY GUIDELINES FOR FEDERAL WORKPLACE DRUG TESTING PROGRAMS.—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary of Health and Human Services shall determine whether a revision of the Mandatory Guidelines for Federal Workplace Drug Testing Programs to expand the opioid category on the list of authorized drug testing to include fentanyl is justified, based on the reliability and cost-effectiveness of available testing.

(2) REVISION OF GUIDELINES.—If the expansion of the opioid category is determined to be justified under paragraph (1), the Secretary of Health and Human Services shall—

(A) notify the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives of the determination; and

(B) publish in the Federal Register, not later than 18 months after the date of the determination under that paragraph, a final no-

1 tice of the revision of the Mandatory Guidelines
2 for Federal Workplace Drug Testing Programs
3 to expand the opioid category on the list of au-
4 thorized drug testing to include fentanyl.
5 (3) REPORT.—If the expansion of the opioid
6 category is determined not to be justified under
7 paragraph (1), the Secretary of Health and Human
8 Services shall submit to the Committee on Com-
9 merce, Science, and Transportation of the Senate
10 and the Committee on Transportation and Infra-
11 structure of the House of Representatives a report
12 explaining, in detail, the reasons the expansion of
13 the opioid category on the list of authorized drugs
14 to include fentanyl is not justified.
15 (b) DEPARTMENT OF TRANSPORTATION DRUG-TEST-
16 ING PANEL.—If the expansion of the opioid category is
17 determined to be justified under subsection (a)(1), the
18 Secretary of Transportation shall publish in the Federal
19 Register, not later than 18 months after the date the final
20 notice is published under subsection (a)(2), a final rule
21 revising part 40 of title 49, Code of Federal Regulations,
22 to include fentanyl in the Department of Transportation's
23 drug-testing panel, consistent with the Mandatory Guide-
24 lines for Federal Workplace Drug Testing Programs as

1 revised by the Secretary of Health and Human Services
2 under subsection (a).
3 (c) SAVINGS PROVISION.—Nothing in this section
4 may be construed as—
5 (1) delaying the publication of the notices de-
6 scribed in sections 4107 and 4108 until the Sec-
7 retary of Health and Human Services makes a de-
8 termination or publishes a notice under this section;
9 or
10 (2) limiting or otherwise affecting any authority
11 of the Secretary of Health and Human Services or
12 the Secretary of Transportation to expand the list of
13 authorized drug testing to include an additional sub-
14 stance.

15 **SEC. 4107. STATUS REPORTS ON HAIR TESTING GUIDE-**
16 **LINES.**

17 (a) IN GENERAL.—Not later than 30 days after the
18 date of enactment of this Act, and every 180 days there-
19 after until the date that the Secretary of Health and
20 Human Services publishes in the Federal Register a final
21 notice of scientific and technical guidelines for hair testing
22 in accordance with section 5402(b) of the Fixing Amer-
23 ica's Surface Transportation Act (Public Law 114–94;
24 129 Stat. 1312), the Secretary of Health and Human
25 Services shall submit to the Committee on Commerce,

1 Science, and Transportation of the Senate and the Com-
2 mittee on Transportation and Infrastructure of the House
3 of Representatives a report on—
4 (1) the status of the hair testing guidelines;
5 (2) an explanation for why the hair testing
6 guidelines have not been issued;
7 (3) a schedule, including benchmarks, for the
8 completion of the hair testing guidelines; and
9 (4) an estimated date of completion of the hair
10 testing guidelines.
11 (b) REQUIREMENT.—To the extent practicable and
12 consistent with the objective of the hair testing described
13 in subsection (a) to detect illegal or unauthorized use of
14 substances by the individual being tested, the final notice
15 of scientific and technical guidelines under that sub-
16 section, as determined by the Secretary of Health and
17 Human Services, shall eliminate the risk of positive test
18 results of the individual being tested caused solely by the
19 drug use of others and not caused by the drug use of the
20 individual being tested.

21 **SEC. 4108. MANDATORY GUIDELINES FOR FEDERAL WORK-**
22 **PLACE DRUG TESTING PROGRAMS USING**
23 **ORAL FLUID.**

24 (a) DEADLINE.—Not later than December 31, 2018,
25 the Secretary of Health and Human Services shall publish

1 in the Federal Register a final notice of the Mandatory
2 Guidelines for Federal Workplace Drug Testing Programs
3 using Oral Fluid, based on the notice of proposed manda-
4 tory guidelines published in the Federal Register on May
5 15, 2015 (80 Fed. Reg. 28054).

6 (b) REQUIREMENT.—To the extent practicable and
7 consistent with the objective of the testing described in
8 subsection (a) to detect illegal or unauthorized use of sub-
9 stances by the individual being tested, the final notice of
10 scientific and technical guidelines under that subsection,
11 as determined by the Secretary of Health and Human
12 Services, shall eliminate the risk of positive test results
13 of the individual being tested caused solely by the drug
14 use of others and not caused by the drug use of the indi-
15 vidual being tested.

16 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
17 tion may be construed as requiring the Secretary of
18 Health and Human Services to reissue a notice of pro-
19 posed mandatory guidelines to carry out subsection (a).

20 **SEC. 4109. ELECTRONIC RECORDKEEPING.**

21 (a) DEADLINE.—Not later than 1 year after the date
22 of enactment of this Act, the Secretary of Health and
23 Human Services shall—

24 (1) ensure that each certified laboratory that
25 requests approval for the use of completely paperless

1 electronic Federal Drug Testing Custody and Con-
2 trol Forms from the National Laboratory Certifi-
3 cation Program's Electronic Custody and Control
4 Form systems receives approval for those completely
5 paperless electronic forms instead of forms that in-
6 clude any combination of electronic traditional hand-
7 written signatures executed on paper forms; and
8 (2) establish a deadline for a certified labora-
9 tory to request approval under paragraph (1).
10 (b) SAVINGS CLAUSE.—Nothing in this section may
11 be construed as limiting or otherwise affecting any author-
12 ity of the Secretary of Health and Human Services to
13 grant approval to a certified laboratory for use of com-
14 pletely paperless electronic Federal Drug Testing Custody
15 and Control Forms, including to grant approval outside
16 of the process under subsection (a).
17 (c) ELECTRONIC SIGNATURES.—Not later than 18
18 months after the date of the deadline under subsection
19 (a)(2), the Secretary of Transportation shall issue a final
20 rule revising part 40 of title 49, Code of Federal Regula-
21 tions, to authorize, to the extent practicable, the use of
22 electronic signatures or digital signatures executed to elec-
23 tronic forms instead of traditional handwritten signatures
24 executed on paper forms.

1 **SEC. 4110. STATUS REPORTS ON COMMERCIAL DRIVER'S LI-**
2 **CENSE DRUG AND ALCOHOL CLEARING-**
3 **HOUSE.**

4 (a) IN GENERAL.—Not later than 180 days after the
5 date of enactment of this Act, and biannually thereafter
6 until the compliance date, the Administrator of the Fed-
7 eral Motor Carrier Safety Administration shall submit to
8 the Committee on Commerce, Science, and Transportation
9 of the Senate and the Committee on Transportation and
10 Infrastructure of the House of Representatives a status
11 report on implementation of the final rule for the Com-
12 mercial Driver's License Drug and Alcohol Clearinghouse
13 (81 Fed. Reg. 87686), including—

14 (1) an updated schedule, including benchmarks,
15 for implementing the final rule as soon as prac-
16 ticable, but not later than the compliance date; and

17 (2) a description of each action the Federal
18 Motor Carrier Safety Administration is taking to im-
19 plement the final rule before the compliance date.

20 (b) DEFINITION OF COMPLIANCE DATE.—In this sec-
21 tion, the term ''compliance date'' means the earlier of—

22 (1) January 6, 2020; or

23 (2) the date that the national clearinghouse re-
24 quired under section 31306a of title 49, United
25 States Code, is operational.

Subtitle B—Opioid Addiction Recovery Fraud Prevention

SEC. 4201. SHORT TITLE.

This subtitle may be cited as the "Opioid Addiction Recovery Fraud Prevention Act of 2018".

SEC. 4202. DEFINITIONS.

In this subtitle:

(1) OPIOID TREATMENT PRODUCT.—The term "opioid treatment product" means a product, including any supplement or medication, for use or marketed for use in the treatment, cure, or prevention of an opioid use disorder.

(2) OPIOID TREATMENT PROGRAM.—The term "opioid treatment program" means a program that provides treatment for people diagnosed with, having, or purporting to have an opioid use disorder.

(3) OPIOID USE DISORDER.—The term "opioid use disorder" means a cluster of cognitive, behavioral, or physiological symptoms in which the individual continues use of opioids despite significant opioid-induced problems, such as adverse health effects.

1 **SEC. 4203. FALSE OR MISLEADING REPRESENTATIONS**
2 **WITH RESPECT TO OPIOID TREATMENT PRO-**
3 **GRAMS AND PRODUCTS.**

4 (a) UNLAWFUL ACTIVITY.—It is unlawful to make
5 any deceptive representation with respect to the cost,
6 price, efficacy, performance, benefit, risk, or safety of any
7 opioid treatment program or opioid treatment product.

8 (b) ENFORCEMENT BY THE FEDERAL TRADE COM-
9 MISSION.—

10 (1) UNFAIR OR DECEPTIVE ACTS OR PRAC-
11 TICES.—A violation of subsection (a) shall be treated
12 as a violation of a rule under section 18 of the Fed-
13 eral Trade Commission Act (15 U.S.C. 57a) regard-
14 ing unfair or deceptive acts or practices.

15 (2) POWERS OF THE FEDERAL TRADE COMMIS-
16 SION.—

17 (A) IN GENERAL.—The Federal Trade
18 Commission shall enforce this section in the
19 same manner, by the same means, and with the
20 same jurisdiction, powers, and duties as though
21 all applicable terms and provisions of the Fed-
22 eral Trade Commission Act (15 U.S.C. 41 et
23 seq.) were incorporated into and made a part of
24 this section.

25 (B) PRIVILEGES AND IMMUNITIES.—Any
26 person who violates subsection (a) shall be sub-

ject to the penalties and entitled to the privileges and immunities provided in the Federal Trade Commission Act as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated and made part of this section.

(c) ENFORCEMENT BY STATES.—

(1) IN GENERAL.—Except as provided in paragraph (4), in any case in which the attorney general of a State has reason to believe that an interest of the residents of the State has been or is threatened or adversely affected by any person who violates subsection (a), the attorney general of the State, as parens patriae, may bring a civil action on behalf of the residents of the State in an appropriate district court of the United States to obtain appropriate relief.

(2) RIGHTS OF FEDERAL TRADE COMMISSION.—

(A) NOTICE TO FEDERAL TRADE COMMISSION.—

(i) IN GENERAL.—Except as provided in clause (iii), the attorney general of a State shall notify the Federal Trade Commission in writing that the attorney gen-

1 eral intends to bring a civil action under
2 paragraph (1) before initiating the civil ac-
3 tion.
4 (ii) CONTENTS.—The notification re-
5 quired by clause (i) with respect to a civil
6 action shall include a copy of the complaint
7 to be filed to initiate the civil action.
8 (iii) EXCEPTION.—If it is not feasible
9 for the attorney general of a State to pro-
10 vide the notification required by clause (i)
11 before initiating a civil action under para-
12 graph (1), the attorney general shall notify
13 the Federal Trade Commission imme-
14 diately upon instituting the civil action.
15 (B) INTERVENTION BY FEDERAL TRADE
16 COMMISSION.—The Federal Trade Commission
17 may—
18 (i) intervene in any civil action
19 brought by the attorney general of a State
20 under paragraph (1); and
21 (ii) upon intervening—
22 (I) be heard on all matters aris-
23 ing in the civil action; and
24 (II) file petitions for appeal.

1 (3) INVESTIGATORY POWERS.—Nothing in this
2 subsection shall be construed to prevent the attorney
3 general of a State from exercising the powers con-
4 ferred on the attorney general by the laws of the
5 State to conduct investigations, to administer oaths
6 or affirmations, or to compel the attendance of wit-
7 nesses or the production of documentary or other
8 evidence.
9 (4) PREEMPTIVE ACTION BY FEDERAL TRADE
10 COMMISSION.—If the Federal Trade Commission or
11 the Attorney General on behalf of the Commission
12 institutes a civil action, or the Federal Trade Com-
13 mission institutes an administrative action, with re-
14 spect to a violation of subsection (a), the attorney
15 general of a State may not, during the pendency of
16 that action, bring a civil action under paragraph (1)
17 against any defendant or respondent named in the
18 complaint of the Commission for the violation with
19 respect to which the Commission instituted such ac-
20 tion.
21 (5) VENUE; SERVICE OF PROCESS.—
22 (A) VENUE.—Any action brought under
23 paragraph (1) may be brought in any district
24 court of the United States that meets applicable

1 requirements relating to venue under section
2 1391 of title 28, United States Code.
3 (B) SERVICE OF PROCESS.—In an action
4 brought under paragraph (1), process may be
5 served in any district in which the defendant—
6 (i) is an inhabitant; or
7 (ii) may be found.
8 (6) ACTIONS BY OTHER STATE OFFICIALS.—In
9 addition to civil actions brought by attorneys general
10 under paragraph (1), any other consumer protection
11 officer of a State who is authorized by the State to
12 do so may bring a civil action under paragraph (1),
13 subject to the same requirements and limitations
14 that apply under this subsection to civil actions
15 brought by attorneys general.
16 (d) AUTHORITY PRESERVED.—Nothing in this title
17 shall be construed to limit the authority of the Federal
18 Trade Commission or the Food and Drug Administration
19 under any other provision of law.